

**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: |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST | MI |
| | NICKNAME | LAST | SUFFIX |
| MR. XAVIER JARAMILLO | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX, APT / SUITE #; CITY, STATE, ZIP CODE | | OFFICE USE ONLY |
| | 1902 SOUTH FIRST ST. HARLINGEN, TX. 78550 | | |
| <input type="checkbox"/> Change of Address | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | (210) | 421-1106 | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI |
| | NICKNAME | LAST | SUFFIX |
| MR. FRANCISCO JARAMILLO | | | |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY, STATE, ZIP CODE | | Date Received 4.23.2021 |
| | 1902 SOUTH FIRST ST. HARLINGEN, TX. 78550 | | |
| (Residence or Business) | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | (956) | 357-7474 | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) | | |
| | <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month | Day | Year |
| | 04 | 02 | 2021 |
| | THROUGH | | Month Day Year |
| | | | 04 / 23 / 2021 |
| 11 ELECTION | ELECTION DATE | | ELECTION TYPE |
| | Month | Day | Year |
| | 05 | 01 | 2021 |
| | | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description | |
| | | <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) | |
| | | DIST. 4 COMMISSIONER | |
| 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 | COMMITTEE NAME | |
| <input checked="" type="checkbox"/> GENERAL | XAVIER JARAMILLO CAMPAIGN | | |
| <input type="checkbox"/> Additional Pages | COMMITTEE ADDRESS | | 78550 |
| | 1902 SOUTH FIRST ST. HARLINGEN, TX. | | |
| <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | |
| | FRANCISCO JARAMILLO | | |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | | 78550 |
| | 1902 SOUTH FIRST ST. HARLINGEN, TX. | | |

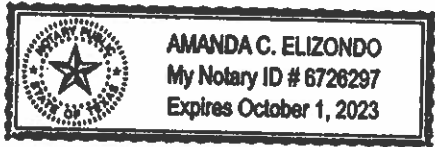
GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

| | | |
|--------------------------------------|---|---|
| 15 C/OH NAME XAVIER JARAMILLO | | 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) | \$ \$3,700.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ \$1,891.95 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ \$5,591.95 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ \$3,513.08 |
| 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.



Xavier Jaramillo
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by XAVIER JARAMILLO this the 23rd day of April.

20 21, to certify which, witness my hand and seal of office.

Amanda C. Elizondo Amanda C. Elizondo City Sec'y
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| | | |
|--|---|---|
| 19 FILER NAME XAVIER JARAMILLO | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$5,591.95 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$2,851.65 |
| 6. | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$1,697.06 |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 354.61 |
| 9. | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 209.85 |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> 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: 3 |
| 2 FILER NAME XAVIER JARAMILLO | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/28/21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TONY RODRIGUEZ | 7 Amount of contribution (\$) \$250.00 |
| 6 Contributor address; City; State; Zip Code P.O. BOX 3426 HARLINGEN, TX. 78551 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 04/02/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CURTLI BONNER | Amount of contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code 1818 N. 17TH ST. HARLINGEN, TX.78550 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 04/02/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL F. SCAIEF | Amount of contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code PO BOX 1064 SAN BENITO, TX. 78586 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 04/02/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROLANDO RUBIANO | Amount of contribution (\$) \$200.00 |
| Contributor address; City; State; Zip Code 518 E WOODLAND DR. HARLINGEN, TX 78550 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| 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 FILER NAME XAVIER JARAMILLO | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/10/21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JOSEPH M WETEGROVE | 7 Amount of contribution (\$) \$250.00 |
| 6 Contributor address: City: State: Zip Code 48 REMINGTON DR. W. HIGHLAND VILLAGE TX. 75077 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 04/10/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 4TH QUARTER ATHLETIC TRAINING | Amount of contribution (\$) \$500.00 |
| Contributor address: City: State: Zip Code 3613 U.S. BUSINESS 83 HARLINGEN, TX. 78552 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 04/14/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MARIA DE LA LUZ JARAMILLO | Amount of contribution (\$) \$1,000.00 |
| Contributor address: City: State: Zip Code 1902 S. FIRST ST. HARLINGEN, TX. 78550 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 04/14/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LUPITA GUTIERREZ | Amount of contribution (\$) \$100.00 |
| Contributor address: City: State: Zip Code 414 W. HARRISON HARLINGEN, TX. 78550 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| | | |
| 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 FILER NAME XAVIER JARAMILLO | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/16/21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS ASSOCIATION OF REALTORS 6 Contributor address: City: State: Zip Code P.O. BOX 2246 AUSTIN, TX. 78768 | 7 Amount of contribution (\$) \$1,200.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: City: State: Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: City: State: Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: City: State: Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| 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 |
| 2 FILER NAME XAVIER JARAMILLO | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 05/05/21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DR. CHRISTOPHER HANSEN | 7 Amount of contribution (\$) \$48.25 |
| 6 Contributor address: City: State: Zip Code 2814 CYPRESS GARDENS HARLINGEN, TEXAS 78550 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 04/07/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LIVIA SANCHEZ | Amount of contribution (\$) \$291.00 |
| Contributor address: City: State: Zip Code 2880 B RD. LOXAHATCHEE FLORIDA 33470 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 04/10/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MS. ALEJANDRA QUEVEDO | Amount of contribution (\$) \$970.70 |
| Contributor address: City: State: Zip Code 3113 CLIFFORD ST. HARLINGEN, TEXAS 78550 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 04/10/21 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MS. MELBA SANCHEZ | Amount of contribution (\$) \$485.20 |
| Contributor address: City: State: Zip Code 27279 BRITTANY COURT HARLINGEN, TEXAS 78552 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| 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 FILER NAME XAVIER JARAMILLO | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/04/21 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MS. SANDRA VITALLO RENTALS | 7 Amount of contribution (\$) \$96.80 |
| 6 Contributor address; City; State; Zip Code 1810 SOUTH FIRST ST. HARLINGEN, TEXAS 78550 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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

