

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:

18

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Ms. Amy F
NICKNAME LAST SUFFIX
Hinojosa

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
4808 Fairmont Pkwy Pasadena TX 77505

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(832) 779 - 8763

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mr. Angel D
NICKNAME LAST SUFFIX
Hinojosa

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE
4808 Fairmont Pkwy Pasadena TX 77505

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(832) 856 - 0572

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 Month Day Year
05 28 2025 THROUGH 01 15 2026

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
06 07 2025 General Special

12 OFFICE

OFFICE HELD (if any)

Harris County School Board Trustee

13 OFFICE SOUGHT (if known)

Pasadena City Council Member Dist. G

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

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

OFFICE USE ONLY

Date Received

2026 JAN 15 AM 9:38
CITY SECRETARY

Date Hand-delivered or 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 Amy Hinojosa		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)	\$	0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	11030.07
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$	0
	4. TOTAL POLITICAL EXPENDITURES	\$	19052.37
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	4216.29
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0

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.


Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

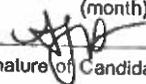
Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath _____ Printed name of officer administering oath _____ Title of officer administering oath _____

OR

(2) Unsworn Declaration

My name is Amy Flores Hinojosa, and my date of birth is [REDACTED]
 My address is 4808 Fairmont Pkwy PMB # 104 Pasadena TX 77505 USA
(street) (city) (state) (zip code) (country)
 Executed in Harris County, State of Texas, on the 9 day of January, 2026.
(month) (year)


Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME
Amy Hinojosa

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11030.07
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	\$ 19052.37
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 form.

1 Total pages Schedule A1

1 of 5

2 FILER NAME

Amy Hinojosa

3 Filer ID (Ethics Commission Filers)

4 Date

05/28/2025

5 Full name of contributor

Rolando Castaneda

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

500.00

6 Contributor address;

City:

State:

Zip Code

Pearland TX 77584

8 Principal occupation / Job title (See Instructions)

Engineer, President

9 Employer (See Instructions)

Ally General Solutions LLC

Date

5/28/2025

Full name of contributor

Oscar Serna

out-of-state PAC (ID# _____)

Amount of contribution (\$)

500.00

Contributor address;

City:

State:

Zip Code

Tomball TX 77377

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Maestas & Associates LLC

Date

5/28/2025

Full name of contributor

Adrian Garcia

out-of-state PAC (ID# _____)

Amount of contribution (\$)

5000.00

Contributor address;

City:

State:

Zip Code

TX 77009

Principal occupation / Job title (See Instructions)

Commissioner

Employer (See Instructions)

Harris County

Date

5/29/2025

Full name of contributor

Robert Siegfried

out-of-state PAC (ID# _____)

Amount of contribution (\$)

250.00

Contributor address;

City:

State:

Zip Code

Houston TX 77070

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Siegfried Engineering & Construction LLC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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 of 5

2 FILER NAME

Amy Hinojosa

3 Filer ID (Ethics Commission Filers)

4 Date

05/29/2025

5 Full name of contributor

Claudia E Hogue

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

250.00

6 Contributor address:

City:

State:

Zip Code

TX 77077

8 Principal occupation / Job title (See Instructions)

Self Employed

9 Employer (See Instructions)

Self Employed

Date

05/29/2025

Full name of contributor

Ahmed Valdez

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address:

City:

State:

Zip Code

TX 77433

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

AKV

Date

05/29/2025

Full name of contributor

Nicholas Meier

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address:

City:

State:

Zip Code

TX 77504

Principal occupation / Job title (See Instructions)

Bus Driver

Employer (See Instructions)

Pasadena ISD

Date

05/29/2025

Full name of contributor

Claudia Alanis Harris

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address:

City:

State:

Zip Code

TX 77009

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Entech

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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

3 & 5

2 FILER NAME

Amy Hinojosa

3 Filer ID (Ethics Commission Filers)

4 Date

05/29/2025

5 Full name of contributor

Karun Sreerama

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

500.00

6 Contributor address:

City: State: Zip Code

Houston TX 77059

8 Principal occupation / Job title (See Instructions)

Unemployed

9 Employer (See Instructions)

Unemployed

Date

05/29/2025

Full name of contributor

Nelson Ocampo

out-of-state PAC (ID# _____)

Amount of contribution (\$)

150.00

Contributor address:

City: State: Zip Code

Houston TX 77077

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Ocampo PLLC

Date

05/30/2025

Full name of contributor

Michelle Wilson

out-of-state PAC (ID# _____)

Amount of contribution (\$)

250.00

Contributor address:

City: State: Zip Code

Houston TX 77089

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/01/2025

Full name of contributor

Patrice Jonathan

out-of-state PAC (ID# _____)

Amount of contribution (\$)

50.00

Contributor address:

City: State: Zip Code

League City TX 77573

Principal occupation / Job title (See Instructions)

Pharmacist

Employer (See Instructions)

Walgreens

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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:

4 of 5

2 FILER NAME

Amy Hinojosa

3 Filer ID (Ethics Commission Filers)

4 Date

06/10/2025

5 Full name of contributor

Atri Sen PE MBA

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

150.00

6 Contributor address:

City:

State:

Zip Code

Katy TX 77494

8 Principal occupation / Job title (See Instructions)

CEO

9 Employer (See Instructions)

Resalire Infrastructure Solutions LLC

Date

06/10/2025

Full name of contributor

Robert Wince

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

10.07

Contributor address:

City:

State:

Zip Code

Pantego TX 76013

Principal occupation / Job title (See Instructions)

Cheif Tax Practitioner

Employer (See Instructions)

FairTax Refund Services

Date

05/30/2025

Full name of contributor

Juan Saul Romero Ortuno

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1000.00

Contributor address:

City:

State:

Zip Code

Houston TX 77077

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Agha Engineering

Date

05/30/2025

Full name of contributor

David Garza

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address:

City:

State:

Zip Code

Houston TX 77025

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

ING Garza, Inc

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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

5 of 5

2 FILER NAME

Amy Hinojosa

3 Filer ID (Ethics Commission Filers)

4 Date

05/30/2025

5 Full name of contributor

Ovidio N Alanis

out-of-state PAC (ID#)

7 Amount of contribution (\$)

500.00

6 Contributor address:

City

State Zip Code

Fulshear TX

77046

8 Principal occupation / Job title (See Instructions)

Engineering Admin

9 Employer (See Instructions)

Entech

Date

05/30/2025

Full name of contributor

Larry F Janak

out-of-state PAC (ID#)

Amount of contribution (\$)

250.00

Contributor address:

State Zip Code

Houston TX 77094

Principal occupation / Job title (See Instructions)

Founding Owner

Employer (See Instructions)

IDCUS Consulting + Engineering

Date

10/17/2025

Full name of contributor

Leadership for Educational Equity

out-of-state PAC (ID#)

Amount of contribution (\$)

70.00

Contributor address:

State Zip Code

NY City, NY

Principal occupation / Job title (See Instructions)

The LEE TEXAS PAC (In-State PAC)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#)

Amount of contribution (\$)

Contributor address:

City

State Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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
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.

1 Total pages Schedule F1: 1 of 10		2 FILER NAME Amy Hinojosa		3 Filer ID (Ethics Commission Filers)	
4 Date 05/29/2025		5 Payee name Two Four Consulting			
6 Amount (\$) 1600.00		7 Payee address, City, State, Zip Code 1013 Wellaine Ave Pasadena TX 77506 <small>Check if individual's residence address</small>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description Voter Outreach Program		
	(c) <small>Check if travel outside of Texas Complete Schedule T</small> <small>Check if Austin, TX, officeholder living expense</small>				
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 5/30/2025		Payee name Path to Victory LLC			
Amount (\$) 2000.00		Payee address, City, State, Zip Code 136 S Hancock St Madison WI 53703 <small>Check if individual's residence address</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Digital		
	(c) <small>Check if travel outside of Texas Complete Schedule T</small> <small>Check if Austin, TX, officeholder living expense</small>				
Complete ONLY if direct expenditure to benefit C/OH					
Date 05/30/2025		Payee name Prestige Printing, LLC			
Amount (\$) 849.76		Payee address, City, State, Zip Code 8 Burwood Lane San Antonio TX 78216 <small>Check if individual's residence address</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Door Hangers / Mailers		
	(c) <small>Check if travel outside of Texas Complete Schedule T</small> <small>Check if Austin, TX, officeholder living expense</small>				
Complete ONLY if direct expenditure to benefit C/OH					

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
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.

1 Total pages Schedule F1 2 of 10	2 FILER NAME Amy Hinojosa	3 Filer ID (Ethics Commission Filers)
4 Date 05/30/2025	5 Payee name Prestige Printing LLC	
6 Amount (\$) 566.15	7 Payee address: 8 Burwood Lane San Antonio TX 78216 <small>City: State: Zip Code</small> <small>Check if individual's residence address</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Door hangers / Mailer
	(c) <small>Check if travel outside of Texas. Complete Schedule T</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date. 05/30/2025	Payee name Prestige Printing LLC	
Amount (\$) 214.34	Payee address: 8 Burwood Lane San Antonio TX 78216 <small>City: State: Zip Code</small> <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Door hangers / Mailer
	<small>Check if travel outside of Texas. Complete Schedule T</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 05/30/2025	Payee name Texting for less	
Amount (\$) 49.73	Payee address: 354 Slate St. Ste 201 Hackensack NJ 07601 <small>City: State: Zip Code</small> <small>Check if individual's residence address</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Texting
	<small>Check if travel outside of Texas. Complete Schedule T</small> <small>Check if Austin, TX, officeholder living expense</small>	
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

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| 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 F1 3 of 10	2 FILER NAME Amy Hinojosa	3 Filer ID (Ethics Commission Filers)
4 Date 06/02/2025	5 Payee name Texting for Less	
6 Amount (\$) 49.63	7 Payee address, City: State: Zip Code 354 Slate St. Ste 201 Hackensack NJ 07601 <small>Check if individual's residence address</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Texting
	(c) <small>Check if travel outside of Texas. Complete Schedule T</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date: 06/02/2025	Payee name Office Depot	
Amount (\$) 94.00	Payee address, City: State: Zip Code 3931 Fairway Plaza Dr Pasadena TX 77505 <small>Check if individual's residence address</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Run off stickers
	(c) <small>Check if travel outside of Texas. Complete Schedule T</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6/2/2025	Payee name Two four Consulting	
Amount (\$) 4,000.00	Payee address, City: State: Zip Code 1013 Wellaine Ave. Pasadena TX 77506 <small>Check if individual's residence address</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Block Walking
	(c) <small>Check if travel outside of Texas. Complete Schedule T</small> <small>Check if Austin, TX, officeholder living expense</small>	
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

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| 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 F1 4 of 10	2 FILER NAME Amy Hinojosa	3 Filer ID (Ethics Commission Filers)
4 Date 06/02/2025	5 Payee name Alamo Mailing Co.	
6 Amount (\$) 135.90	7 Payee address: 13114 Lookout Run San Antonio TX 78233 <small>City: State: Zip Code</small> <small>Check if individual's residence address</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Mailer
	(c) <small>Check if travel outside of Texas Complete Schedule T</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 06/02/2025	Payee name Alamo Mailing Co.	
Amount (\$) 551.66	Payee address: 13114 Lookout Run San Antonio TX 78233 <small>City: State: Zip Code</small> <small>Check if individual's residence address</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expens	Description Mailer
	<small>Check if travel outside of Texas Complete Schedule T</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 06/03/2025	Payee name Print N Sign	
Amount (\$) 811.87	Payee address: 7350 Harwin Dr. STE 316 A Westside TX 77036 <small>City: State: Zip Code</small> <small>Check if individual's residence address</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Door Hangers
	<small>Check if travel outside of Texas Complete Schedule T</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| 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 F1 5 of 10		2 FILER NAME Amy Hinojosa		3 Filer ID (Ethics Commission Filers)	
4 Date 06/09/2025		5 Payee name El Rancho #38			
6 Amount (\$) 276.43		7 Payee address, City: State: Zip Code 118 Fairmont Pkwy Pasadena TX 77504 <small>Check if individual's residence address</small>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense / Food & Bev		(b) Description Volunteer Thank you		
	<small>(c) Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense.</small>		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 06/09/2025		Candidate / Officeholder name Texting for Lrs			
Amount (\$) 25.12		Payee address, City: State: Zip Code 354 Slate St Ste 201 Hackensack NJ 07601 <small>Check if individual's residence address</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement Expense		Description Texting		
	<small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense.</small>		
Complete ONLY if direct expenditure to benefit C/OH					
Date 06/09/2025		Candidate / Officeholder name HEB			
Amount (\$) 34.44		Payee address, City: State: Zip Code 6210 Fairmont Pkwy Pasadena TX 77505 <small>Check if individual's residence address</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense / Food & Bev		Description Volunteer Thank you		
	<small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense.</small>		
Complete ONLY if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Amount (\$)		Payee address, City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense.</small>		
Complete ONLY if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
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 F1: 6 of 10		2 FILER NAME Amy Hinojosa		3 Filer ID (Ethics Commission Filers)	
4 Date 06/09/2025		5 Payee name Texting for Less			
6 Amount (\$) 7.52		7 Payee address: 354 Slate St Ste 201 Hackensack NJ 07601 <small>Check if individual's residence address</small>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Texting		
	<small>Check if travel outside of Texas. Complete Schedule T</small>		<small>Check if Austin, TX, officeholder living expense</small>		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought / Office held	
Date 06/09/2025		Payee name Texting for Less			
Amount (\$) 50.20		Payee address: 354 Slate St Ste 201 Hackensack NJ 07601 <small>Check if individual's residence address</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Texting		
	<small>Check if travel outside of Texas. Complete Schedule T</small>		<small>Check if Austin, TX, officeholder living expense</small>		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought / Office held	
Date 06/09/2025		Payee name Texting for Less			
Amount (\$) 49.01		Payee address: 354 Slate St Ste 201 Hackensack NJ 07601 <small>Check if individual's residence address</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Texting		
	<small>Check if travel outside of Texas. Complete Schedule T</small>		<small>Check if Austin, TX, officeholder living expense</small>		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought / Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| 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 F1 7 of 10		2 FILER NAME Amy Hinojosa		3 Filer ID (Ethics Commission Filers)	
4 Date 06/09/2025		5 Payee name Path to Victory LLC			
6 Amount (\$) 500.00		7 Payee address, City, State, Zip Code 136 S Hancock St Madison WI 53703 <small>Check if individual's residence address</small>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Digital		
	(c) <small>Check if travel outside of Texas Complete Schedule T</small> <input type="checkbox"/> <small>Check if Austin TX officeholder living expense</small> <input type="checkbox"/>				
9 Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	
Date 06/09/2025		Payee name Sams Club			
Amount (\$) 248.31		Payee address, City, State, Zip Code 11101 Fugua St Houston TX 77089 <small>Check if individual's residence address</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense / Food & Bev		Description Block walking / Poll worker supplies		
	(c) <small>Check if travel outside of Texas Complete Schedule T</small> <input type="checkbox"/> <small>Check if Austin TX officeholder living expense</small> <input type="checkbox"/>				
Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	
Date 06/09/2025		Payee name SPECS			
Amount (\$) 199.17		Payee address, City, State, Zip Code 4122 Fairmont Pkwy Pasadena TX 77504 <small>Check if individual's residence address</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense / Food & Bev		Description Volunteer Thank You		
	(c) <small>Check if travel outside of Texas Complete Schedule T</small> <input type="checkbox"/> <small>Check if Austin TX officeholder living expense</small> <input type="checkbox"/>				
Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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|--|-------------------------------|--------------------------------|--|
| 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 8 of 10	2 FILER NAME Amy Hinojosa	3 Filer ID (Ethics Commission Filers)
4 Date 6/12/2025	5 Payee name Wildfire Contact LLC	
6 Amount (\$) 750.00	7 Payee address; 750 17th St NW Ste 500 Washington DC 20006 <small>City: State: Zip Code</small> <small>Check if individual's residence address</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Phone Bank
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6/17/2025	Payee name Aceves Communications	
Amount (\$) 4,489.00	Payee address; PO Box 6514 Houston TX 77265 <small>City: State: Zip Code</small> <small>Check if individual's residence address</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting / Polling Expense	Description Pushcards, at Poll Staffing meals/mgmt
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6/24/2025	Payee name Fort Worth Running Company	
Amount (\$) 400.53	Payee address; 4203 Winterborne Dr Pasadena TX 77505 <small>City: State: Zip Code</small> <small>Check if individual's residence address</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description T-Shirts
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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|--|-------------------------------|--------------------------------|--|
| 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 | Printing Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out Of District |
| Credit Card Payment | Legal Services | | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9 of 10		2 FILER NAME Amy Hinojosa		3 Filer ID (Ethics Commission Filers)	
4 Date 7/21/2025		5 Payee name Jaime Mercado			
6 Amount (\$) 600.00		7 Payee address; PO Box 6514 Houston TX 77265 <small>City, State, Zip Code</small> <small>Check if individual's residence address.</small>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting		(b) Description General Consulting		
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense.</small>				
9 Complete ONLY if direct expenditure to benefit C/OH					
Date: 10/23/2025		Candidate / Officeholder name Lesley Briones Campaign			
Amount (\$) 250.00		Payee address; PO Box 56386 Houston TX 77256 <small>City, State, Zip Code</small> <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donations		Description Nov 2026 Re-Election Campaign		
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense.</small>				
Complete ONLY if direct expenditure to benefit C/OH					
Date 11/19/2025		Candidate / Officeholder name Lesley Briones Office sought County Commissioner Pet 4 Office held County Commissioner Pet 4			
Amount (\$) 150.00		Payee name Josh Wallenstein Campaign			
Amount (\$) 150.00		Payee address; 14331 Memorial Dr. Houston TX 77079 14331 Memorial Dr. Houston TX 77079 <small>City, State, Zip Code</small> <small>Check if individual's residence address.</small>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation		Description Nov 2026 Election Campaign		
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense.</small>				
Complete ONLY if direct expenditure to benefit C/OH					
Date 11/19/2025		Candidate / Officeholder name Josh Wallenstein Office sought State Representative TX HD 133 Office held N/A			

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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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|--|-------------------------------|--------------------------------|--|
| 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 |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

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1 Total pages Schedule F1: 10 of 10	2 FILER NAME Amy Hinojosa	3 Filer ID (Ethics Commission Filers)
4 Date 11/21/2025	5 Payee name Danny Norris Campaign	
6 Amount (\$) 100.00	7 Payee address: 11011 Dahlia Vale Walk Houston TX 77044 <small>City: State: Zip Code</small> <small>Check if individual's residence address</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donations	(b) Description Nov 2026 Election Campaign
	(c) <small>Check if travel outside of Texas. Complete Schedule T</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Danny Norris Office sought: State Representative TX HD 142 Office held: N/A	
Date:	Payee name:	
Amount (\$):	Payee address: <small>City: State: Zip Code</small> <small>Check if individual's residence address</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Office sought: Office held:	
Date:	Payee name:	
Amount (\$):	Payee address: <small>City: State: Zip Code</small> <small>Check if individual's residence address</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: Office sought: Office held:	

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