

# 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: <b>11</b>				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="checkbox"/> MR	FIRST	MI				
	NICKNAME	LAST	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
6 CAMPAIGN TREASURER NAME	<input checked="" type="checkbox"/> MS / MRS / MR	FIRST	MI				
	NICKNAME	LAST	SUFFIX				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #:			CITY:	STATE:	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
11 ELECTION	ELECTION DATE Month    Day    Year			ELECTION TYPE			
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
	COMMITTEE TYPE	COMMITTEE NAME					
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS					
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

<b>OFFICE USE ONLY</b>	
Date Received <b>APR 1 2021</b>	
<b>RECEIVED</b>	
<b>City Secretary</b>	
<b>1:04pm</b>	
Date Hand-delivered or Date Postmarked <b>04/01/2021 1:04pm</b>	
Receipt #	Amount \$
Date Processed	
Date Imaged	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME <i>Aaron R Franco</i>		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)	\$ .23
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,676.23
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 34.71
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,264.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 412.17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

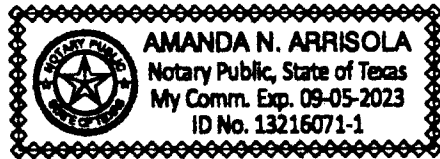
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Aaron Franco*

Signature of Candidate or Officeholder

**Please complete either option below:**

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Aaron R Franco this the 1<sup>st</sup> day of April,

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

*Carl Ciel*

*Amanda Arrisola*

*Notary Public*

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Aaron Ravi Franco</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,676.23
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,264.06
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

# 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: <b>4</b>
2 FILER NAME <b>Aaron Ravi Franco</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/09/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Arno Vera III</b>	7 Amount of contribution (\$)  <b>\$ 1.00</b>
6 Contributor address; City; State; Zip Code <b>612 Commerce Portland Texas 78374</b>		
8 Principal occupation / Job title (See Instructions) <b>Technology Support Coordinator</b>		9 Employer (See Instructions) <b>Calallen ISD</b>
Date <b>01/09/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Norma Franco</b>	Amount of contribution (\$)  <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>1030 Manchester Ave. Corpus Christi, TX 78407</b>		
Principal occupation / Job title (See Instructions) <b>Marketing Specialist</b>		Employer (See Instructions) <b>CHRISTUS SPORN</b>
Date <b>01/09/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Arnoldo Franco Sr.</b>	Amount of contribution (\$)  <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>1030 Manchester Ave. Corpus Christi TX 78407</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>HEB</b>
Date <b>01/13/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Larry Roberts</b>	Amount of contribution (\$)  <b>\$ 40.00</b>
Contributor address; City; State; Zip Code <b>3206 Hampton St. Corpus Christi TX 78414</b>		
Principal occupation / Job title (See Instructions) <b>Sales</b>		Employer (See Instructions) <b>Marlin Works Inc.</b>

**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: <b>4</b>
2 FILER NAME <i>Aaron Ravi Franco</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>01/13/2021</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Aaron Rodriguez</i>	7 Amount of contribution (\$)  <i>\$ 10.00</i>
	6 Contributor address; City; State; Zip Code <i>1617 Cimarron St. Apt. TH Portland TX 78374</i>	
8 Principal occupation / Job title (See Instructions) <i>Lead Teller</i>		9 Employer (See Instructions) <i>Frost Bank</i>
Date <i>01/14/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LILU</i>	Amount of contribution (\$)  <i>\$ 35.00</i>
	Contributor address; City; State; Zip Code <i>1107 Bresce Ave. Pasadena, CA 91104</i>	
Principal occupation / Job title (See Instructions) <i>Director</i>		Employer (See Instructions) <i>Self</i>
Date <i>01/16/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Briana Salpeter</i>	Amount of contribution (\$)  <i>\$ 500.00</i>
	Contributor address; City; State; Zip Code <i>3104 Sweet Gum Cove Austin TX 78735</i>	
Principal occupation / Job title (See Instructions) <i>Director of Marketing</i>		Employer (See Instructions) <i>Neutit</i>
Date <i>02/07/2021</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joseph Ferguson</i>	Amount of contribution (\$)  <i>\$ 100.00</i>
	Contributor address; City; State; Zip Code <i>627 Brocton Victoria, TX 77904</i>	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>Retired</i>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4</b>
2 FILER NAME <b>Aaron Raul Franco</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/01/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tabitha Clark</b>	7 Amount of contribution (\$) <b>\$100.00</b>
6 Contributor address; City; State; Zip Code <b>6425 Coronation Corpus Christi TX 78414</b>		
8 Principal occupation / Job title (See Instructions) <b>Regional Consumer Banking Manager</b>		9 Employer (See Instructions) <b>Frost Bank</b>
Date <b>03/14/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William Bievens</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>1308 N De Leon Victoria Tx 77901</b>		
Principal occupation / Job title (See Instructions) <b>RSA</b>		Employer (See Instructions) <b>Frito Lay</b>
Date <b>01/28/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jesse Ramirez</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>1929 NPID Corpus Christi, TX 78408</b>		
Principal occupation / Job title (See Instructions) <b>Owner</b>		Employer (See Instructions) <b>Energia Trucking</b>
Date <b>02/01/2021</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lisa Tucker</b>	Amount of contribution (\$) <b>\$50.00</b>
Contributor address; City; State; Zip Code <b>414 Villaggio Cir Victoria TX 77904</b>		
Principal occupation / Job title (See Instructions) <b>Teacher</b>		Employer (See Instructions) <b>Victoria ISD</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4</b>
2 FILER NAME <b>Aaron Raul Franco</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/24/2021</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Norma Franco</b>	7 Amount of contribution (\$) <b>\$40.00</b>
6 Contributor address; City; State; Zip Code <b>1030 Manchester Ave. Corpus Christi TX 78407</b>		
8 Principal occupation / Job title (See Instructions) <b>Marketing Specialist</b>		9 Employer (See Instructions) <b>Christus Spenn</b>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>4</b>	2 FILER NAME <b>Aaron Ravi Franco</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>01/15/2021</b>	5 Payee name <b>Puddleback gifts + more</b>
-----------------------------	--