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 | | 2 FILER NAME XAVIER JARAMILLO | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 04/02/21 | | 5 Payee name TOPP DIRECT MARKETING | | | |
| 6 Amount (\$) \$811.08 | | 7 Payee address: 701 PALM VALLEY DRIVE W. HARLINGEN, | | City: TX. | State: Zip Code 78552 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ADVERTISING | | (b) Description PRINTING | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date 04/13/21 | | Payee name ALEGRA MARKETING PRINTING | | | |
| Amount (\$) \$27.01 | | Payee address: 1801 S 77 SUNSHINE STRIP #B6 HARLINGEN, | | City: TX | State: Zip Code 78550 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING | | Description PRINTING | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date 04/13/21 | | Payee name RICHARDS RESTAURANT | | | |
| Amount (\$) \$375.00 | | Payee address: 1116 S. COMMERCE ST. HARLINGEN, | | City: TEXAS | State: Zip Code 78550 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) CAMPAIGN NEIGHBORHOOD | | Description PLATES | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T | | <input type="checkbox"/> Check if Austin, 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 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 FILER NAME XAVIER JARAMILLO | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/14/21 | 5 Payee name JENNIFER COLTEN | |
| 6 Amount (\$) 1,500.00 | 7 Payee address: City: State: Zip Code 2111 LISA ANN AVENUE HARLINGEN TX. 78550 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) SOCIAL MEDIA MARKETING | (b) Description SIGN DESIGNS, PUSHCARD DESIGN ETC. |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | |
| Date 04/18/21 | Candidate / Officeholder name OFFICE DEPOT | |
| Amount (\$) \$138.56 | Office sought Office held | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) BALLOT X.J. | Description PRINTING |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | |
| Date | Candidate / Officeholder name | |
| Amount (\$) | Office sought Office held | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | |
| Date | Candidate / Officeholder name | |
| Amount (\$) | Office sought Office held | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(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 | Printing Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Sales/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F2: 1 | 2 FILER NAME XAVIER JARAMILLO | 3 Filer ID (Ethics Commission Filers) |
|--|---|--|

| | |
|--|----|
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ |
|--|----|

| | |
|---------------------------|--|
| 5 Date 04/02/21 | 6 Payee name TOPP DIRECT MARKETING |
|---------------------------|--|

| | | | | |
|----------------------------------|---|-------|--------|----------|
| 7 Amount (\$) \$197.06 | 8 Payee address; 701 PALM VALLEY DRIVE W. HARLINGEN TX. 78552 | City: | State: | Zip Code |
|----------------------------------|---|-------|--------|----------|

