

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: MR FIRST: NICHOLAS MI: P

NICKNAME: NICK LAST: CONSIGLIO SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: 109 E. AUSTIN AVE. APT / SUITE #: HARLINGEN TX 78550 STATE: ZIP CODE: 78550

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: () PHONE NUMBER: EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MRS FIRST: JESSICA MI: K

NICKNAME: MONTALVO LAST: SUFFIX:

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE): 1702 HICKORY COURT APT / SUITE #: HARLINGEN TX 78550 CITY: STATE: ZIP CODE:

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE: (956) PHONE NUMBER: 357-4162 EXTENSION:

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 1 / 20 / 22 THROUGH Month Day Year 4 / 7 / 22

11 ELECTION

ELECTION DATE: Month Day Year 5 / 7 / 22

ELECTION TYPE: Primary Runoff Other Description General Special

12 OFFICE: OFFICE HELD (if any)

13 OFFICE SOUGHT (if known): CITY COMMISSION FOR DISTRICT #2

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
GENERAL	COMMITTEE ADDRESS
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received: RECEIVED City Secretary's Office APR 07 2022 City of Harlingen

Date Hand-delivered or Date Postmarked: Reg 1:35pm 4-7-2022

Receipt # Amount \$

Date Processed: 4-7-22

Date Imaged: 4-7-22

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

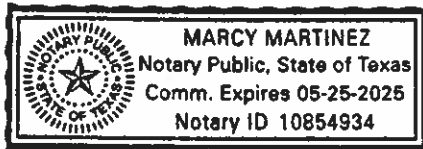
15 C/OH NAME NICHOLAS P. CONSIGLIO		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19,470.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 621.11
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,162.57
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,307.43
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

Nicholas P. Consiglio
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Nicholas P Consiglio this the 6th day of April, 2022, to certify which, witness my hand and seal of office.

