CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE/ MS / MRS / MR FIRST OFFICE USE ONLY **OFFICEHOLDER** Mr Trinidad NAME Date Received NICKNAME LAST SUFFIX Aguirre J٢ 4-25-25 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE #; CITY: STATE; ZIP CODE OFFICEHOLDER 5629 Woodbine Lane, San Angelo, TX 76904 11:32 AM MAILING **ADDRESS** Change of Address AREA CODE 5 CANDIDATE/ PHONE NUMBER **EXTENSION** Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (325 277-5112 PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN FIRST **TREASURER** Marie Mrs NAME Date Processed NICKNAME LAST SUFFIX Date Imaged Aguirre STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN STATE; ZIP CODE **TREASURER** 5629 Woodbine Lane, San Angelo, TX 76904 **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER PHONE** 214 317-9777 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year Month Day Year COVERED 23 ⁄ 25 3 25 25 THROUGH ELECTION DATE 11 ELECTION **ELECTION TYPE** Runoff Other Day Year Description -25 General Special OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) Mayor 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

					
15 C/OH NAME Trinidad Aguirre Jr			16 Filer	ID (Ethics C	commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA PLEDGES, LOANS, OR GUARA CONTRIBUTIONS MADE ELECT		N	\$	0
	2. TOTAL POLITICAL CONTRIE (OTHER THAN PLEDGES, LOAN	SUTIONS IS, OR GUARANTEES OF LOANS)	\$	6250.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	EXPENDITURE.		\$	0
	4. TOTAL POLITICAL EXPENDI	TURES		\$	7712.17
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTE OF REPORTING PERIOD	ONS MAINTAINED AS OF THE LA	ST DAY	\$	1056.31
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	ALL OUTSTANDING LOANS AS C PERIOD	F THE	\$	100.00
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, th	at the accompanying report is tru	e and co	rrect and inc	ludes all information
	quired to be reported by me under Title 15, El			nect and inc	tudes all information
		1 10			
		- wold	66		,
		Signature of C	andidate d	Officehole	ier
					1
	Please compl	ete either option belov	w:		
_					
(1) Affidavit	Connie Williams My Commission Expires 1/31/2026 Notary ID 2731459				
NOTARY STAMP/SEA	-				
25		this the	25+	day of	pril.
20, to certify	which, witness my hand and seal of office.	village Doc	v.d.	1-1	Conv
Signature of officer administe	action of Continue V	VIIIams Leg	rug	uty	llrk.
Signature of officer administe	ring oath Printed name of offic	er administering oath		Title of office	er administering oath
OR WAR AND					
(2) Unsworn Declaration	on				
		, 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	
		(mont	h)	, 20 (year)	- ·
		Signature of Candi	data/Office	obolder (Des	Norant\

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME inidad Aguirre Jr	20 Filer ID (Ethics Co	mmissi	on Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	6250.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0
4.	4. SCHEDULE E: LOANS			0
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	7712.17
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$	0
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$	474.80
10.	0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$	0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	0
12.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$	0

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 Trinidad Ag	uirre Jr		3 Filer ID (Ethics Commission Filers)		
4 Date 04/08/2025	5 Full name of contributor out-of-state PAC (ID#: 27342 International Brotherhood of Electrical Workers PAC 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$) 5000.00		
	900 Seventh St NW, Washington, Do	20001			
8 Principal occu	pation / Job title (See Instructions) 9 Emp	oyer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)		
03/26/2025	Contributor address; City; State; 3334 Loop 306, San Angelo, TX	Zip Code	300.00		
Principal occup	ation / Job title (See Instructions) Empl	oyer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)		
03/27/2025	Michael Flores Contributor address; City; State;	Zip Code	250.00		
Principal occup	eation / Job title (See Instructions) Empl	oyer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)		
03/28/2025	Koonce Allison Investments, LLC 28/2025 Contributor address; City; State; Zip Code		500.00		
1151 Knickerbocker Rd, San Angelo, TX 76903					
Principal occup	eation / Job title (See Instructions) Empl	oyer (See Instruct	ions)		

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 f	form.	1 Total pages Schedule A1:		
2 FILER NAME Trinidad Ag	uirre Jr		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Patrick J Malloy		7 Amount of contribution (\$)		
4/16/2025	6 Contributor address; City; State; Zip Code 3605 Fieldwood Dr, San Angelo, TX 76904		100.00		
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
04/24/2025	Contributor address; City; 5534 Woodbine Lane, San Ange	State; Zip Code	100.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date		ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor out-of-state PAC (I	ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)		
	ATTACH ADDITIONAL CODIES OF	THIS SCHEDING AS NO	FEDED		

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

5 Payee name

(c)

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 Trinidad Aguirre Jr

3 Filer ID (Ethics Commission Filers)

03/25/2025 6 Amount (\$) 7 Payee address;

Mediajaw Webb Design

City; State: Zip Code

537.13

PURPOSE

OF **EXPENDITURE**

4 Date

PO Box 61014, San Angelo, TX 76906

(a) Category (See Categories listed at the top of this schedule) Printing Expense

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

(b) Description

Yard Signs

Office held

Amount (\$) 4218.74

04/24/2025

Date

Marie E Aguirre Payee address;

Pavee name

City;

State; Zip Code

5629 Woodbine Lane, San Angelo, TX 76904

Check if travel outside of Texas. Complete Schedule T.

PURPOSE OF **EXPENDITURE**

Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement Description

Reimbursement of payment to Citibank Credit Card on 3/24/2025

Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name

Office sought

Office held

04/24/2025 Amount (\$)

Date

Marie E Aguirre

Pavee address: 5629 Woodbine Lane, San Angelo, TX 76904

Payee name

State; Zip Code

2381.50

Category (See Categories listed at the top of this schedule)

Description

PURPOSE OF EXPENDITURE Loan Repayment/Reimbursement

Reimbursement of Media Advertising/ Videos on 2/28/2025

Check if travel outside of Texas. Complete Schedule T.

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 www.ethics.state.tx.us

Revised 1/1/2025

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

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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	other (other a datego	ory not nated above)
1 Total pages Schedule F1:	2 FILER NAME Trinidad Aguirre Jr		3 Filer ID (Ethics	s Commission Filers)
4 Date 03/31/2025	5 Payee name Tom Green County Library			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
100.00	33 W Beauregard, San Angelo, TX	76903		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event Expense	Room to speak to Disabled Community Members		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/24/2025	Marie Aguirre			
Amount (\$)	Payee address;	City;	State;	Zip Code
474.80	5629 Woodbine Lane, San Angelo,	TX 76904		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Loan Repayment/Reimbursement	Reimburseme Name badges	ent of Persona s, meals and l	al Expenses for abor for signs.
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE				
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manes/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Wages/Contract Labor Other (enter a category not listed at	bove)
1 Total pages Schedule G:	2 FILER NAME Trinidad Aguirre Jr	3 Filer ID (Ethics Commission	n Filers)
4 Date 3/30/2025	5 Payee name Jaime Hogeda		
6 Amount (\$) 225.00 Reimbursement from political contributions intended	7 Payee address; 4800 Christoval Rd, San Angelo, T.	City; State; Zip C X 76904	ode
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Helper to build/distribute signs	
	(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	i i
Date	Payee name		
03/30/2025	Olive Garden Restaurant		
Amount (\$) 129.95 Reimbursement from political contributions intended	Payee address; 4399 W Houston Harte Expy, San A	City; State; Zip C Angelo, TX 76901	ode
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Beverage Expense	Description Thank you meal for volunteer	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held	d
Date	Payee name		
2/23/2025	Office Depot		
Amount (\$) 100.08 Reimbursement from political contributions intended	Payee address; 4272 Sunset Dr, San Angelo, TX 7	City; State; Zip Cod	e
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description Name Badges for Door to Door	
	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	d
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE 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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule G:	2 FILER NAME Trinidad Aguirre Jr		3 Filer ID (Ethics	Commission Filers)
4 Date 04/07/2025	5 Payee name Los Panchitos			
6 Amount (\$) 19.77 Reimbursement from political contributions intended	7 Payee address; 34 East Ave D, San ANgelo, TX 7	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Meals/Beverages	(b) Description Tom Green Co Forum	ounty Democra	ats Mayoral
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living e	xpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	ule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED	