## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to	complete this form.	1 Filer ID (Eth	hics Commission Filers)	Total pages fil	led:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Deliris		MI	OFFICE	USEONLY
NAME	NICKNAME DMB	LAST Montanez E	3errio:	SUFFIX	Date Received 10/12/202	2 8:47 PM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #; C	CITY; STA	ATE; ZIP CODE		<del>FFICE – Diana Nunez</del> nee (0ct 13, 2022 01:20 M0T)
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXT	FENSION	Date Hand-delivered	d or Date Postmarked
6 CAMPAIGN TREASURER	ms / mrs / mr Ms.	FIRST Deliris		MI		
NAME	NICKNAME	LAST		SUFFIX	Date Processed 10	/13/2022 7:20 AM
	DMB	Montanez B	Berrio:	SOLLY	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (N	O PO BOX PLEASE); APT / SU	UITE #;	CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXT	ENSION		
9 REPORT TYPE	January 15	30th day before el	lection	Runoff		fter campaign ppointment er Only)
	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit		rt (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Yea	r
COVERED	08/10/202	2 /	THROUGH	10/11/20	22 /	
11 ELECTION	ELECTION DATE Month Day	E Year Primary	Runoff	ELECTION TYPE		
	11/08/2022	General	Special	Description		
12 OFFICE	OFFICE HELD (if any)			FICE SOUGHT (if known	,	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	OF POLITICAL CONTRIBUTIONS A HOLDER. THESE EXPENDITURES	S MAY HAVE BEEN M.	IADE WITHOUT THE CANL	DIDATE'S OR OFFICEHOL	LDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME			
		COMMITTEE CAMPAIGN TRE	EASURER ADDRES	38		
GO TO PAGE 2						

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME De	liris Montanez Berrio	<b>16</b> Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTION PLEDGES, LOANS, OR GUARANTEES OF LOANS CONTRIBUTIONS MADE ELECTRONICALLY)	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANT)	TEES OF LOANS) \$100
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$2113.74
	4. TOTAL POLITICAL EXPENDITURES	\$2879.24
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED OF REPORTING PERIOD	ed as of the last day \$95.40
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDIN LAST DAY OF THE REPORTING PERIOD	ING LOANS AS OF THE \$2874.64
	swear, or affirm, under penalty of perjury, that the accompany equired to be reported by me under Title 15, Election Code.	nying report is true and correct and includes all information
	active model of the arriver of the a	UNTANEZ BENNIOS
		Signature of Candidate or Officeholder
	Please complete either o	ntion below:
	Flease complete ether of	phon below.
(1) Affidavit		
NOTARY STAMP/SEA	AL	
Sworn to and subscribed	before me by	this date, to certify which,
witness my hand and seal	of office.	
Signature of officer administe		bath Title of officer administering oath
(2) Unsworn Declarati	OR	
		00/24/4070
My name is6108 Los	Siglos Dr. El Pa	ny date of birth is 09/24/1970 Paso TX 79912 USA
My address is		(city) (state) (zip code) (country)
Executed in El Paso	County, State of Texas, on the 12	day of, 20_22
	Deliris Matanza Ber	(month) (year) Montanez Berrios Perrios (oct 12, 2022 20-37 WDT)
	Sig	ignature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19 FILE	ER NAME	20 Filer ID (Ethics Co	mmiss	sion Filers)
Delir	is "DMB" Montanez Berrios			
	IEDULE SUBTOTALS IE OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	\$100.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	\$0.00
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			\$0.00
4.	4. SCHEDULE E: LOANS			\$2,109.14
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$500.00
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	\$265.50
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$	\$0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	\$0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	\$0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	\$0.00
			Ψ	<u></u> Φ0.00

SCHEDULE A1

The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)		
Deliris "Dl	MB" Montanez Ber	rios		
4 Date	<b>5</b> Full name of contributor	out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
	Ricky Lambert			
00/25/2022			State: Zin Code	25.00
09/25/2022				25.00
	11519 Wilson Mill L	ane, Pine	VIIIe, NC 28134	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instrue	ctions)
Retired			None	
	<b>- - - - - - - - - -</b>			
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
	Dimas Villarreal			
09/18/2022	Contributor address;	City;	State; Zip Code	75.00
	P. O. Box 1886, Im	perial Bea	ach, CA 91934	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Retired			None	
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	1
		-		
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
			1	
Principal occup	pation / Job title (See Instructions)		Employer (See Instrue	ctions)
	ATTACH ADDIT	IONAL COPIES	OF THIS SCHEDULE AS I	NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

SCHEDULE A1

TI	ne Instruction Guide explains how	v to complete this	s form.	1 Total pages Schedule A1: 1
2 FILER NAM	E			<b>3</b> Filer ID (Ethics Commission Filers)
				<b>3</b> The ID (Luics Commission Thers)
Deliris "L	DMB" Montanez Be	rrios		
4 Date	<b>F</b> Full serves of constribution	_		<b>7</b> Annount of contribution (A)
- Date	<b>5</b> Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
	•••••••••••••••••••••••••••••••••••••••			
	6 Contributor address;	City;	State; Zip Code	
Dringinglag	 cupation / Job title (See Instructions	\ \	C England (Carl Instance	-4:
8 Principal oc	cupation / Job title (See Instructions)	)	9 Employer (See Instruc	cuons)
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
		_		
	Contributor address;	City;	State; Zip Code	
Principal occ	upation / Job title (See Instructions)		Employer (See Instruc	tions)
				5.013)
			•	
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
		City;	State; Zip Code	
	Contributor address,	Oity,		
Principal occ	cupation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
			1	
Principal occ	cupation / Job title (See Instructions)		Employer (See Instruc	ctions)
			OF THIS SCHEDULE AS N	
	If contributor is out-of-state PA	C, please see Instr	uction guide for additional	reporting requirements.

SCHEDULE A1

TI	ne Instruction Guide explains how	v to complete this	s form.	1 Total pages Schedule A1: 1
2 FILER NAM	E			<b>3</b> Filer ID (Ethics Commission Filers)
				<b>3</b> The ID (Luics Commission Thers)
Deliris "L	DMB" Montanez Be	rrios		
4 Date	<b>F</b> Full serves of constribution	_		<b>7</b> Annount of contribution (A)
- Date	<b>5</b> Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
	•••••••••••••••••••••••••••••••••••••••			
	6 Contributor address;	City;	State; Zip Code	
Dringinglag	 cupation / Job title (See Instructions	\ \	C England (Carl Instance	-4:
8 Principal oc	cupation / Job title (See Instructions)	)	9 Employer (See Instruc	cuons)
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
		_		
	Contributor address;	City;	State; Zip Code	
Principal occ	upation / Job title (See Instructions)		Employer (See Instruc	tions)
				5.013)
			•	
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
		City;	State; Zip Code	
	Contributor address,	Oity,		
Principal occ	cupation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
			1	
Principal occ	cupation / Job title (See Instructions)		Employer (See Instruc	ctions)
			OF THIS SCHEDULE AS N	
	If contributor is out-of-state PA	C, please see Instr	uction guide for additional	reporting requirements.

SCHEDULE A1

TI	ne Instruction Guide explains how	v to complete this	s form.	1 Total pages Schedule A1: 1
2 FILER NAM	E			<b>3</b> Filer ID (Ethics Commission Filers)
				<b>3</b> The ID (Luics Commission Thers)
Deliris "L	DMB" Montanez Be	rrios		
4 Date	<b>F</b> Full serves of constribution	_		<b>7</b> Annount of contribution (A)
- Date	<b>5</b> Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
	•••••••••••••••••••••••••••••••••••••••			
	6 Contributor address;	City;	State; Zip Code	
Dringinglag	 cupation / Job title (See Instructions	\ \	C England (Carl Instance	-4:
8 Principal oc	cupation / Job title (See Instructions)	)	9 Employer (See Instruc	cuons)
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
		_		
	Contributor address;	City;	State; Zip Code	
Principal occ	upation / Job title (See Instructions)		Employer (See Instruc	tions)
				5.013)
			•	
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
		City;	State; Zip Code	
	Contributor address,	Oity,		
Principal occ	cupation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
			1	
Principal occ	cupation / Job title (See Instructions)		Employer (See Instruc	ctions)
			OF THIS SCHEDULE AS N	
	If contributor is out-of-state PA	C, please see Instr	uction guide for additional	reporting requirements.

SCHEDULE A1

TI	ne Instruction Guide explains how	v to complete this	s form.	1 Total pages Schedule A1: 1
2 FILER NAM	E			<b>3</b> Filer ID (Ethics Commission Filers)
				<b>3</b> The ID (Luics Commission Thers)
Deliris "L	DMB" Montanez Be	rrios		
4 Date	<b>F</b> Full serves of constribution	_		<b>7</b> Annount of contribution (A)
- Date	<b>5</b> Full name of contributor	out-of-state PAC	C (ID#:)	<b>7</b> Amount of contribution (\$)
	•••••••••••••••••••••••••••••••••••••••			
	6 Contributor address;	City;	State; Zip Code	
Dringinglag	 cupation / Job title (See Instructions	\ \	C England (Carl Instance	
8 Principal oc	cupation / Job title (See Instructions)	)	9 Employer (See Instruc	cuons)
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
		_		
	Contributor address;	City;	State; Zip Code	
Principal occ	upation / Job title (See Instructions)		Employer (See Instruc	tions)
				5.013)
			•	
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
		City;	State; Zip Code	
	Contributor address,	Oity,		
Principal occ	cupation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
			1	
Principal occ	cupation / Job title (See Instructions)		Employer (See Instruc	ctions)
			OF THIS SCHEDULE AS N	
	If contributor is out-of-state PA	C, please see Instr	uction guide for additional	reporting requirements.

SCHEDULE A2

Tł	ne Instruction Guide explains how to complete this form	1 Total pages Schedule A2:	
<sup>2</sup> FILER NAME Deliris "DMB" Montanez Berrios			3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor  out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution Contribution \$ description
	7 Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
<b>16</b> If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor   out-of-state PAC (ID#:	)	Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State;		   Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I	
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi		

SCHEDULE A2

Tł	ne Instruction Guide explains how to complete this form	1 Total pages Schedule A2:	
<sup>2</sup> FILER NAME Deliris "DMB" Montanez Berrios			3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor  out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution Contribution \$ description
	7 Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
<b>16</b> If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor   out-of-state PAC (ID#:	)	Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State;		   Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I	
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi		

SCHEDULE A2

Tł	ne Instruction Guide explains how to complete this form	1 Total pages Schedule A2:	
<sup>2</sup> FILER NAME Deliris "DMB" Montanez Berrios			3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor  out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution Contribution \$ description
	7 Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
<b>16</b> If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor   out-of-state PAC (ID#:	)	Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State;		   Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I	
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi		

SCHEDULE A2

Tł	ne Instruction Guide explains how to complete this form	1 Total pages Schedule A2:	
<sup>2</sup> FILER NAME Deliris "DMB" Montanez Berrios			3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor  out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution Contribution \$ description
	7 Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
<b>16</b> If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor   out-of-state PAC (ID#:	)	Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State;		   Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I	
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi		

SCHEDULE A2

Tł	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
<sup>2</sup> FILER NAME Deliris "DMB" Montanez Berrios		3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor  out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution Contribution \$ description
	7 Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
<b>16</b> If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor   out-of-state PAC (ID#:	)	Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State;		   Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I	
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi		

## PLEDGED CONTRIBUTIONS

#### SCHEDULE **B**

The	Instruction Guide explains	how to complete this	form.	1 Total pages Sched	ule B:
2 FILER NAME				3 Filer ID (Ethics C	Commission Filers)
Deliris "D	OMB" Montanez I	Berrios			
4 TOTAL OF	UNITEMIZED PLEDG	BES		\$	
5 Date	6 Full name of pledgor	out-of-state PAC (ID#:		8 Amount of Pledge \$	In-kind contribution     description
			ate; Zip Code	Check if travel outs	      . ide of Texas. Complete Schedule T.
<b>10</b> Principal occi	upation / Job title (See Instruc	tions)	11 Employer (See		· ·
				,	
Date	Full name of pledgor	out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution
			ate; Zip Code	•	    -
				Check if travel outs	ide of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructi	ions)	Employer (See	Instructions)	
Date	Full name of pledgor	out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address;	City; St	ate; Zip Code		
				Check if travel outs	ide of Texas. Complete Schedule T.
Principal occu	upation / Job title (See Instruct	tions)	Employer (See	Instructions)	
Date	Full name of pledgor	out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
	Pledgor address;	City; State	; Zip Code		   
				Check if travel outs	ide of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructi	ions)	Employer (See	Instructions)	
	ΔΤΤΔΩΗ	ADDITIONAL COPIES	OF THIS SCHEDU		
lf	contributor is out-of-state			-	ı requirements.

## PLEDGED CONTRIBUTIONS

#### SCHEDULE **B**

The	Instruction Guide explains	how to complete this	form.	1 Total pages Sched	ule B:
2 FILER NAME				3 Filer ID (Ethics C	Commission Filers)
Deliris "D	OMB" Montanez I	Berrios			
4 TOTAL OF	UNITEMIZED PLEDG	BES		\$	
5 Date	6 Full name of pledgor	out-of-state PAC (ID#:		8 Amount of Pledge \$	In-kind contribution     description
			ate; Zip Code	Check if travel outs	      . ide of Texas. Complete Schedule T.
<b>10</b> Principal occi	upation / Job title (See Instruc	tions)	11 Employer (See		· ·
Date	Full name of pledgor	out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution
			ate; Zip Code	•	    -
				Check if travel outs	ide of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructi	ions)	Employer (See	Instructions)	
Date	Full name of pledgor	out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address;	City; St	ate; Zip Code		
				Check if travel outs	ide of Texas. Complete Schedule T.
Principal occu	upation / Job title (See Instruct	tions)	Employer (See	Instructions)	
Date	Full name of pledgor	out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
	Pledgor address;	City; State	; Zip Code		   
				Check if travel outs	ide of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructi	ions)	Employer (See	Instructions)	
	ΔΤΤΔΩΗ	ADDITIONAL COPIES	OF THIS SCHEDU		
lf	contributor is out-of-state			-	ı requirements.

The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Deliris "DM	B" Montanez Berrios		
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender 🗌 out-of-state F	PAC (ID#:)	9 Loan Amount (\$)
10/11/2022	Deliris "DMB" Montanez I	Berrios	2109.14
<b>6</b> Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 0
Y ∎N			<b>11</b> Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	L
<b>Business</b> Ov	vner	Equestrian Holistic Retreat Ge	ataway for those who serve US, LLC
14 Description of Coll	ateral	15 Check if personal fund	ds were deposited into political
■ none		account (See Instruct	
16 GUARANTOR INFORMATION	<b>17</b> Name of guarantor	1	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City;	State; Zip Code	
	· · · · · · · · · · · · · · · · · · ·	,	
not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender 🗌 out-of-state F	PAC (ID#: )	Loan Amount (\$)
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal fund	ds were deposited into political
none		account (See Instruct	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
lf le	ATTACH ADDITIONAL COP ender is out-of-state PAC, please see Ins	IES OF THIS SCHEDULE AS NEE struction guide for additional re	

LOA	<b>NS</b>
-----	-----------

			1 Total pages Schedule E:
The	Instruction Guide explains how to comple	ete this form.	1 Iotal pages ochedule L. 1
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Deliris "DM	B" Montanez Berrios		
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender Out-of-state P.	'AC (ID#:)	9 Loan Amount (\$)
<b>6</b> Is lender a financial Institution?	<b>8</b> Lender address; City;	State; Zip Code	10 Interest rate
Y N			<b>11</b> Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Colla	ateral	15 Check if personal fund account (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	<b>17</b> Name of guarantor	1	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender Out-of-state P	PAC (ID#: )	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupatio	on / Job title (See Instructions)	Employer (See Instructions)	I
Description of Colla	ateral		ds were deposited into political
none		account (See Instruct	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COP nder is out-of-state PAC, please see Ins	IES OF THIS SCHEDULE AS NEE	

LOA	<b>NS</b>
-----	-----------

			1 Total pages Schedule E:
The	Instruction Guide explains how to comple	ete this form.	1 Iotal pages ochedule L. 1
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Deliris "DM	B" Montanez Berrios		
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender Out-of-state P.	'AC (ID#:)	9 Loan Amount (\$)
<b>6</b> Is lender a financial Institution?	<b>8</b> Lender address; City;	State; Zip Code	10 Interest rate
Y N			<b>11</b> Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Colla	ateral	15 Check if personal fund account (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	<b>17</b> Name of guarantor	1	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender Out-of-state P	PAC (ID#: )	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupatio	on / Job title (See Instructions)	Employer (See Instructions)	I
Description of Colla	ateral		ds were deposited into political
none		account (See Instruct	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COP nder is out-of-state PAC, please see Ins	IES OF THIS SCHEDULE AS NEE	

LOA	<b>NS</b>
-----	-----------

			1 Total pages Schedule E:
The	Instruction Guide explains how to comple	ete this form.	1 Iotal pages ochedule L. 1
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Deliris "DM	B" Montanez Berrios		
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender Out-of-state P.	'AC (ID#:)	9 Loan Amount (\$)
<b>6</b> Is lender a financial Institution?	<b>8</b> Lender address; City;	State; Zip Code	10 Interest rate
Y N			<b>11</b> Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Colla	ateral	15 Check if personal fund account (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	<b>17</b> Name of guarantor	1	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender Out-of-state P	PAC (ID#: )	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupatio	on / Job title (See Instructions)	Employer (See Instructions)	I
Description of Colla	ateral		ds were deposited into political
none		account (See Instruct	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COP nder is out-of-state PAC, please see Ins	IES OF THIS SCHEDULE AS NEE	

LOA	<b>NS</b>
-----	-----------

			1 Total pages Schedule E:
The	1 Iotal pages ochedule L. 1		
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Deliris "DM	B" Montanez Berrios		
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender Out-of-state P.	'AC (ID#:)	9 Loan Amount (\$)
<b>6</b> Is lender a financial Institution?	<b>8</b> Lender address; City;	State; Zip Code	10 Interest rate
Y N			<b>11</b> Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Colla	ateral	15 Check if personal fund account (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	<b>17</b> Name of guarantor	1	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender Out-of-state P	PAC (ID#: )	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupatio	on / Job title (See Instructions)	Employer (See Instructions)	I
Description of Colla	ateral		ds were deposited into political
none		account (See Instruct	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COP nder is out-of-state PAC, please see Ins	IES OF THIS SCHEDULE AS NEE	

# 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 B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ove Polling Ex Printing Ex Salaries/W	kpense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1: 1		IAME DMB" Montanez Berr	ios		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na					
10/01/2022		nan Media				
<b>6</b> Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
500.00						
8	(a) Catego	ry (See Categories listed at the top of this	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE						
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED	

#### 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

4

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

The Instruction	Guide	explains	how to	complete	this form.	

1 Total pages Schedule F1: 1	<sup>2</sup> FILER NAME Deliris "DMB" Montanez Berrios		<b>3</b> Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
<b>6</b> Amount (\$)	<b>7</b> Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 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
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 Austi	n, 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
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 Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

#### 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

4

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

The Instruction	Guide	explains	how to	complete	this form.	

1 Total pages Schedule F1: 1	<sup>2</sup> FILER NAME Deliris "DMB" Montanez Berrios		<b>3</b> Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
<b>6</b> Amount (\$)	<b>7</b> Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 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
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 Austi	n, 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
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 Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

#### 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

4

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

The Instruction	Guide	explains	how to	complete	this form.	

1 Total pages Schedule F1: 1	<sup>2</sup> FILER NAME Deliris "DMB" Montanez Berrios		<b>3</b> Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
<b>6</b> Amount (\$)	<b>7</b> Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 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
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 Austi	n, 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
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 Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

#### 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

4

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

The Instruction	Guide	explains	how to	complete	this form.	

1 Total pages Schedule F1: 1	<sup>2</sup> FILER NAME Deliris "DMB" Montanez Berrios		<b>3</b> Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
<b>6</b> Amount (\$)	<b>7</b> Payee address;	City;	State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense		
9 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		
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 Austi	n, 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		
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				
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

# UNPAID INCURRED OBLIGATIONS

#### SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee 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	s how to complete this form.				
<b>1</b> Total pages Schedule F2:	2 FILER NAME Deliris "DMB" Montanez Ber	rios	<b>3</b> Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITER	AIZED UNPAID INCURRED OBLIG	BATIONS	\$			
5 Date	6 Payee name					
7 Amount (\$)	<b>8</b> Payee address;	City;	State; Zip Code			
9 TYPE OF EXPENDITURE	Political	Non-Political				
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s	(b) Description				
	(C) Check if travel outside of Texas. Complete Sc	hedule T. Check if Aus	stin, TX, officeholder living expense			
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O	II     Complete ONLY if direct expenditure to benefit C/OH     Candidate / Officeholder name     Office sought     Office held					
Date	Payee name					
Amount (\$)	Payee address;	City;	State; Zip Code			
TYPE OF EXPENDITURE	Political	Non-Political				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s	schedule) Description				
	Check if travel outside of Texas. Complete S	chedule T. Check if A	ustin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

# UNPAID INCURRED OBLIGATIONS

#### SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee 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 exp	lains how to complete this form.	1			
<b>1</b> Total pages Schedule F2:	2 FILER NAME Deliris "DMB" Montanez E	Berrios	<b>3</b> Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEN	IZED UNPAID INCURRED OB	LIGATIONS	\$			
5 Date	6 Payee name					
7 Amount (\$)	<b>8</b> Payee address;	City;	State; Zip Code			
9 TYPE OF EXPENDITURE	Political	Non-Political				
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	f this schedule) (b) Description				
	(C) Check if travel outside of Texas. Comple	ete Schedule T. Check if Au	stin, TX, officeholder living expense			
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OI	11 Complete ONLY if direct expenditure to benefit C/OH     Candidate / Officeholder name     Office sought     Office held					
Date	Payee name					
Amount (\$)	Payee address;	City;	State; Zip Code			
TYPE OF EXPENDITURE	Political	Non-Political				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	f this schedule) Description				
	Check if travel outside of Texas. Comp	blete Schedule T. Check if A	ustin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

## PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

TI	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
<sup>2</sup> FILER NAME <b>Deliris</b> "[	MB" Montanez Berrios	<b>3</b> Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	<b>6</b> Address of person from whom investment is purchased; Cit	y; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City	r; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

Forms provided by Texas Ethics Commission

## PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

TI	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
<sup>2</sup> FILER NAME <b>Deliris</b> "[	MB" Montanez Berrios	<b>3</b> Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	<b>6</b> Address of person from whom investment is purchased; Cit	y; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City	r; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

Forms provided by Texas Ethics Commission

EXPENDITUR	RES MADE BY CRED	IT CARD	SCHEDULE F4				
If the requested information is not applicable, <b>DO NOT include this page in the report.</b>							
	EXPENDITURE CATE	GORIES FOR BOX 10(a)					
Advertising Expense       Event Expense       Loan Repayment/Reimb         Accounting/Banking       Fees       Office Overhead/Rental         Consulting Expense       Food/Beverage Expense       Polling Expense         Contributions/Donations Made By       Gift/Awards/Memorials Expense       Printing Expense         Candidate/Officeholder/Political Committee       Legal Services       Salaries/Wages/Contra			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
1 Total pages Schedule F4: 1							
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$							
5 Date 09/09/2022	6 Payee name The Bagel Shop						
7 Amount (\$) 265.50	8 Payee address;	City;	State; Zip Code				
9 TYPE OF EXPENDITURE	✔ Political	Non-Political					
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of th	is schedule) (b) Description					
	(c) Check if travel outside of Texas. Complet	te Schedule T. Check if A	Austin, TX, officeholder living expense				
11     Candidate / Officeholder name     Office sought     Office held       Complete ONLY if direct expenditure to benefit C/OH     Candidate / Officeholder name     Office sought     Office held							
Date	Payee name						
Amount (\$)	Payee address;	City;	State; Zip Code				
TYPE OF EXPENDITURE	Political	Non-Political					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the	his schedule) Description					
	Check if travel outside of Texas. Comple	te Schedule T. Check if a	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 N	EEDED				

Г

٦

EXPENDITUR	RES M	ADE BY CREE		RD	SCHI	EDULE F4
If the requested inforr	nation is n	ot applicable, <b>DO NOT</b>	include this	page in the rep	port.	
		EXPENDITURE CAT	EGORIES F	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Event Expense Loan Repayment/Reimb Fees Office Overhead/Rental Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contrac The Instruction Guide explains how to complete thi		head/Rental Expense ense oense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F4:	2 FILER				3 Filer ID (Ethics	Commission Filers)
1		DMB" Montanez Ber				
4 TOTAL OF UNITEM	IZEDEXP	'ENDITURES CHARGI	EDTOACR	EDIT CARD	\$	
5 Date	6 Payee	name				
<b>7</b> Amount (\$)	8 Payee	address;		City;	State;	Zip Code
9 TYPE OF EXPENDITURE		Political	Non-Po	litical		
10	(a) Categor	Y (See Categories listed at the top of	this schedule)	(b) Description		
PURPOSE OF EXPENDITURE						
	(c)	Check if travel outside of Texas. Comp	olete Schedule T.	Check if Au	ustin, TX, officeholder livin	g expense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officeholder name	Of	fice sought	Office ł	neld
Date	Payee	name				
Amount (\$)	Payee	address;		City;	State;	Zip Code
TYPE OF EXPENDITURE		Political	Non-Po	litical		
PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed at the top o	f this schedule)	Description		
		Check if travel outside of Texas. Com	plete Schedule T.	Check if A	ustin, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate / Officeholder name	O	ffice sought	Office I	neld

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE ${f G}$

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense       Loan Repayment/Reimbursement         Fees       Office Overhead/Rental Expense         Food/Beverage Expense       Polling Expense         Gift/Awards/Memorials Expense       Printing Expense         Legal Services       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)			
<b>1</b> Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)	
	Deliris	s "DMB" Montane	z Berri	ios		,	
4 Date	5 Payee nar	ne					
6 Amount (\$) Reimbursement from political contributions	7 Payee add	dress;		City;	State;	Zip Code	
intended	(a) Ostanam	(0. 0					
8 PURPOSE OF EXPENDITURE							
	(c) (	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austir	n, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	(	Office held	
Date	Payee nar	ne					
Amount (\$)	Payee add	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	s schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T. Check if Aust			n, TX, officeholder living ex	pense		
Complete <u>ONLY</u> if direct expenditure to benefit C/				Office sought	(	Office held	
Date	Payee nar	ne					
Amount (\$)	Payee add	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	sschedule)	Description			
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder living ex	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held	
	ATTA	CH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEED	DED		

#### SCHEDULE ${f G}$

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense       Loan Repayment/Reimbursement         Fees       Office Overhead/Rental Expense         Food/Beverage Expense       Polling Expense         Gift/Awards/Memorials Expense       Printing Expense         Legal Services       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)			
<b>1</b> Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)	
	Deliris	s "DMB" Montane	z Berri	ios		,	
4 Date	5 Payee nar	ne					
6 Amount (\$) Reimbursement from political contributions	7 Payee add	dress;		City;	State;	Zip Code	
intended	(a) Ostanam	(0. 0					
8 PURPOSE OF EXPENDITURE							
	(c) (	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austir	n, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	(	Office held	
Date	Payee nar	ne					
Amount (\$)	Payee add	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	s schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T. Check if Aust			n, TX, officeholder living ex	pense		
Complete <u>ONLY</u> if direct expenditure to benefit C/				Office sought	(	Office held	
Date	Payee nar	ne					
Amount (\$)	Payee add	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	sschedule)	Description			
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder living ex	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held	
	ATTA	CH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEED	DED		

#### SCHEDULE ${f G}$

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense       Loan Repayment/Reimbursement         Fees       Office Overhead/Rental Expense         Food/Beverage Expense       Polling Expense         Gift/Awards/Memorials Expense       Printing Expense         Legal Services       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)			
<b>1</b> Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)	
	Deliris	s "DMB" Montane	z Berri	ios		,	
4 Date	5 Payee nar	ne					
6 Amount (\$) Reimbursement from political contributions	7 Payee add	dress;		City;	State;	Zip Code	
intended	(a) Ostanam	(0. 0					
8 PURPOSE OF EXPENDITURE							
	(c) (	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austir	n, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	(	Office held	
Date	Payee nar	ne					
Amount (\$)	Payee add	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	s schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T. Check if Aust			n, TX, officeholder living ex	pense		
Complete <u>ONLY</u> if direct expenditure to benefit C/				Office sought	(	Office held	
Date	Payee nar	ne					
Amount (\$)	Payee add	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	sschedule)	Description			
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder living ex	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held	
	ATTA	CH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEED	DED		

#### SCHEDULE ${f G}$

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense       Loan Repayment/Reimbursement         Fees       Office Overhead/Rental Expense         Food/Beverage Expense       Polling Expense         Gift/Awards/Memorials Expense       Printing Expense         Legal Services       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)			
<b>1</b> Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)	
	Deliris	s "DMB" Montane	z Berri	ios		,	
4 Date	5 Payee nar	ne					
6 Amount (\$) Reimbursement from political contributions	7 Payee add	dress;		City;	State;	Zip Code	
intended	(a) Ostanam	(0. 0					
8 PURPOSE OF EXPENDITURE							
	(c) (	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austir	n, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	(	Office held	
Date	Payee nar	ne					
Amount (\$)	Payee add	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	s schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T. Check if Aust			n, TX, officeholder living ex	pense		
Complete <u>ONLY</u> if direct expenditure to benefit C/				Office sought	(	Office held	
Date	Payee nar	ne					
Amount (\$)	Payee add	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	sschedule)	Description			
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder living ex	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held	
	ATTA	CH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEED	DED		

#### SCHEDULE ${f G}$

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		FeesOfficeFood/Beverage ExpensePollingGift/Awards/Memorials ExpensePrintin		eayment/Reimbursement rerhead/Rental Expense xpense Expense Wages/Contract Labor complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission						
	Deliris "DMB" Montanez Berrios					,
4 Date	5 Payee name					
6 Amount (\$) Reimbursement from political contributions	<b>7</b> Payee address;			City;	State;	Zip Code
intended 8	(a) Cotogony	(See Categories listed at the top of this		(b) Description		
o PURPOSE OF EXPENDITURE	(a) Category	(See Categories insted at the top of this	s scriedule)	(b) Description		
	(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					(	Office held
Date	Payee nar	ne				
Amount (\$)	Payee address;			City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of thi	s schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T. Check if Au		Check if Austi	stin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/		ate / Officeholder name		Office sought	(	Office held
Date	Payee nar	ne				
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 expense			
Complete ONLY if direct expenditure to benefit C/OH				Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

#### SCHEDULE **H**

	EXPENDITURE C	ATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Office O Polling E Se Printing I Salaries/	Expense Wages/Contract Labor	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
<b>1</b> Total pages Schedule H:	<sup>2</sup> FILER NAME Deliris "DMB" Montanez I	Berrios		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business name				
<b>6</b> Amount (\$)	7 Business address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	(b) Description			
	(c) Check if travel outside of Texas. Compl	ete Schedule T.	Check if Austin,	TX, officeholder living ex	pense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	C	Office held
Date	Business name				
Amount (\$)	Business address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	this schedule)	Description		
	Check if travel outside of Texas. Complete	ete Schedule T.	Check if Austin,	TX, officeholder living exp	bense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	С	Office held
Date	Business name				
Amount (\$)	Business address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	this schedule)	Description		
	Check if travel outside of Texas. Compl	ete Schedule T.	Check if Austin,	TX, officeholder living exp	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	C	Office held
	ATTACH ADDITIONAL COP	IES OF THIS	SCHEDULE AS NEEL	DED	

#### SCHEDULE **H**

	EXPENDITURE C	ATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Office O Polling E Se Printing I Salaries/	Expense Wages/Contract Labor	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
<b>1</b> Total pages Schedule H:	<sup>2</sup> FILER NAME Deliris "DMB" Montanez I	Berrios		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business name				
<b>6</b> Amount (\$)	7 Business address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	(b) Description			
	(c) Check if travel outside of Texas. Compl	ete Schedule T.	Check if Austin,	TX, officeholder living ex	pense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	C	Office held
Date	Business name				
Amount (\$)	Business address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	this schedule)	Description		
	Check if travel outside of Texas. Complete	ete Schedule T.	Check if Austin,	TX, officeholder living exp	bense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	С	Office held
Date	Business name				
Amount (\$)	Business address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	this schedule)	Description		
	Check if travel outside of Texas. Compl	ete Schedule T.	Check if Austin,	TX, officeholder living exp	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	C	Office held
	ATTACH ADDITIONAL COP	IES OF THIS	SCHEDULE AS NEEL	DED	

#### SCHEDULE **H**

	EXPENDITURE C	ATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Office O Polling E Se Printing I Salaries/	Expense Wages/Contract Labor	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
<b>1</b> Total pages Schedule H:	<sup>2</sup> FILER NAME Deliris "DMB" Montanez I	Berrios		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business name				
<b>6</b> Amount (\$)	7 Business address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	(b) Description			
	(c) Check if travel outside of Texas. Compl	ete Schedule T.	Check if Austin,	TX, officeholder living ex	pense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	C	Office held
Date	Business name				
Amount (\$)	Business address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	this schedule)	Description		
	Check if travel outside of Texas. Complete	ete Schedule T.	Check if Austin,	TX, officeholder living exp	bense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	C	Office held
Date	Business name				
Amount (\$)	Business address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	this schedule)	Description		
	Check if travel outside of Texas. Compl	ete Schedule T.	Check if Austin,	TX, officeholder living exp	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	C	Office held
	ATTACH ADDITIONAL COP	IES OF THIS	SCHEDULE AS NEEL	DED	

#### SCHEDULE **H**

	EXPENDITURE C	ATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Office O Polling E Se Printing I Salaries/	Expense Wages/Contract Labor	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
<b>1</b> Total pages Schedule H:	<sup>2</sup> FILER NAME Deliris "DMB" Montanez I	Berrios		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business name				
<b>6</b> Amount (\$)	7 Business address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	(b) Description			
	(c) Check if travel outside of Texas. Compl	ete Schedule T.	Check if Austin,	TX, officeholder living ex	pense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	C	Office held
Date	Business name				
Amount (\$)	Business address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	this schedule)	Description		
	Check if travel outside of Texas. Complete	ete Schedule T.	Check if Austin,	TX, officeholder living exp	bense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	C	Office held
Date	Business name				
Amount (\$)	Business address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	this schedule)	Description		
	Check if travel outside of Texas. Compl	ete Schedule T.	Check if Austin,	TX, officeholder living exp	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	C	Office held
	ATTACH ADDITIONAL COP	IES OF THIS	SCHEDULE AS NEEL	DED	

#### SCHEDULE **H**

	EXPENDITURE C	ATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Office O Polling E Se Printing I Salaries/	Expense Wages/Contract Labor	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
<b>1</b> Total pages Schedule H:	<sup>2</sup> FILER NAME Deliris "DMB" Montanez I	Berrios		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business name				
<b>6</b> Amount (\$)	7 Business address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	(b) Description			
	(c) Check if travel outside of Texas. Compl	ete Schedule T.	Check if Austin,	TX, officeholder living ex	pense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	C	Office held
Date	Business name				
Amount (\$)	Business address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	this schedule)	Description		
	Check if travel outside of Texas. Complete	ete Schedule T.	Check if Austin,	TX, officeholder living exp	bense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	C	Office held
Date	Business name				
Amount (\$)	Business address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	this schedule)	Description		
	Check if travel outside of Texas. Compl	ete Schedule T.	Check if Austin,	TX, officeholder living exp	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought	C	Office held
	ATTACH ADDITIONAL COP	IES OF THIS	SCHEDULE AS NEEL	DED	

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains how to co	mplete this form.			
<b>1</b> Total pages Schedule I:	<sup>2</sup> FILER NAME Deliris "DMB" Montanez Berrios		3 Filer ID	(Ethics Co	mmission Filers)
4 Date	<b>5</b> Payee name		I		
<b>6</b> Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions rega	rding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	rding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	rding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	rding type of	information
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains how to co	mplete this form.			
<b>1</b> Total pages Schedule I:	<sup>2</sup> FILER NAME Deliris "DMB" Montanez Berrios		3 Filer ID	(Ethics Co	mmission Filers)
4 Date	5 Payee name		I		
<b>6</b> Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions rega	rding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	rding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	rding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	rding type of	information
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:					
<sup>2</sup> FILER NAME <b>3</b> Filer ID (Ethics Commission F Deliris "DMB" Montanez Berrios								
4 Date	<b>5</b> Name of person from whom amount is received		8 Amount (\$)					
	<b>6</b> Address of person from whom amount is received; City; Sta	te; Zip Code						
	7 Purpose for which amount is received Check if	political contribution	returned to filer					
Date	Name of person from whom amount is received		Amount (\$)					
	Address of person from whom amount is received; City; Sta	ate; Zip Code						
	Purpose for which amount is received Check if	political contribution	returned to filer					
Date	Name of person from whom amount is received		Amount (\$)					
	Address of person from whom amount is received; City; Sta	te; Zip Code						
	Purpose for which amount is received Check if	political contribution	returned to filer					
Date	Name of person from whom amount is received		Amount (\$)					
	Address of person from whom amount is received; City; Sta	ate; Zip Code						
	Purpose for which amount is received Check if	political contribution	returned to filer					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:					
<sup>2</sup> FILER NAME <b>3</b> Filer ID (Ethics Commission F Deliris "DMB" Montanez Berrios								
4 Date	<b>5</b> Name of person from whom amount is received		8 Amount (\$)					
	<b>6</b> Address of person from whom amount is received; City; Sta	te; Zip Code						
	7 Purpose for which amount is received Check if	political contribution	returned to filer					
Date	Name of person from whom amount is received		Amount (\$)					
	Address of person from whom amount is received; City; Sta	ate; Zip Code						
	Purpose for which amount is received Check if	political contribution	returned to filer					
Date	Name of person from whom amount is received		Amount (\$)					
	Address of person from whom amount is received; City; Sta	te; Zip Code						
	Purpose for which amount is received Check if	political contribution	returned to filer					
Date	Name of person from whom amount is received		Amount (\$)					
	Address of person from whom amount is received; City; Sta	ate; Zip Code						
	Purpose for which amount is received Check if	political contribution	returned to filer					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

#### IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instru	The Instruction Guide explains how to complete this form.							
2 FILER NAME       3 Filer ID (Ethics Commission Filers)         Deliris "DMB" Montanez Berrios       3								
4 Name of Contributor /	<sup>/</sup> Corporation	or Labor C	Organization / Pledgo	or / Payee				
5 Contribution / Expenditure reported on:         Schedule A2       Schedule B         Schedule F2       Schedule F4         Schedule G       Schedule H         Schedule COH-UC       Schedule B-SS								
6 Dates of travel	7 Name of	f person(s)	) traveling					
	8 Departu	re city or n	ame of departure loc	cation				
	9 Destinat	ion city or	name of destination	location				
10 Means of transportat	ion	11 Purpo	ose of travel (includin	ig name of conference,	seminar, or other event)			
Name of Contributor	Corporation	or Labor C	Organization / Pledgo	or / Payee				
Contribution / Expend Schedule A2	Sche	d on: edule B edule F4	Schedule B(J)	) Schedule C2	Schedule D	Schedule F1		
Dates of travel	Name o	f person(s)	) traveling					
	Departu	re city or n	ame of departure loo	cation				
	Destinat	tion city or	name of destination	location				
Means of transportat	ion	Purpo	ose of travel (includir	ng name of conference,	seminar, or other event)			
Name of Contributor	/ Corporation	or Labor C	Drganization / Pledgo	or / Payee				
Contribution / Expend	liture reported	d on:						
Schedule A2	Schedu	ule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1		
Schedule F2	Schedu	ule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS		
Dates of travel	Dates of travel Name of person(s) traveling							
	Departure city or name of departure location							
Destination city or name of destination location								
Means of transportation Purpose of travel (including name of conference, seminar, or other event)								
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

#### IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instru	The Instruction Guide explains how to complete this form.							
2 FILER NAME       3 Filer ID (Ethics Commission Filers)         Deliris "DMB" Montanez Berrios       3								
4 Name of Contributor /	<sup>/</sup> Corporation	or Labor C	Organization / Pledgo	or / Payee				
5 Contribution / Expenditure reported on:         Schedule A2       Schedule B         Schedule F2       Schedule F4         Schedule G       Schedule H         Schedule COH-UC       Schedule B-SS								
6 Dates of travel	7 Name of	f person(s)	) traveling					
	8 Departu	re city or n	ame of departure loc	cation				
	9 Destinat	ion city or	name of destination	location				
10 Means of transportat	ion	11 Purpo	ose of travel (includin	ig name of conference,	seminar, or other event)			
Name of Contributor	Corporation	or Labor C	Organization / Pledgo	or / Payee				
Contribution / Expend Schedule A2	Sche	d on: edule B edule F4	Schedule B(J)	) Schedule C2	Schedule D	Schedule F1		
Dates of travel	Name o	f person(s)	) traveling					
	Departu	re city or n	ame of departure loo	cation				
	Destinat	tion city or	name of destination	location				
Means of transportat	ion	Purpo	ose of travel (includir	ng name of conference,	seminar, or other event)			
Name of Contributor	/ Corporation	or Labor C	Drganization / Pledgo	or / Payee				
Contribution / Expend	liture reported	d on:						
Schedule A2	Schedu	ule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1		
Schedule F2	Schedu	ule F4	Schedule G	Schedule H	Schedule COH-UC	Schedule B-SS		
Dates of travel	Dates of travel Name of person(s) traveling							
	Departure city or name of departure location							
Destination city or name of destination location								
Means of transportation Purpose of travel (including name of conference, seminar, or other event)								
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

## CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

	The Instruction Guide explains how to complete this form.									
		•• Compl	ete only if "Report Type" on page 1 is ma	arked "Final Report" ••						
1	C/OH I	Deliris	Montanez Berrio	<b>2</b> Filer ID (Ethics Commission Filers)						
3	3 SIGNATURE									
	design	ating a report as a final rep	al contributions or political expenditures in conne port terminates my campaign treasurer appointm any campaign expenditures without a campaign I acknowledge I am electronically signing here or leaving this blank if it does not apply to me.	ent. I also understand that I may not accept any						
				Signature of Candidate / Oniceholder						
4		WHO IS NOT AN OFF	<b>ICEHOLDER</b> r if you are not an officeholder. ••							
	Α.	CAMPAIGN FUNDS								
	Chec	k only one:								
		l do not have unexpende	ed contributions or unexpended interest or incon	ne earned from political contributions.						
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.									
	В.	ASSETS								
	Chec	k only one:								
		l do not retain assets pu	rchased with political contributions or interest or	other income from political contributions.						
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.									
			I acknowledge I am electronically signing here — or leaving this blank if it does not apply to me.	Signature of Candidate						
5	-	I am aware that I remain s file. I am also aware that an officeholder, I retain po	I will be required to file reports of unexpended co	cholder who does not have a campaign treasurer on ntributions if, after filing the last required report as n political contributions, or assets purchased with ns.						
			I acknowledge I am electronically signing here or leaving this blank if it does not apply to me.	Signature of Officeholder						
For	ms provid	ded by Texas Ethics Commis	sion www.ethics.state.tx.us	Revised 8/17/2020						