# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 15

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR: Mr | FIRST: Jack | MI: A
NICKNAME | LAST: Ramos | SUFFIX

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

☐ Change of Address

ADDRESS / PO BOX: 303 Auburn | APT / SUITE #: | CITY: San Antonio | STATE: TX | ZIP CODE: 78209

**5 CANDIDATE / OFFICEHOLDER PHONE**

AREA CODE: (210) | PHONE NUMBER: 951-0267 | EXTENSION

**6 CAMPAIGN TREASURER NAME**

MS / MRS / MR: Ms | FIRST: Brenda | MI
NICKNAME | LAST: Jaramillo | SUFFIX

**7 CAMPAIGN TREASURER ADDRESS**

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 303 Auburn | APT / SUITE #: | CITY: San Antonio | STATE: TX | ZIP CODE: 78209

**8 CAMPAIGN TREASURER PHONE**

AREA CODE: (210) | PHONE NUMBER: 504-7883 | EXTENSION

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

**9 REPORT TYPE**

☐ January 15
☒ 30th day before election
☐ Runoff
☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ July 15
☐ 8th day before election
☐ Exceeded Modified Reporting Limit
☐ Final Report (Attach C/OH - FR)

**10 PERIOD COVERED**

Month / Day / Year: 2 / 14 / 25 THROUGH 03 / 24 / 25

**11 ELECTION**

ELECTION DATE: Month / Day / Year: 05 / 03 / 25

ELECTION TYPE:
☐ Primary ☐ Runoff ☐ Other
☒ General ☐ Special
Description:

**12 OFFICE**

OFFICE HELD (if any):

**13 OFFICE SOUGHT** (if known): SAISD Board of Trustee SM03

**14 NOTICE FROM POLITICAL COMMITTEE(S)**

THIS BLOCK 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.

☐ Additional Pages

COMMITTEE TYPE: ☐ GENERAL ☐ SPECIFIC

COMMITTEE NAME
COMMITTEE ADDRESS
COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME: Jacob Aaron Ramos

16 Filer ID (Ethics Commission Filers):

| | | | |
|---|---|---|---|
| 17 CONTRIBUTION TOTALS | 1. | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | $ |
| | 2. | TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ 7170.00 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | $ |
| | 4. | TOTAL POLITICAL EXPENDITURES | $ 3542.84 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 3627.16 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ |

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

**Please complete either option below:**

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Jacob Aaron Ramos, and my date of birth is 11/07/87

My address is 303 Anita Dr, San Antonio, TX, 78225, USA
(street) (city) (state) (zip code) (country)

Executed in Bexar County, State of TX, on the 3 day of April (month), 20 25 (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| 19 FILER NAME | 20 Filer ID (Ethics Commission Filers) |
|---|---|
| Jacob Aaron Ramos | |

| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | SUBTOTAL AMOUNT |
|---|---|---|---|
| 1. | ☐ | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | $ 7170.00 |
| 2. | ☐ | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | $ |
| 3. | ☐ | SCHEDULE B: PLEDGED CONTRIBUTIONS | $ |
| 4. | ☐ | SCHEDULE E: LOANS | $ |
| 5. | ☐ | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ 3542.84 |
| 6. | ☐ | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | $ |
| 7. | ☐ | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | $ |
| 8. | ☐ | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | $ |
| 9. | ☐ | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | $ |
| 10. | ☐ | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | $ |
| 11. | ☐ | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ |
| 12. | ☐ | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | $ |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| 4 | Jacob Aaron Ramos | |

| 4 Date | 5 Payee name | | | |
|---|---|---|---|---|
| 3/10/25 | Prestige Printing, LLC | | | |
| **6 Amount ($)** | **7 Payee address:** | **City:** | **State:** | **Zip Code** |
| 626.77 | 8 Burwood Ln | San Antonio | TX | 78216 |

**8 PURPOSE OF EXPENDITURE**

| (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|
| Advertising | Signs |

(c) 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 | Office held |
|---|---|---|
| | | |

| Date | Payee name | | | |
|---|---|---|---|---|
| 3/10/25 | Prestige Printing, LLC | | | |
| **Amount ($)** | **Payee address:** | **City:** | **State:** | **Zip Code** |
| 1732.00 | 8 Burwood Ln | San Antonio | TX | 78216 |

