CANDIDATE / OFFICEHOLDER FORM C/O **CAMPAIGN FINANCE REPORT COVER SHEET PG** 1 Filer ID (Ethics Commission Filers) The C/OH instruction Guide explains how to complete this form. 2 Total pages filed: 3 CANDIDATE/ MS / MRS / MR FIRST **OFFICEHOLDER** OFFICE USE ONLY Jessie NAME Date Received NICKNAME LAST SUFFIX Aguirre 4 CANDIDATE/ ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE OFFICEHOLDER 353 SD 37980 MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION **OFFICEHOLDER** Date Hand-delivered or Date Postmarked (832)603 7840 PHONE 6 CAMPAIGN MS / MRS / MR Receipt # Amount \$ TREASURER Jesus Jessie NAME Date Processed NICKNAME SUFFIX Aquirre Date Imaged STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CAMPAIGN CITY: STATE: TREASURER ZIP CODE 353 SD37980 **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 603 7840 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** Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year COVERED Month 11 / 30 / 23 15 / 24 **THROUGH** 11 ELECTION ELECTION DATE ELECTION TYPE Primary Month Day Runoff Other Description 3 5 24 Spacial 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (If known) Edwards Co. Constable 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 CANDIDATES OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ORLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **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

	M H	NANCE REPORT	COVER	SHEET PG 2
15 C/OH NAME Jessie Aguirre		y .	16 Filer ID (Ethi	cs Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
EXPENDITURE	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	1,142.79
CONTRIBUTION	4.	TOTAL POLITICAL EXPENDITURES	\$	1,142.79
BALANCE OUTSTANDING	5. ———	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I OF REPORTING PERIOD	PAY \$	0.00
LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LAST DAY OF THE REPORTING PERIOD	 \$	0.00
8 SIGNATURE I SW requ	vear, or a	affirm, under penalty of perjury, that the accompanying report is true and e reported by me under Title 15, Election Code.	d correct and in	actudes all information

Please complete either option below:

ature of Candidate or Officeholder



APRIL DAWN LEIGHTON My Notary ID # 132449251 Expires April 23, 2024

	I TO THE TOTAL
	Swom to and subscribed before me by JESS AGUITTL this the 23 day of January.
	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath
	(2) Unsworn Declaration
E	My name is Jessie Aguirre My address is 353 SD 37980 Barksdale Tx 78828 Executed in Edwards County, State of Texas on the 23 day of Jan 2024 (month) (month) Signature of Candidate/Officeholder (Declarant) Soms provided by Texas Ethics Commission Www.ethics.state.bx.us
	Revised 1/1/2024

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 Candidate/Officeholder/Poli Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Of Polling E Printing Salaries	Expense Wages/Contract Labor	head/Rental Expense Transportation Equipment & Relate Travel In District Travel Out of District Other (enter a category not listed at		
1 Total pages Schedule G:		ME			3 Filer	ID (Ethics	Commission Filers)
		e Aguirre					
4 Date 04/14/2004	5 Payee nam						
01/16/2024		aster News					
6 Amount (\$)	7 Payee add	ress;		City;		State;	Zip Code
303.88 Reimbursement from political contributions intended				Barks	dale		s 78828
8 PURPOSE		(See Categories listed at the top of this sch	hedule)	(b) Description			
OF EXPENDITURE	Adverti	sing		Ad in paper	r		
		neck if travel outside of Texas. Complete Sche	edule T.	Check if Austin,	TX, officeho	older living ex	pense
9 Complete <u>ONLY</u> if direct		te / Officeholder name		Office sought			Office held
expenditure to benefit C/OH	Jessie	Aguirre		onstable			
Date	Payee name	е					
01/08/2024	Vista Pr	int					
Amount (\$) 46.73 Reimbursement from political contributions intended	Payee addr	ess;		City;		State;	Zip Code
PURPOSE OF EXPENDITURE		See Categories listed at the top of this sch I Expense	edule)	Post Card			
	Chr	eck if travel outside of Texas. Complete Sche	dule T.	Check if Austin,	TX, officeho	Ider living ex	Dense
Complete ONLY if direct		e / Officeholder name		Office sought			Office held
expenditure to benefit C/O	Jessie	Aguirre	Co	onstable			
Date	Payee name					<u> </u>	
Amount (\$)	Payee addre	ess;		City;	S	tate;	Zip Code
Reimbursement from political contributions intended				•			
PURPOSE OF EXPENDITURE	Category (Se	ee Categories listed at the top of this sche	dule)	Description			
	Che	ck if travel outside of Texas. Complete Sched	ule T.	Check if Austin, T	X, officehok	fer living exp	ensa
omplete <u>ONLY</u> if direct kpenditure to benefit C/OH	Candidate	e / Officeholder name	(Office sought			ffice held
	ATTAC	ADDITIONAL COPIES OF T	THIS SC	HEDULE AS NEEDEI	D		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	Jessie Aguirre 20 Filer ID (Ethics Communication of the communication of					
	HEDULE SUBTOTALS ME OF SCHEDULE			SUBTOTAL AMOUNT		
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00		
4.	SCHEDULE E: LOANS		\$	0.00		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTI	RIBUTIONS	\$	0.00		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	NTRIBUTIONS	\$	0.00		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	46.73		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	3	\$	1,096.06		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BU	JSINESS OF C/OH	\$	0.00		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	RIBUTIONS	\$	0.00		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	NS RETURNED	\$	0.00		

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Polling Expense Salaries/Wages/Contract Labor

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

Candidate/Officeholder/Poli Credit Card Payment	tical Committee	Legal Services The Instruction Guide		/Wages/Contract Labor	Other (enter a category not listed above)
Total pages Schedule G: Date	Jessie	e Aguirre			3 Filer ID (Ethics Commission Filers)
01/16/2024	5 Payee nam Chapa				
6 Amount (\$) 257.18 Reimbursement from political contributions intended	7 Payee add	ress;		city; Uval i	state; Zip Code de Texas 78801
8 PURPOSE OF EXPENDITURE	Adverti			(b) Description Signs	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	eck if travel outside of Texas. Comp te / Officeholder name Aguirre		Office sought Constable	in, TX, officeholder living expense Office held
Date 11/29/2023	Payee name Edwards	s County Republi	can Party		
Amount (\$) 375.00 Reimbursement from political contributions intended	Payee addre	Box 1072 Ro	cksprin	gs Texas 7	State; Zip Code
PURPOSE OF EXPENDITURE	Fees	see Categories listed at the top of	this schedule)	Filing Fee	
Complete ONLY if direct expenditure to benefit C/O	Candidate	eck if travel outside of Texas. Complete Officeholder name Aguirre		Check if Austin Office sought Onstable	n, TX, officeholder living expense Office held
Date 01/09/2024	Payee name RY Chap	oa Signs			
Amount (\$) NO COST Reprusement forty political accordance of intended	Payee addre	ss;		City; Uvalde	State; Zip Code Texas 78880
PURPOSE OF EXPENDITURE	Advertis	e Categories listed at the top of the	his schedule)	Description Signs	
		k if travel outside of Texas. Complet	te Schedule T.	Check if Austin,	TX, officeholder living expense
complete ONLY if direct years xpenditure to benefit October		Aguirre	_	onstable	Office held
	ATTACH	ADDITIONAL COPIES	OF THIS SC	HEDULE AS NEED!	ED
rmp provided by Terras File!					

FILED FOR RECORD

AL 2:15 O'clock O M

JAN 23 2024

By WHALL AND DOOR

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT					ORM C/OH HEET PG 1	
The C/OH Instruction	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages (led:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Jesse	MI	OFFICE	USEONLY	
NAME	NICKNAME	Aguirre	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	353 SD		ale, Texas 78828		1	
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	(832)	PHONE NUMBER 603-7840	EXTENSION		or Date Postmarked	
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$	
TREASURER NAME		Jesse		Date Processed		
	NICKNAME	Aguirre	SUFFIX	Date imaged		
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / SI	uite #: city; dale, Texas 78828	STATE;	ZIP CODE	
(Residence or Business)	333 31	20130 Daiks	uale, Texas 10020			
8 CAMPAIGN TREASURER PHONE	AREA CODE (832)	PHONE NUMBER 603-7840	EXTENSION		įš	
A DEDORT TYPE	(002)				*****	
9 REPORT TYPE	January 15	30th day before e		15th day af treasurer ap (Officeholde		
	July 15	8th day before ele	ction Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year	Month	Day Year	8	
	ļ	/ 30 / 2023	THROUGH 12	31 / 20	23	
11 ELECTION	ELECTION DA Month Day	Year Primary	ELECTION TYPE Runoff Other Description			
	3 / 05 /	2024 General	Special		<u>×</u>	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known Edwards Cou		le	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES M MAY HAVE BEEN MADE WITHOUT THE CAN RED TO REPORT THIS INFORMATION ONLY IF T	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR	
COMMITTEE(S)	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		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTION PLEDGES, LOANS, OR GUARANTEES OF LOA CONTRIBUTIONS MADE ELECTRONICALLY)	· @
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARAN	THEES OF LOANS) \$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 375.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAIN OF REPORTING PERIOD	sed as of the last day \$ 0.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANI LAST DAY OF THE REPORTING PERIOD	DING LOANS AS OF THE \$ 0.00
	Please complete either	Signature of Cardinate or Officeholder option below:
	1 10000 0011151010 0111101	
(1) Arrico My Nota	DAWN LEIGHTON ary+ID # 132449251 es April 23, 2024	
NOTARY STAMP/SEA	before me by JESSC AQUIVI	this the <u>a5</u> day of <u>Januam</u> .
20 24 to certify DAV	which, witness my, hand and seal of office.	Eugeth admin Asst.
Signature of officer administs	ering oath U Printed name of officer administering	oath Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
My name is	, and	my date of birth is
My address is	(atroot)	(city) (state) (zip code) (country)
Executed in	(street) County, State of, on the	
		Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Cor	nmission Filers)					
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$					
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	\$					
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	\$ 375.00					
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	\$					

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)

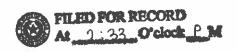
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

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

Candidate/Officeholder/Politi Credit Card Payment	Candidate/Officeholder/Political Committee Credit Card Payment 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 G:		se Aguirre		11	3 Filer ID (Ethics	s Commission Filers)	
4 Date 11/29/2023	5 Payee na Edw		y Republican	Party			
6 Amount (\$) 375.00 Reimbursement from	7 Payee ad		Rockspring	city; gs, Texas 7888	State;	Zip Code	
political contributions intended	1.0	. DOX 1012					
8 PURPOSE OF	(a) Category	(See Categories listed a	t the top of this schedule)	(b) Description Filing fe	ee		
EXPENDITURE	(c)	Check if travel outside of Te	xas. Complete Schedule T.	Check if Austin	, TX, officeholder living (expense	
9 Complete ONLY if direct	Candio	late / Officeholder	name	Office sought		Office held	
expenditure to benefit C/OH	Jes	se Aguirre	Edw	ards County Co	onstable		
Date	Payee na	me					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed a	t the top of this schedule)	Description			
		Check if travel outside of Te	xas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/0		date / Officeholder	name	Office sought		Office held	
Date	Рауее паг	ne					
Amount (\$)	Payee ad			City;	State;	Zip Code	
File burses time policy intended	ED POR P						
PURPOSE OF LONG	Category	(See Categories listed a	t the top of this schedule)	Description			
EXPENDITURE* JOB		Check if travel outside of Te	xas. Complete Schedule T.	Check if Austin	, TX, officeholder living (expense	
Complete ONLY if direct expenditure to be a complete Oil	WARDS COUN	late / Officeholder	name	Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							



JAN 25 2024 OLGA LYDIA REYES
COUNTY CLERK
EDWARDS COUNTY, TEXAS
By:

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME Gumné 4 CANDIDATE / ADDRESS / PO BOX: **OFFICEHOLDER** 353 SD 37980 BMAKSDOLE, TX 78828 MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ **EXTENSION** Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ MS / MRS / MR CAMPAIGN TREASURER NAME Date Processed NICKNAME GUINNE Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: **CAMPAIGN** STATE; ZIP CODE 353 SD 37980 BARKSDALB, TX 78828 TREASURER **ADDRESS** (Residence or Business) AREA CODE 8 CAMPAIGN PHONE NUMBER **EXTENSION** TREASURER (832) 603 7840 PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) July 15 **Exceeded Modified** 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED 25/2024 THROUGH 11 ELECTION ELECTION DATE **ELECTION TYPE** Runoff Other Month Day 12 OFFICE OFFICE HELD (if any) 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 OFFICEHOLDERS 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 (Eth	ics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL C PLEDGES, LOANS, OR GUARANTS CONTRIBUTIONS MADE ELECTRO	EES OF LOANS, OR	\$	
	2. TOTAL POLITICAL CONTRIBUT (OTHER THAN PLEDGES, LOANS,	-	\$	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EX	(PENDITURE.	\$	
	4. TOTAL POLITICAL EXPENDITU	RES	\$	767.71
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	S MAINTAINED AS OF THE LA	ST DAY \$	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALI LAST DAY OF THE REPORTING PE		F THE \$	
rec	quired to be reported by me under Title 15, Election — Please complete	M	andidate or Office	holder
My No	//			
Sworn to and subscribed		this the	STH day o	ternuary,
20 7 4 , to certify	which, witness my hand and seal of office. Wistel	SALWN		
Signature of officer administe	X_122 000		Title of	officer administering oath
	OR			
(2) Unsworn Declaration	on			
My name is		, and my date of birth is		
My address is				
,	(street)	(city) (:	state) (zip cod	e) (country)
Executed in	County, State of, c	, ,,	, , ,	, , ,
		Signature of Candid	date/Officeholder	(Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	9 FILER NAME 20 Filer ID (Ethics Cor						
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1.		\$					
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 CON	\$				
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$				
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (\$				
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$				
9.	(NAT	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$	767.71			
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$				
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$				
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Zip Code

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 G: 3 Filer ID (Ethics Commission Filers) Date 5 Payee name CHAPA SIGNS UVALOE, TX 78801 Reimbursement from political contributions intended

(a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE SIGNS POUSPERING **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office held Complete ONLY if direct CONSTABLE expenditure to benefit C/OH Date Рауее пате CHAPA SIGNS Payee address: City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name IUTA PRINT Payee address; City; State: Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** POST CAMOS PILINTING EXPENSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct GNSTABLE expenditure to benefit C/OH TESS HOURING ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) 4 Date City; State: Zip Code Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** MDIN OF DVartising **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Office sought Office held Candidate / Officeholder name Complete ONLY if direct CONSTOBLE expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; Zip Code State: City; Reimbursement from political contributions . intended Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; Zip Code City; State: FILED FOR RECORD Reimburse than from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Candidate Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH/G: (1/1/1/)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



CLGALYDIA REPER PRODUCTIVE TEXAS BY FALCOLIS (MALES DEPEN)