| | | |
|------------------------------|---|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political | <input type="checkbox"/> Non-Political |
|------------------------------|---|--|

| | | |
|----------------------------------|--|-----------------------------------|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) MAILERS | (b) Description MAILERS |
| | (c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|-------------------------------|---------------|-------------|
| 11 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------------------|-------------------------------|
| Date 04/14/21 | Payee name JENNIFER COLTEN |
|------------------|-------------------------------|

| | | | | |
|---------------------------|--|-------|--------|----------|
| Amount (\$) \$1,500.00 | Payee address; 2111 LISA ANN AVENUE HARLINGEN TX. 78550 | City: | State: | Zip Code |
|---------------------------|--|-------|--------|----------|

| | | |
|----------------------------|---|--|
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political | <input type="checkbox"/> Non-Political |
|----------------------------|---|--|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) SOCIAL MEDIA MARKETING | Description SIGN DESIGNS, PUSHCARD DESIGN ETC. |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, 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 NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(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 Expenses
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 F4 1 | | 2 FILER NAME XAVIER JARAMILLO | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | | | \$ | |
| 5 Date 04/10/21 | | 6 Payee name THE HOME DEPOT | | | |
| 7 Amount (\$) \$114.68 | | 8 Payee address; City; State; Zip Code 4710 S. EXPRESSWAY 83 HARLINGEN TX. 78552 | | | |
| 9 TYPE OF EXPENDITURE | | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | | | |
| 10 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) STAKES FOR SIGNS | | (b) Description STEEL T POLES | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 11 Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 04/15/21 | | Payee name HARBOR FREIGHT | | | |
| Amount (\$) \$239.93 | | Payee address; City; State; Zip Code 215 N. ED CAREY DRIVE HARLINGEN TX. 78550 | | | |
| TYPE OF EXPENDITURE | | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) STEEL FRAME CANOPY PLASTIC TIES | | Description OUTDOOR CANOPY PLASTIC TIES | |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, 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 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
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 G: 2 | | 2 FILER NAME XAVIER JARAMILLO | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 04/10/21 | | 5 Payee name DON CUCOS MEXICAN RESTAURANT | | | |
| 6 Amount (\$) \$114.10 <input type="checkbox"/> Reimbursement from political contributions intended | | 7 Payee address: 603 WEST TYLER AVENUE HARLINGEN TX. 78550 City: State: Zip Code | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) CAFECITO WITH XAVIER | | (b) Description CAMPAIGN PLATES | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | | | | |
| Date 04/17/21 | | Payee name HEB STORES | | | |
| Amount (\$) \$14.80 <input type="checkbox"/> Reimbursement from political contributions intended | | Payee address: 1213 COMMERCE ST. HARLINGEN, TEXAS 78550 City: State: Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) CAMPAIGN DRINKS | | Description DRINKS & BREAD | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | | | | |
| Date 04/02/21 | | Payee name OFFICE DEPOT | | | |
| Amount (\$) \$18.92 <input type="checkbox"/> Reimbursement from political contributions intended | | Payee address: 605 S. EXPRESSWAY 83 HARLINGEN, TX. 78550 City: State: Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) CAMPAIGN SUPPLIES | | Description STAMP, MARKERS & PAPER | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 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 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 | 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: 2 | 2 FILER NAME XAVIER JARAMILLO | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/20/21 | 5 Payee name LA REYNA BAKERY | |
| 6 Amount (\$) \$21.92 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address: 304 W. TYLER AVENUE HARLINGEN, TX. 78550 City: State: Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) CAMPAIGN BREAD | (b) Description BREAD |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 04/22/21 | Payee name LA REYNA BAKERY | |
| Amount (\$) \$20.41 <input type="checkbox"/> Reimbursement from political contributions intended | Payee address: 304 W. TYLER AVENUE HARLINGEN, TX. 78550 City: State: Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) CAMPAIGN BREAD | Description SWEET BREAD |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 04/23/21 | Payee name LA REYNA BAKERY | |
| Amount (\$) \$18.70 <input type="checkbox"/> Reimbursement from political contributions intended | Payee address: 304 W. TYLER AVENUE HARLINGEN, TEXAS 78550 City: State: Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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