**PURPOSE OF EXPENDITURE**

| Category (See Categories listed at the top of this schedule) | Description |
|---|---|
| Advertising | Signs |

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 |
|---|---|---|
| | | |

| Date | Payee name | | | |
|---|---|---|---|---|
| 3/18/25 | Prestige Printing, LLC | | | |
| **Amount ($)** | **Payee address:** | **City:** | **State:** | **Zip Code** |
| 979.58 | 8 Burwood Ln | San Antonio | TX | 78216 |

**PURPOSE OF EXPENDITURE**

| Category (See Categories listed at the top of this schedule) | Description |
|---|---|
| Advertising | Signs |

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**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| 9 | Jaws Aerial Ramp | |

| 4 Date | 5 Payee name | | | |
|---|---|---|---|---|
| 3/12/25 | Taqueria Guadalajara | | | |
| **6 Amount ($)** | **7 Payee address:** | **City:** | **State:** | **Zip Code** |
| 20.83 | 2603 Goliad Rd | San Antonio | TX | 78223 |

**8 PURPOSE OF EXPENDITURE**

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

(b) Description: Tacos for volunteers

(c) 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 | Office held

| Date | Payee name | | | |
|---|---|---|---|---|
| | Act Blue | | | |
| **Amount ($)** | **Payee address:** | **City:** | **State:** | **Zip Code** |
| 80.29 | PO Box 441146 | Somerville | MA | 02144 |

**PURPOSE OF EXPENDITURE**

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

Description: Service Fee for donation site

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

| 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 expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4

2 FILER NAME: Jacob Aaron Ramos

3 Filer ID (Ethics Commission Filers):

4 Date: 3/7/25

5 Payee name: Taqueria Guadalajara

6 Amount ($): 63.48

7 Payee address: 2603 Goliad Rd | City: San Antonio | State: TX | Zip Code: 78223

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Food/Beverage

(b) Description: Tacos for Volunteers

(c) 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 | Office held

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Date: 02/5/25

Payee name: Lone Star Print

Amount ($): 77.94

Payee address: 8034 Culebra Rd Ste 502 | City: San Antonio | State: TX | Zip Code: 78251

PURPOSE OF EXPENDITURE

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

Description: Decal

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

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Date: 03/8/25

Payee name: LA Popular Bake

Amount ($): 13.00

Payee address: 2002 Goliad Rd | City: San Antonio | State: TX | Zip Code: 78223

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Food/Beverage

Description: Donuts for volunteers

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

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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: 4

2 FILER NAME: Jacob Aaron Ramos

3 Filer ID (Ethics Commission Filers)

4 Date

5 Payee name:

6 Amount ($)

7 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 Austin, TX, officeholder filing expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate/ Officeholder name; Office sought; Office held

---

Date: 03/04/25

Payee name: SAS Advertiser

Amount ($): 93.90

Payee address: 2601 Avenue D City: Ft Worth State: TX Zip Code: 76137

PURPOSE OF EXPENDITURE

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

Description: T Shirts

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder filing expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate/ Officeholder name; Office sought; Office held

---

Date: 3/7/25

Payee name: Dollar General

Amount ($): 9.69

Payee address: 5810 Pecan Valley Dr City: San Antonio State: TX Zip Code: 78223

PURPOSE OF EXPENDITURE

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

Description: Paper

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder filing 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

# 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: 12

2 FILER NAME: Jacob Aaron Ramos

3 Filer ID (Ethics Commission Filers):

| 4 Date | 5 Full name of contributor / ☐ out-of-state PAC (ID#: ) | 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|---|---|---|---|
| 3/9/25 | Humberto Melendez | 3119 S Gevers San Antonio TX 78210 | 6000 | | |
| 3/6/25 | Manuel Ramos | 4392 Branch Way San Antonio TX 78223 | 300.00 | | |
| 3/8/25 | Noah Reyes | 7529 Foothill Ln Valley Spring CA 95252 | 20.00 | | |
| 3/9/25 | Jessica Ramos | 16314 Walnut Creek San Antonio TX 78247 | 100.00 | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2