Marcy Martinez Signature of officer administering oath
Marcy Martinez Printed name of officer administering oath
Notary 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 NICHOLAS CONSIGLIO		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 19,470.00
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		\$ 9,162.57
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: 16
2 FILER NAME NICHOLAS P. CONSIGLIO		3 Filer ID (Ethics Commission Filers)
4 Date 01/23/2022	5 Full name of contributor out-of-state PAC (ID#: _____) KATHLEEN WOLF 6 Contributor address; City; State; Zip Code 27384 WHITE RANCH RD LA FERIA TX 78559	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/26/2022	Full name of contributor out-of-state PAC (ID#: _____) MICHAEL ALLEX Contributor address; City; State; Zip Code 5309 HURD CT HARLINGEN, TX 78550	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/26/2022	Full name of contributor out-of-state PAC (ID#: _____) DENNIS WOOLAM & LORRAINE WOOLAM Contributor address; City; State; Zip Code PO BOX 2346 HARLINGEN TX 78551	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/27/2022	Full name of contributor out-of-state PAC (ID#: _____) LORIE SWAYZE Contributor address; City; State; Zip Code 5702 SPICEWOOD HARLINGEN TX 78552	Amount of contribution (\$) 500.00
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16
2 FILER NAME NICHOLAS P. CONSIGLIO		3 Filer ID (Ethics Commission Filers)
4 Date 01/28/2022	5 Full name of contributor out-of-state PAC (ID#: _____) WAYNE LOWRY & LACEY LOWRY 6 Contributor address; City; State; Zip Code 2614 CLIFFORD ST HARLINGEN TX 78550	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/24/2022	Full name of contributor out-of-state PAC (ID#: _____) RUTH EWERS & NORBERT S EWERS Contributor address; City; State; Zip Code 1006 BRITISH BLVD. GRAND PRAIRIE, TX 75050	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/01/2022	Full name of contributor out-of-state PAC (ID#: _____) JUAN SALAS JR & CONSUELO M. SALAS Contributor address; City; State; Zip Code 613 S M ST HARLINGEN TX 78550	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/01/2022	Full name of contributor out-of-state PAC (ID#: _____) TANYA MILLER Contributor address; City; State; Zip Code 1807 PALM VALLEY DR E HARLINGEN TX 78552	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME NICHOLAS P. CONSIGLIO		3 Filer ID (Ethics Commission Filers)
4 Date 01/30/2022	5 Full name of contributor out-of-state PAC (ID#: _____) WILLIAM L ELLIFF & MERRILLEE ELLIFF 6 Contributor address; City; State; Zip Code 27143 STATE HWY 345 SAN BENITO TX 78586	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/31/2022	Full name of contributor out-of-state PAC (ID#: _____) MARTHA S. UHLHORN Contributor address; City; State; Zip Code 2601 S. 77 SUNSHINE STRIP HARLINGEN TX 78550	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/31/2022	Full name of contributor out-of-state PAC (ID#: _____) TUDOR G OR HELLEN G. UHLHORN Contributor address; City; State; Zip Code 2601 S. 77 SUNSHINE STRIP HARLINGEN TX 78550	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/01/2022	Full name of contributor out-of-state PAC (ID#: _____) ANA M SILVA & ALICIA J WINGLER Contributor address; City; State; Zip Code 1922 THERESA ST HARLINGEN TX 78550	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date 02/01/2022	5 Full name of contributor out-of-state PAC (ID#: _____) ANA M SILVA 6 Contributor address; City; State; Zip Code 422 W PICKENS AVE APT #2 HARLINGEN TX 78550	7 Amount of contribution (\$) 20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/02/2022	Full name of contributor out-of-state PAC (ID#: _____) JONATHAN M MEADE & MARIA ELENA MEADE Contributor address; City; State; Zip Code 427 E WOODLAND DR HARLINGEN TX 78550	Amount of contribution (\$) 125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/01/2022	Full name of contributor out-of-state PAC (ID#: _____) FRANK BOGGUS Contributor address; City; State; Zip Code 315 E WASHINGTON HARLINGEN TX 78550	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/01/2022	Full name of contributor out-of-state PAC (ID#: _____) KELLY KANE ROBERTS Contributor address; City; State; Zip Code 2801 PINE VALLEY DRIVE HARLINGEN TX 78550	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME NICHOLAS P. CONSIGLIO		3 Filer ID (Ethics Commission Filers)
4 Date 02/01/2022	5 Full name of contributor out-of-state PAC (ID#: _____) JACOB BOGGUS AND ERICA BOGGUS 6 Contributor address; City; State; Zip Code 1718 KARIS COURT HARLINGEN TX 78550	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/01/2022	Full name of contributor out-of-state PAC (ID#: _____) JOANN BOGGUS Contributor address; City; State; Zip Code 3202 PEBBLE BEACH DR HARLINGEN TX 78550	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/05/2022	Full name of contributor out-of-state PAC (ID#: _____) LEO SCHOONOVER AND MONICA SCHOONOVER Contributor address; City; State; Zip Code 101 BRENTWOOD DRIVE HARLINGEN TX 78550	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/05/2022	Full name of contributor out-of-state PAC (ID#: _____) ELIZABETH FUQUA AND JOHN R FUQUA Contributor address; City; State; Zip Code 1509 LITTLE CREEK HARLINGEN TX 78550	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date 01/31/2022	5 Full name of contributor out-of-state PAC (ID#: _____) JULIE ULHORN ALLEN 6 Contributor address; City; State; Zip Code 2601 S. 77 SUNSHINE STRIP HARLINGEN TX 78550	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/07/2022	Full name of contributor out-of-state PAC (ID#: _____) JOE D ELLIFF AND ROSALIE ELLIFF Contributor address; City; State; Zip Code 1307 W HARRISON AVENUE HARLINGEN TX 78550	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/07/2022	Full name of contributor out-of-state PAC (ID#: _____) R. WILLIAM DEBROOKE Contributor address; City; State; Zip Code PO BOX 2723 HARLINGEN TX 78551	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/09/2022	Full name of contributor out-of-state PAC (ID#: _____) ROBIN FARRIS Contributor address; City; State; Zip Code PO BOX 1870 HARLINGEN TX 78551	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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4 Date 02/09/2022	5 Full name of contributor out-of-state PAC (ID#: _____) RICARDO LEAL AND NATALIE LEAL 6 Contributor address; City; State; Zip Code 5410 CATLIN CT HARLINGEN TX 78552	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/09/2022	Full name of contributor out-of-state PAC (ID#: _____) JAMES BIRSCHBACH Contributor address; City; State; Zip Code 5702 SPICEWOOD HARLINGEN TX 78552	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/09/2022	Full name of contributor out-of-state PAC (ID#: _____) WILLIAM T PEACOCK Contributor address; City; State; Zip Code PO BOX 530098 HARLINGEN TX 78553	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/09/2022	Full name of contributor out-of-state PAC (ID#: _____) ROBERT RAMIREZ AND JULIE RAMIREZ Contributor address; City; State; Zip Code 2006 EMERALD LAKE DR HARLINGEN TX 78550	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME NICHOLAS P. CONSIGLIO		3 Filer ID (Ethics Commission Filers)
4 Date 01/27/2022	5 Full name of contributor out-of-state PAC (ID#: _____) CONNIE DE LA GARZA 6 Contributor address; City; State; Zip Code 2814 LOTUS ST HARLINGEN TX 78550	7 Amount of contribution (\$) 300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/28/2022	Full name of contributor out-of-state PAC (ID#: _____) JOSHUA FIELDS AND MIA DE LA GARZA Contributor address; City; State; Zip Code 19835 FM 507 HARLINGEN TX 78550	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/28/2022	Full name of contributor out-of-state PAC (ID#: _____) LISA DE LA GARZA Contributor address; City; State; Zip Code 2114 E ADAMS AVE HARLINGEN TX 78550	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/10/2022	Full name of contributor out-of-state PAC (ID#: _____) MICHAEL SCAIEF AND ELIZABETH SCAIEF Contributor address; City; State; Zip Code P.O. BOX 1064 SAN BENITO TX 78586	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME NICHOLAS P. CONSIGLIO		3 Filer ID (Ethics Commission Filers)
4 Date 02/09/2022	5 Full name of contributor out-of-state PAC (ID#: _____) KARINA AND KEVIN GARCIA 6 Contributor address; City; State; Zip Code 901 ORANGE LN LAGUNA VISTA TX 78578	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/09/2022	Full name of contributor out-of-state PAC (ID#: _____) ROBERT PAXTON AND ANETTE PAXTON Contributor address; City; State; Zip Code 2942 CYPRESS DR HARLNIGEN TX 78550	Amount of contribution (\$) 75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/11/2022	Full name of contributor out-of-state PAC (ID#: _____) VICTOR LEAL Contributor address; City; State; Zip Code 2225 W ARBOR HARLINGEN TX 78552	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/15/2022	Full name of contributor out-of-state PAC (ID#: _____) BRYAN AND LINDA BURKE Contributor address; City; State; Zip Code 1101 FEGURSON DR HARLINGEN TX 78550	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME NICHOLAS P. CONSIGLIO		3 Filer ID (Ethics Commission Filers)
4 Date 02/07/2022	5 Full name of contributor out-of-state PAC (ID#: _____) MICHAEL C. RE 6 Contributor address; City; State; Zip Code 1140 SARA MATTHEWS LANE WILDWOOD MO 63005	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/15/2022	Full name of contributor out-of-state PAC (ID#: _____) LEONARD & MARY BETH SIMMONS Contributor address; City; State; Zip Code 19573 SIMMONS RD SAN BENITO TX 78586	Amount of contribution (\$) 750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/10/2022	Full name of contributor out-of-state PAC (ID#: _____) PATRICK C KORNEGAY Contributor address; City; State; Zip Code 28125 NORMA LINDA RD SAN BENITO TX 78586	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/07/2022	Full name of contributor out-of-state PAC (ID#: _____) ROLANDO RODRIGUEZ Contributor address; City; State; Zip Code 21940 BRIGGS COLEMAN RD HARLINGEN TX 78550	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