		CEHOLDER E REPORT		FOI COVER SHI	RM C/OH EET PG 1
The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR	FIRST Jesse	ME	OFFICE U	SE ONLY
NAME	NICKNAME	Aguirre	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;		ale, Texas 78828		
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	(832)	PHONE NUMBER 603-7840	EXTENSION	Date Hand-delivered or	
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
TREASURER NAME	NICKNAME	Jesse	SUFFIX	Date Processed	
	MICRIANIE	Aguirre	301712	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS		•	dale, Texas 78828	STATE;	ZIP CODE
(Residence or Business)	333 31	70790 Daiks	dale, Texas 70020		
8 CAMPAIGN TREASURER PHONE	(832)	PHONE NUMBER 603-7840	EXTENSION		
9 REPORT TYPE	January 15	30th day before	election Runoff	15th day after treasurer appo (Officeholder C	pintment
	July 15	8th day before el	ection Exceeded Modified Reporting Limit		Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year	
COVERED	01	26 / 2024	THROUGH 02	25 / 202	4
11 ELECTION	ELECTION DA	Primary	ELECTION TYPE		
	Month Day	Tear O	Description		
	3 / 05 /	2024 General			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know Edwards Cou		е
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	S ACCEPTED OR POLITICAL EXPENDITURES ES MAY HAVE BEEN MADE WITHOUT THE CAN HRED TO REPORT THIS INFORMATION ONLY IF	IDIDATE'S OR OFFICEHOLDE	ER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME		
		COMMITTEE CAMPAIGN TE	REASURER ADDRESS		
		GO ТО	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 THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 700.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 700.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 417.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	TDAY \$ 0.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 0.00
	Please complete either option below	ndidate or Officeholder
My Not Expi NOTARY STAMP/SEA		
	before me by JESSC Aguirre this the	27 day of February.
20 2 to certify Open to The Signature of officer administer	which, witness my hand and seal of office. April Dawn Lightn ring oath Printed name of officer administering oath	Odmin. Asst. Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
My name is	and my date of birth is	
My address is	(ab)	state) (zip code) (country)
Executed in	(street) (city) (County, State of, on theday of(month	
	Signature of Candi	date/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Con	nmissi	on Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	700.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	5.6	\$	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	\$	417.50
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	S	50
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	\$	

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:
FILER NAME	Jesse Aguirre			3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor Keith Crow	out-of-state PAC	(ID#·)	7 Amount of contribution (\$)
01/30/24	6 Contributor address,	City;	State: Zip Code Texas 78828	\$500.00
	pation / Job title (See Instructions) tired		9 Employer (See Instruc	tions)
Date	Full name of contributor Jesse Aguirre	out-of-state PA(C (ID#)	Amount of contribution (\$)
01/31/24	Contributor address;		State; Zip Code	\$200.00
	pation / Job title (See Instructions) Sheriff Deputy		Employer (See Instruc	
Date	Date Full name of contributor out-of-state PAC (ID#)		Amount of contribution (\$)	
	Contributor address;		State; Zip Code	
Principal occur	pation / Job title (See Instructions)		Employer (See Instruc	itions)
Date	Full name of contributor	out-of-state PA	C (10#)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
	ATTACH ADDI		OF THIS SCHEDULE AS I	

Revised 1/1/2024

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	complete this form.	
1 Total pages Schedule F1:	² FILER NAME Jesse Aguirre	"	3 Filer ID (Ethics Commission Filers)
4 Date 01/31/2024	5 Payee name Ray Chapa		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
417.50	108 Marsh St. Uvalde, Tex	kas 78801	d)
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising	Signs	
	(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 Jesse Aguirre	Office sought Constable	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	
EXPERDITORE	Check if travel outside of Texas, Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	CREECOND O'clock _M	A PILED FOR
		O'cluckM	1.2
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Desception Ato	
	Check if travel outside of Texas. Complete Schedule T	Check if Aust	in, 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 NE	EDED



FEB 2 7 2024

FEB 2 7 2024

OLGA LYDIA REYES
COUNTY CLERK
EDWARDS COUNTY, TEXAS
By:
Deputy