6 Amount (\$) <b>59.54</b>	7 Payee address; City; State; Zip Code <b>713 S Bridge St. Victoria, TX 77901</b>
-------------------------------	--

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

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <b>01/25/2021</b>	Payee name <b>Hobby Lobby</b>
---------------------------	----------------------------------

Amount (\$) <b>16.62</b>	Payee address; City; State; Zip Code <b>8404 N. Navarro St. Victoria Tx 77904</b>
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Plastic Bags for Marketing Sheet strings, tape, etc.</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <b>01/25/2021</b>	Payee name <b>Walmart #0330</b>
---------------------------	------------------------------------

Amount (\$) <b>43.04</b>	Payee address; City; State; Zip Code <b>9002 N. Navarro St. Victoria TX 77904</b>
-----------------------------	--

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

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



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>4</b>	<b>2</b> FILER NAME <b>AARON RAVI FRANCO</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>01/24/2021</b>	<b>5</b> Payee name <b>BUC-ee's #17</b>	
<b>6</b> Amount (\$) <b>7.99</b>	<b>7</b> Payee address; City; State; Zip Code <b>10070 West 1-10 Luling, Texas 78648</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Mask</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>01/29/2021</b>	Payee name <b>Puddleback Gifts + More</b>	
Amount (\$) <b>45.00</b>	Payee address; City; State; Zip Code <b>713 S Bridge St. Victoria, Texas 77901</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Caps</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>02/09/2021</b>	Payee name <b>Godaddy.com LLC</b>	
Amount (\$) <b>89.42</b>	Payee address; City; State; Zip Code <b>14455 N Hayden Rd Scottsdale, AZ 85260</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Campaign Website</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>4</b>		2 FILER NAME <b>Aaron Ravi Franco</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>02/11/2021</b>		5 Payee name <b>Puddleback Gifts + More</b>			
6 Amount (\$) <b>752.33</b>		7 Payee address; City; State; Zip Code <b>713 S Bridge St. Victoria, Texas 77901</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b><del>Ad</del> Advertising Expense</b>		(b) Description <b>Yard Signs</b>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <b>02/27/2021</b>		Candidate / Officeholder name <b>Walmart 002</b>			
Amount (\$) <b>121.81</b>		Payee address; City; State; Zip Code <b>4001 Houston Hwy Victoria, Texas 77901</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Contributions / Donations Made By Candidate</b>		Description <b>Purchase items to be donated to local nonprofits after winter storm</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <b>03/10/2021</b>		Candidate / Officeholder name <b>Victoria Flower Company</b>			
Amount (\$) <b>73.60</b>		Payee address; City; State; Zip Code <b>4705 N. Navarro St. #200 Victoria, TX 77904</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Gifts/Awards/Memorials Expense</b>		Description <b>Flower Arrangement for Mayor McCoy's Funeral</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>4</i>	<b>2</b> FILER NAME <i>AARON RAUI FRANCO</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>03/15/2021</i>	<b>5</b> Payee name <i>Face book</i>	
<b>6</b> Amount (\$) <i>10.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>1 Hacker Way, Menlo Park CA 94025</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	<b>(b)</b> Description <i>Facebook Ads</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date <i>03/17/2021</i>	Payee name <i>Facebook</i>	
Amount (\$) <i>10.00</i>	Payee address; City; State; Zip Code <i>1 Hacker Way, Menlo Park CA 94025</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Facebook Ads</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

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