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2 FILER NAME NICHOLAS P. CONSIGLIO		3 Filer ID (Ethics Commission Filers)
4 Date 02/18/2022	5 Full name of contributor out-of-state PAC (ID#: _____) CHRISTOPHER AND STEPHANIE HAMBY 6 Contributor address; City; State; Zip Code 5410 HURD CT HARLINGEN TX 78550	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/17/2022	Full name of contributor out-of-state PAC (ID#: _____) MATTHEW HOOKS AND AUDREY SIMMONS HOOKS Contributor address; City; State; Zip Code 16870 RIO RED HARLINGEN TX 78550	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/16/2022	Full name of contributor out-of-state PAC (ID#: _____) CHARLES RE AND CATHERINE RE Contributor address; City; State; Zip Code 12501 VILLAGE CIRCLE DRIVE APT 208 SUNSET HILLS, MO 63127	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/16/2022	Full name of contributor out-of-state PAC (ID#: _____) ANTIONETTE LARSON Contributor address; City; State; Zip Code 384 CHATEAUGAY LN CHESTERFIELD MO 63017	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME NICHOLAS P. CONSIGLIO		3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2022	5 Full name of contributor out-of-state PAC (ID#: _____) ROLANDO RUBIANO AND CYNTHIA RUBIANO 6 Contributor address; City; State; Zip Code 518 E WOODLAND DR HARLINGEN TX 78550	7 Amount of contribution (\$) 1,250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/22/2022	Full name of contributor out-of-state PAC (ID#: _____) FREDDY ELIZONDO Contributor address; City; State; Zip Code 3321 TREASURE HILLS BOULEVARD HARLINGEN TX 78550	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/16/2022	Full name of contributor out-of-state PAC (ID#: _____) RANDY MCLELLAND Contributor address; City; State; Zip Code 27021 DOAN ROAD HARLINGEN TX 78550	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/14/2022	Full name of contributor out-of-state PAC (ID#: _____) ROBERT SHEPARD AND ANNE SHEPARD Contributor address; City; State; Zip Code 11313 HOLLISTER DR AUSTIN TX 78739	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME NICHOLAS P. CONSIGLIO		3 Filer ID (Ethics Commission Filers)
4 Date 02/26/2022	5 Full name of contributor out-of-state PAC (ID#: _____) WILLIAM MARTIN AND ESPARANZA MARTIN 6 Contributor address; City; State; Zip Code 867 SUSSEX DR DAVENPORT, FL 33896	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/25/2022	Full name of contributor out-of-state PAC (ID#: _____) MICHAEL MURPHEY Contributor address; City; State; Zip Code 1102 FERGUSON DR HARLINGEN TX 78550	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/05/2022	Full name of contributor out-of-state PAC (ID#: _____) ANDY VIGSTOL AND JESSICA VIGSTOL Contributor address; City; State; Zip Code 4813 LAKE NOCONA DR CORPUS CHRISTI, TX 78413	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/02/2022	Full name of contributor out-of-state PAC (ID#: _____) MICHAEL LAMON AND TRACY LAMON Contributor address; City; State; Zip Code 5910 COUNTRY LANE HARLINGEN TX 78552	Amount of contribution (\$) 250.00
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: 16
2 FILER NAME NICHOLAS P. CONSIGLIO		3 Filer ID (Ethics Commission Filers)
4 Date 03/11/2022	5 Full name of contributor out-of-state PAC (ID#: _____) JAMES AND JANE BURKHOLDER 6 Contributor address; City; State; Zip Code 2718 LOTUS DR HARLINGEN TX 78550	7 Amount of contribution (\$) 300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/12/2022	Full name of contributor out-of-state PAC (ID#: _____) ROBERTO AND NANCY GONZALEZ Contributor address; City; State; Zip Code 1113 EAST POLK HARLINGEN TX 78550	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/16/2022	Full name of contributor out-of-state PAC (ID#: _____) ROD AND TERRY CUELLAR Contributor address; City; State; Zip Code 105 EAST AUSTIN AVENUE HARLINGEN TX 78550	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/22/2022	Full name of contributor out-of-state PAC (ID#: _____) JESSE AND MELINDA BALLEZA Contributor address; City; State; Zip Code 2210 HORSESHOE CIRCLE HARLINGEN TX 78552	Amount of contribution (\$) 150.00
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: 16
2 FILER NAME NICHOLAS P. CONSIGLIO		3 Filer ID (Ethics Commission Filers)
4 Date 03/16/2022	5 Full name of contributor out-of-state PAC (ID#: _____) ROBERT DUNCAN 6 Contributor address; City; State; Zip Code PO BOX 570 RIO HONDO TX 78583	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/24/2022	Full name of contributor out-of-state PAC (ID#: _____) JO RAE WAGNER Contributor address; City; State; Zip Code 3010 PINEHURT DRIVE HARLINGEN TX 78550	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/24/2022	Full name of contributor out-of-state PAC (ID#: _____) TODD AUNE Contributor address; City; State; Zip Code 15674 RIO HONDO ROAD HARLINGEN TX 78550	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/14/2022	Full name of contributor out-of-state PAC (ID#: _____) CHARLES FIELDS Contributor address; City; State; Zip Code 9807 SAGEMOSS LANE HOUSTON TX 77089	Amount of contribution (\$) 50.00
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: 16
2 FILER NAME NICHOLAS P. CONSIGLIO		3 Filer ID (Ethics Commission Filers)
4 Date 03/31/2022	5 Full name of contributor out-of-state PAC (ID#: _____) HOWARD J. TOZZO JR. 6 Contributor address; City; State; Zip Code 1824 PALM VALLEY DR W HARLINGEN TX 78552	7 Amount of contribution (\$) 150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/31/2022	Full name of contributor out-of-state PAC (ID#: _____) ROBERT F. BOGGUS Contributor address; City; State; Zip Code P.O. BOX 2318 MCALLEN TX 78502	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/03/2022	Full name of contributor out-of-state PAC (ID#: _____) OMEL CARDENAS AND BRENDA LANDEROS Contributor address; City; State; Zip Code 1010 NORTH STACK CIRCLE HARLINGEN TEXAS 78550	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor 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	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	2 FILER NAME NICHOLAS P. CONSIGLIO	3 Filer ID (Ethics Commission Filers)
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4 Date 02/02/2022	5 Payee name DON GOLLITO RESTAURANT
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6 Amount (\$) 512.83	7 Payee address; 417 WEST VAN BUREN AVENUE HARLINGEN TEXAS 78550	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description CAMPAIGN KICK-OFF
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/08/2022	Payee name FACEBOOK
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Amount (\$) 10.00	Payee address; 1 HACKER WAY MENLO PARK CALIFORNIA 94025	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description ONLINE CAMPAIGN ADVERTISING
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/09/2022	Payee name FACEBOOK
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Amount (\$) 10.00	Payee address; 1 HACKER WAY MENLO PARK CALIFORNIA 94025	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description ONLINE CAMPAIGN ADVERTISING
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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	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	2 FILER NAME NICHOLAS P. CONSIGLIO	3 Filer ID (Ethics Commission Filers)
4 Date 02/09/2022	5 Payee name FACEBOOK	
6 Amount (\$) 10.00	7 Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK CALIFORNIA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description ONLINE CAMPAIGN ADVERTISING
	(c) Check if travel outside of Texas. Complete Schedule T. 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 03/01/2022	Payee name JENNIFER COLTON	
Amount (\$) 1,000.00	Payee address; City; State; Zip Code 2111 LISA ANN AVENUE HARLINGEN, TEXAS 78550	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description GRAPHIC DESIGN
	Check if travel outside of Texas. Complete Schedule T. 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 02/10/2022	Payee name FACEBOOK	
Amount (\$) 15.00	Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK CALIFORNIA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description ONLINE CAMPAIGN ADVERTISING
	Check if travel outside of Texas. Complete Schedule T. 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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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	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	2 FILER NAME NICHOLAS P. CONSIGLIO	3 Filer ID (Ethics Commission Filers)
4 Date 02/11/2022	5 Payee name FACEBOOK	
6 Amount (\$) 15.00	7 Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK CALIFORNIA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description ONLINE CAMPAIGN ADVERTISING
	(c) Check if travel outside of Texas. Complete Schedule T. 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 02/14/2022	Payee name FACEBOOK	
Amount (\$) 35.00	Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK CALIFORNIA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description ONLINE CAMPAIGN ADVERTISING
	Check if travel outside of Texas. Complete Schedule T. 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 02/14/2022	Payee name FACEBOOK	
Amount (\$) 25.00	Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK CALIFORNIA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description ONLINE CAMPAIGN ADVERTISING
	Check if travel outside of Texas. Complete Schedule T. 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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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	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	2 FILER NAME NICHOLAS P. CONSIGLIO	3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2022	5 Payee name FACEBOOK	
6 Amount (\$) 50.00	7 Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK CALIFORNIA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description ONLINE CAMPAIGN ADVERTISING
	(c) Check if travel outside of Texas. Complete Schedule T. 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 02/28/2022	Payee name FACEBOOK	
Amount (\$) 28.52	Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK CALIFORNIA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description ONLINE CAMPAIGN ADVERTISING
	Check if travel outside of Texas. Complete Schedule T. 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 03/11/2022	Payee name BRIAN GONZALES	
Amount (\$) 300.00	Payee address; City; State; Zip Code 22690 NEW COMBES HIGHWAY HARLINGEN TEXAS 78550	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SALARIES/WAGES/CONTRACT LABOR	Description LABOR FOR CAMPAIGN SIGNAGE INSTALLATION
	Check if travel outside of Texas. Complete Schedule T. 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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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	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	2 FILER NAME NICHOLAS P. CONSIGLIO	3 Filer ID (Ethics Commission Filers)
4 Date 03/11/2022	5 Payee name LONE STAR PRINTING	
6 Amount (\$) 2,372.66	7 Payee address; City; State; Zip Code 2004 WEST JEFFERSON AVENUE HARLINGEN TEXAS 78550	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description CAMPAIGN SIGNAGE
	(c) Check if travel outside of Texas. Complete Schedule T. 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 03/14/2022	Payee name UPPER VALLEY MAIL SERVICES LLC	
Amount (\$) 740.80	Payee address; City; State; Zip Code 1418 BEECH AVENUE #109 MCALLEN TEXAS 78501	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description CAMPAIGN MAILERS PREPARATION & PROCESSING
	Check if travel outside of Texas. Complete Schedule T. 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 03/21/2022	Payee name FACEBOOK	
Amount (\$) 75.00	Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK CALIFORNIA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description ONLINE CAMPAIGN ADVERTISING
	Check if travel outside of Texas. Complete Schedule T. 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 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	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	2 FILER NAME NICHOLAS P. CONSIGLIO	3 Filer ID (Ethics Commission Filers)
4 Date 03/21/2022	5 Payee name FACEBOOK	
6 Amount (\$) 75.00	7 Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK CALIFORNIA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description ONLINE CAMPAIGN ADVERTISING
	(c) Check if travel outside of Texas. Complete Schedule T. 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 03/28/2022	Payee name FACEBOOK	
Amount (\$) 125.00	Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK CALIFORNIA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description ONLINE CAMPAIGN ADVERTISING
	Check if travel outside of Texas. Complete Schedule T. 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 03/29/2022	Payee name FACEBOOK	
Amount (\$) 4.05	Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK CALIFORNIA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description ONLINE CAMPAIGN ADVERTISING
	Check if travel outside of Texas. Complete Schedule T. 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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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	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	2 FILER NAME NICHOLAS P. CONSIGLIO	3 Filer ID (Ethics Commission Filers)
4 Date 03/29/2022	5 Payee name UPPER VALLEY MAIL SERVICES LLC	
6 Amount (\$) 300.22	7 Payee address; City; State; Zip Code 1418 BEECH AVENUE #109 MCALLEN TEXAS 78501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description CAMPAIGN MAILERS PREPARATION & PROCESSING
	(c) Check if travel outside of Texas. Complete Schedule T. 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 03/30/2022	Payee name COBALT DIGITAL MARKETING LLC	
Amount (\$) 1,162.38	Payee address; City; State; Zip Code 5415 NORTH MCCOLL SUITE 109 MCALLEN TEXAS 78504	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description CAMPAIGN ADS
	Check if travel outside of Texas. Complete Schedule T. 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 04/02/2022	Payee name FACEBOOK	
Amount (\$) 175.00	Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK CALIFORNIA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description ONLINE CAMPAIGN ADVERTISING
	Check if travel outside of Texas. Complete Schedule T. 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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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	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	2 FILER NAME NICHOLAS P. CONSIGLIO	3 Filer ID (Ethics Commission Filers)
4 Date 03/29/2022	5 Payee name UPPER VALLEY MAIL SERVICES LLC	
6 Amount (\$) 300.22	7 Payee address; City; State; Zip Code 1418 BEECH AVENUE #109 MCALLEN TEXAS 78501	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description CAMPAIGN MAILERS PREPARATION & PROCESSING
	(c) Check if travel outside of Texas. Complete Schedule T. 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 03/30/2022	Payee name COBALT DIGITAL MARKETING LLC	
Amount (\$) 1,162.38	Payee address; City; State; Zip Code 5415 NORTH MCCOLL SUITE 109 MCALLEN TEXAS 78504	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description CAMPAIGN ADS
	Check if travel outside of Texas. Complete Schedule T. 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 04/02/2022	Payee name FACEBOOK	
Amount (\$) 175.00	Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK CALIFORNIA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description ONLINE CAMPAIGN ADVERTISING
	Check if travel outside of Texas. Complete Schedule T. 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