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)	ers) 2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Maria	MI	OFFICE USE ONLY		
NAME	NICKNAME	LAST Vargas	SUFFIX	Waller Co. Elections		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	59 Hempstead, TX	CITY: STATE: ZIP CODE 77445	FEB 02 2024 RECEIVED		
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	(281)	PHONE NUMBER 380-7586	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN	MS / MRS / MR	FIRST	МІ	Receipt # Amount \$		
TREASURER NAME		Roberto		Date Processed		
	NICKNAME	LAST	SUFFIX			
		Ruvalcaba		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE): APT / SL 59 Hempstead, TX		STATE; ZIP CODE		
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	area code	PHONE NUMBER	EXTENSION			
9 REPORT TYPE	January 15	30th day before el	Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15	8th day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD	Month	Day Year	Month	Day Year		
COVERED	1	/ 1 / 24	THROUGH 1	/ 25 / 24		
11 ELECTION	ELECTION DA	TE	ELECTION TYPE	/		
		Primary	Runoff Other			
			Description			
	3 / 5 /	24 General	Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
			Waller Co. Tax	Assessor Collector		
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(C)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME			
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS			
		n ne en el la constante en constanta de la cons La constanta de la constanta de				
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Maria Vargas		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) 	\$	0.00			
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00			
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00			
	4. TOTAL POLITICAL EXPENDITURES	\$	698.21			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY \$	0.00			
OUTSTANDING LOAN TOTALS	 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD 	^{f the} \$	0.00			
	wear, or affirm, under penalty of perjury, that the accompanying report is tru quired to be reported by me under Title 15, Election Code.	e and correct	and includes all information			
Signature of Candidate & Officeholder Please complete either option below: Motary Public, State of Texas Motary Hold Motary Hold Motary Motary Hold Motary Hold Motary Motary Hold Motary						
NOTARY STAMP/SEAL Sworn to and subscribed before me by <u>MARIA VARCAS</u> this the <u>2</u> day of <u>FEBRUARY</u> , 20 <u>24</u> , to certify which, witness my hand and seal of office. <u>UNMY</u> <u>JONES</u> <u>MOTARY</u> <u>PUBLIC</u> Signature of officer administering oath Printed name of officer administering oath OR (2) Unsworn Declaration						
My name is	, and my date of birth is					
		,				
	(street) (city) (s	state) (zip c				
Executed in	County, State of, on the day of (month) , 20) (year)			
	Signature of Candid	late/Officehold	er (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Commission Filers)				
Maria	a Vargas			
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS			0.00
4.	SCHEDULE E: LOANS			0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			0.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			0.00
8.	3. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			698.21
10.	0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			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 Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	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)		
1 Total pages Schedule G: 1	² FILER NA Maria	ME Vargas			3 Filer ID (Ethics	Commission Filers)	
4 _{Date} 01/16/2024	5 Payee nar				<u>.</u>		
6 Amount (\$) (99-2) Reimbursement from political contributions intended	7 Payee add 18025	^{dress;} W. Little York, Suite D)	c _{ity:} Katy	State; TX	^{Zip Code} 77449	
8 PURPOSE OF EXPENDITURE		(See Categories listed at the top of this soing Expense	chedule)	(b) Description Candidate Sign	าร		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, office			TX, officeholder living ex	ceholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held	
Date	Payee nar	ne					
Amount (\$)	Payee add	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this set	chedule)	Description			
		Check if travel outside of Texas. Complete Sci	hedule T.	Check if Austin	f Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder name		Office sought	Office held		
Date	Payee nar	ne					
Amount (\$)	Payee add	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended				<u>s</u>			
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description			
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living ex					pense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							