2 FILER NAME: Jacob Aaron Ramos

3 Filer ID (Ethics Commission Filers)

| 4 Date | 5 Full name of contributor / ☐ out-of-state PAC (ID#: ) | 6 Contributor address / City / State / Zip Code | 7 Amount of contribution ($) |
|---|---|---|---|
| 3/21/25 | Leroy Munoz | 10605 Penny Parkway, Schertz, TX 78154 | 20.00 |

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

| Date | Full name of contributor / ☐ out-of-state PAC (ID#: ) | Contributor address / City / State / Zip Code | Amount of contribution ($) |
|---|---|---|---|
| 3/21/25 | Sylvia Ramos | 1010 Hallidale, San Antonio TX 78210 | 50.00 |

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor / ☐ out-of-state PAC (ID#: ) | Contributor address / City / State / Zip Code | Amount of contribution ($) |
|---|---|---|---|
| 3/21/25 | Jonah White | 355 Langford Place, San Antonio TX 78209 | 20.00 |

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor / ☐ out-of-state PAC (ID#: ) | Contributor address / City / State / Zip Code | Amount of contribution ($) |
|---|---|---|---|
| 3/21/25 | Amanda Picazo Munoz | 7324 Monte Sano, San Antonio TX 78223 | 10.00 |

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8

2 FILER NAME: Jacob Aaron Ramos

3 Filer ID (Ethics Commission Filers):

| 4 Date | 5 Full name of contributor / ☐ out-of-state PAC (ID#:) | 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) |
|---|---|---|---|
| 3/22/25 | Jennifer Ibarra | 311 Carnahan St San Antonio TX 78209 | 200.00 |

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

| Date | Full name of contributor / ☐ out-of-state PAC (ID#:) | Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|---|
| 3/24/25 | Rey Lopez | 618 Knotty Knoll St Schertz TX 78154 | 20.00 |

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

| Date | Full name of contributor / ☐ out-of-state PAC (ID#:) | Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|---|
| 3/23/25 | Christina Hanley | 1136 Greeley San Antonio TX 78210 | 100.00 |

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

| Date | Full name of contributor / ☐ out-of-state PAC (ID#:) | Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|---|
| 3/25/25 | Francesca Ramos | 10423 Queensland Way San Antonio TX 78109 | 250.00 |

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8

2 FILER NAME: Jacob Ramon Ramos

3 Filer ID (Ethics Commission Filers)

| 4 Date | 5 Full name of contributor / ☐ out-of-state PAC (ID#: ) | 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) |
|---|---|---|---|
| 3/23/25 | Angelica Ramos | 547 Kate Schenck Ave San Antonio TX 78223 | 100.00 |

8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions)

| Date | Full name of contributor / ☐ out-of-state PAC (ID#: ) | Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|---|
| 3/24/25 | Lori Rodriguez | 4015 Meadow Ridge San Antonio TX 78210 | 50.00 |

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

| Date | Full name of contributor / ☐ out-of-state PAC (ID#: ) | Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|---|
| 3/24/25 | Joshua Arey | 1955 Sunday Creek Trl Spring Branch TX 78070 | 50.00 |

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

| Date | Full name of contributor / ☐ out-of-state PAC (ID#: ) | Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|---|
| 3/24/25 | Teodoro Ramos | 7907 Winterhill San Antonio TX 78249 | 100.00 |

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# 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: 8

2 FILER NAME: Jacob Aaron Ramos

3 Filer ID (Ethics Commission Filers)

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#) | 6 Contributor address / City / State / Zip Code | 7 Amount of contribution ($) |
|---|---|---|---|
| 3/20/25 | Aaron & Canales | 8919 Grey Elm / Elmendorf / TX / 78112 | 25.00 |

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

| Date | Full name of contributor / out-of-state PAC (ID#) | Contributor address / City / State / Zip Code | Amount of contribution ($) |
|---|---|---|---|
| 2/26/25 | San Antonio Alliance | 120 Adams St / San Antonio / TX / 78210 | 400.00 |

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor / out-of-state PAC (ID#) | Contributor address / City / State / Zip Code | Amount of contribution ($) |
|---|---|---|---|
| 3/21/25 | Allen Earl | 945 Menlo Blvd / San Antonio / TX / 78223 | 50.00 |

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

| Date | Full name of contributor / out-of-state PAC (ID#) | Contributor address / City / State / Zip Code | Amount of contribution ($) |
|---|---|---|---|
| 2/22/25 | David Hernandez | 310 Anton Dr / San Antonio / TX / 78223 | 25.00 |

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2

2 FILER NAME: Jacob Aaron Ramos

3 Filer ID (Ethics Commission Filers):

| 4 Date | 5 Full name of contributor / ☐ out-of-state PAC (ID#:) | 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) |
|---|---|---|---|
| 3/8/25 | Eric Hudson | 3401 W. Parmer Ln #285 Austin TX 78727 | 300.00 |

8 Principal occupation / Job title (See instructions):

9 Employer (See instructions):

| Date | Full name of contributor / ☐ out-of-state PAC (ID#:) | Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|---|
| 3/9/25 | Teresa Ramos | 9403 Ashby San Antonio TX 78223 | 100.00 |

Principal occupation / Job title (See instructions):

Employer (See instructions):

| Date | Full name of contributor / ☐ out-of-state PAC (ID#:) | Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|---|
| 3/10/25 | Sandra Cuellar | 962 Avalon San Antonio TX 78223 | 50.00 |

Principal occupation / Job title (See instructions):

Employer (See instructions):

| Date | Full name of contributor / ☐ out-of-state PAC (ID#:) | Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|---|
| 3/12/25 | Irene Perez | 6011 State St San Antonio TX 78223 | 200.00 |

Principal occupation / Job title (See instructions):

Employer (See instructions):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# 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: 8

2 FILER NAME: Jacob Aaron Ramos

3 Filer ID (Ethics Commission Filers)

| 4 Date | 5 Full name of contributor / ☐ out-of-state PAC (ID#: ) | 6 Contributor address / City / State / Zip Code | 7 Amount of contribution ($) |
|---|---|---|---|
| 3/24/25 | Marcus Pena | 601 State St / San Antonio / TX / 78213 | 2000 |

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

| Date | Full name of contributor / ☐ out-of-state PAC (ID#: ) | Contributor address / City / State / Zip Code | Amount of contribution ($) |
|---|---|---|---|
| 3/24/25 | Naomi Cruz | 4910 Los Reyes Apt / San Antonio / TX / 78233 | 150.00 |

Principal occupation / Job title (See instructions)

Employer (See instructions)

| Date | Full name of contributor / ☐ out-of-state PAC (ID#: ) | Contributor address / City / State / Zip Code | Amount of contribution ($) |
|---|---|---|---|
| 3/24/25 | Jaime Pena | 24055 Clinton Keith W. Wesley CA 92595 | 25.00 |

Principal occupation / Job title (See instructions)

Employer (See instructions)

| Date | Full name of contributor / ☐ out-of-state PAC (ID#: ) | Contributor address / City / State / Zip Code | Amount of contribution ($) |
|---|---|---|---|
| 3/24/25 | Matthew Blas | 405 Stainton Dr / Leander / TX / 78641 | 50.00 |

Principal occupation / Job title (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 9

2 FILER NAME: Jacob Aaron Ramos

3 Filer ID (Ethics Commission Filers):

| 4 Date | 5 Full name of contributor / ☐ out-of-state PAC (ID#: ) | 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) |
|---|---|---|---|
| 9/24/25 | Jose Ramos | 311 Anton Dr; San Antonio; TX; 78223 | 500.00 |

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

| Date | Full name of contributor / ☐ out-of-state PAC (ID#: ) | Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|---|
| 9/24/25 | Hobert Dayton | 230 Hickory Run; La Vernia; TX; 78121 | 100.00 |

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

| Date | Full name of contributor / ☐ out-of-state PAC (ID#: ) | Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|---|
| 9/24/25 | Sierra Ramos | 5215 Sierra; San Antonio; TX; 78214 | 100.00 |

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

| Date | Full name of contributor / ☐ out-of-state PAC (ID#: ) | Contributor address; City; State; Zip Code | Amount of contribution ($) |
|---|---|---|---|
| 9/24/25 | Diana Navarro | 242 W. Jewell St; San Antonio; TX; 78226 | 25.00 |

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.