CANDIDAT	FORM C/OH COVER SHEET PG 1						
The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commi	ission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MCKNAME	Gilbert Herrera	M St	)	OFFICE USE ONLY  Date RECEIVED		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	803 N. A	APT / SUITE #;		7772	MAY 2 3 2024 BY: V7		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		Date Hand-delivered or Date Postmarked  Receipt #   Amount \$		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR  M /  NICKNAME	Gilbert	D st	.' JFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		NO PO BOX PLEASE); APT / SI	UITE #; CITY;		STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE (432)	PHONE NUMBER	EXTENSION				
9 REPORT TYPE	January 15 July 15	30th day before ele	[V]	d Modified	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month / 2	Day Year / 11 / 2023	THROUGH	Month 5	Day Year / 20 / 24		
11 ELECTION	Month Day 5 / 28	Year Primary	Runoff	Other Description			
12 OFFICE	OFFICE HELD (if any)	in en	13 OFFICE SOUG	SIONE	r Pct.3		
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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.  COMMITTEE TYPE COMMITTEE NAME						
Additional Pages	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TRE					
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS				
GO TO PAGE 2							

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH

15 C/OH NAME		4.28 .4	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITIC     PLEDGES, LOANS, OR GUAR     CONTRIBUTIONS MADE ELE		\$
VAD	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LOA	IBUTIONS ANS, OR GUARANTEES OF LOANS,	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	AL EXPENDITURE.	\$
-14438	4. TOTAL POLITICAL EXPEND	\$	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBU OF REPORTING PERIOD	ST DAY \$	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF  LAST DAY OF THE REPORTING	OF ALL OUTSTANDING LOANS AS C NG PERIOD	F THE \$
	wear, or affirm, under penalty of perjury, uired to be reported by me under Title 15,		e and correct and includes all information
		1610	. /
		Jellet Oli	L
		Signature of Ca	andidate or Officeholder
	DI		
	Please comp	olete either option belov	v:
(1) Affidavit			
NOTARY STAMP/SEAL			
Sworn to and subscribed	before me by C.Most D Hs	rrera this the	23 day of May .
211	which, witness my hand and seal of office.	30,000	23 day of May,
Relieves R.	Ironado Repecca 1	P. Granado	Deputa Clerk
Signature of officer administer		ficer administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declaration	on		
Mu nama ia		and my data of high i	
		, and my date of birth is	,
	(street)	(city) (	state) (zip code) (country)
Executed in	County, State of	, on the day of	, 20 (year)
		(mont	h) (year)
		Signature of Cand	date/Officeholder (Declarant)

## **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

7

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/Fundralsing Expense
Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category

Credit Card Payment	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule G:	Gilbort D. Herrera	3 Filer ID (Ethics Commission Filers)						
5/22/24	Pecos Radio Co, INC							
6 Amount (\$)  Reimbursement from political contributions intended	316 S. Cedar	city; Pecos	State;	Zip Code 79772				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  ACVULTISING EXPLOSE  (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description Political Ro	TX, officeholder living e	uncement				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Cilbert D. Herrera	Office sought	er Pct. 3	Office held				
Date 4/24/24	Pecos Radio Co. INC							
Amount (\$)  105.00  Reimbursement from political contributions intended	Payee address: 316 S. Ceclar	Pecos	State;	zip Code 79772				
PURPOSE ' OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advutising Expunsi  Check if travel outside of Texas, Complete Schedule T.	Description Rac	lio Annou	uncement				
Complete <u>ONLY</u> if direct expenditure to benefit C/4	Candidate / Officeholder name	Office sought	TX, officeholder living e	Office held				
5/21/24	Properties Prise							
Amount (\$)  Reimbursement from political contributions intended	Payee address: 324 S. Cidar	Pecos	State;	Zip Code 79772				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advictising Evansu  Check if travel outside of Texas. Complete Schedule T.	<del></del>	SOAPLY TX, officeholder living e	xpense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	ΛΙ	Office held				
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 Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Credit Card Payment

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 G: FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Amount (\$) State; Zip Code political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Pavee name Date State: Zip Code City; Amount (\$) San Antonio 276.05 Reimbursement from political contributions intended (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code Payee address; Amount (\$) City; State: 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 held Office sought Candidate / Officeholder name Complete **QNLY** if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED