CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

OFFICEHOLDER IFRER OFFICE USE ONLY NAME NICKNAME LAST SUFFIX A CANDIDATE / OFFICEHOLDER ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE A CANDIDATE / OFFICEHOLDER ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE ADDRESS 712 Mexada, So Houston JX APR 2 8 2023 ADDRESS 77587 ACCOUNTABILITY & COMPLIANCE APR 2 8 2023 S CANDIDATE / OFFICEHOLDER PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked PHONE AREA CODE PHONE NUMBER EXTENSION Date Processed OFFICEHOLDER MS_LMES / MR FIRST MI Date Processed OFFICEHOLDER MS_LMES / MR FIRST MI Date Processed NAME NICKNAME LAST / SUFFIX SUFFIX Date Processed NAME NICKNAME STREET ADDRESS (NO PO BOX PLEASE); APT / SUTE #; CITY; STATE: ZIP CODE Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUTE #; CITY; STATE: ZIP CODE Residence or Business) A						
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14 NOTICE FROM POLITICAL COMMITTEE(S) This Box is for notice of Political contributions accepted on 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 Committee type 14 NOTICE FROM POLITICAL COMMITTEE(S) This Box is for notice of Political contributions accepted on 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 Committee type 16 Additional Pages Committee type Committee name Committee campaign treasurer name 17 Additional Pages Committee Campaign treasurer name Committee campaign treasurer address	11 ELECTION	Month Day	Year Primary		Other	E
POLITICAL COMMITTEE(S) THE CANDIDATE 1 OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE without the candidates on officeholder's knowledge or consent. candidates and officeholders are required to report this information only if they receive notice of such expenditures. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME Additional Pages GENERAL COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	12 OFFICE	OFFICE HELD (if any)		13 OFF	Stee P	ISD = 1
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GO TO PAGE 2	L Auditional Pages					
			GOTO	PAGE 2		

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	rene Tanago 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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	s to
	Please complete either option below:	or Officeholder
(1) Affidavit		
NOTARY STAMP/SEA Sworn to and subscribed 2023, to certify	q 1 1 0 201	day of fil.
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarat	ion	
My name is My address is Executed in	ene lenan, and my date of birth is, and my date of bir	2 - 22 / 248 (71587 , 1184) ($zip code$) (country) , 2023 . (year) (year)
Forms provided by Texas E	Ethics Commission www.ethics.state.tx.us	Revised 11/15/2022

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Cor	mmission Filers)
	Irene (amayo	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULEA1: 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	\$
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	\$

NON-MONETARY (IN-KIND) POLITICA CONTRIBUTIONS	L	5	SCHEDULE A2
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 Schedul	le A2:
2 FILER NAME Frene Tamay	\widehat{X}	3 Filer ID (Ethics Con	nmission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBU	UTIONS	\$	3
5 Date 6 Full name of contributor _ out-of-state PAC (ID#:		8 Amount of I Contribution \$	9 In-kind contribution description
NH7 Contributor address; City; State; Z	Zip Code	 Check if travel outsid	le of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	r (FOR NON-JUDICIA	L)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUI	DICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spous	e (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date Full name of contributor out-of-state PAC (ID#:		Amount of Contribution \$	In-kind contribution description
Contributor address; City; State;	Zip Code	Check if travel outsid	de of Texas. Complete Schedule T
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICI	
Contributor's principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
		1	
ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi			g requirements.

7

PERSONAL			SCHEDULE G		
If the requested inf	ormation is not applicable, DO NOT include t	his page in the re	port.		
	EXPENDITURE CATEGORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E By Gift/Awards/Memorials Expense Printing E	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
Total pages Schedule G:	2 FILER NAME	Emau	Filer ID (Ethics Commission Filers)		
Date	5 Payee name				
Amount (\$)	7 Payee address;	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description	n, TX, officeholder living expense		
omplete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate / Officeholder name	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			
Complete <u>ONLY</u> if direct expenditure to benefit C		Office sought	tin, TX, officeholder living expense 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			
EXPENDITURE			if Austin, TX, officeholder living expense		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense		

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