

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**
**FORM C/OH  
COVER SHEET PG 1**

|   |   |                                      |   |   |  |                |  |
|---|---|--------------------------------------|---|---|--|----------------|--|
| The C/OH Instruction Guide explains how to complete this form.                                    |   |                                      | 1 Filer ID (Ethics Commission Filers)   | 2 Total pages filed:  |  |                |  |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME   | MS / MRS / MR FIRST MI<br>Mr. Angel   |                                      |   | OFFICE USE ONLY   |  |                |  |
|   | NICKNAME LAST SUFFIX<br>Aguilar   |                                      |   | Date Received   |  |                |  |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>2776 Ann Arbor Ave.<br>Dallas, Texas 75216  |                                      |   | BY 2026 JAN 15<br>Emailed                                     |  |                |  |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE   | AREA CODE PHONE NUMBER EXTENSION<br>( 469 ) 218-6354  |                                      |   | Date Hand-delivered or Date Postmarked                        |  |                |  |
| 6 CAMPAIGN<br>TREASURER<br>NAME   | MS / MRS / MR FIRST MI<br>Mrs. Sicquiaela Herrera   |                                      |   | Receipt # Amount  |  |                |  |
|   | NICKNAME LAST SUFFIX<br>Aguilar   |                                      |   | Date Processed  |  |                |  |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business)                                     | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;<br>2776 Ann Arbor Ave.<br>Dallas, Texas 75216   |                                      |   | STATE; ZIP CODE   |  |                |  |
| 8 CAMPAIGN<br>TREASURER<br>PHONE  | AREA CODE PHONE NUMBER EXTENSION<br>( 214 ) 218-6354  |                                      |   |   |  |                |  |
| 9 REPORT TYPE   | <input checked="" type="checkbox"/> January 15  |                                      | <input type="checkbox"/> 30th day before election   | <input type="checkbox"/> Runoff                               | <input type="checkbox"/> 15th day after campaign<br>treasurer appointment<br>(Officeholder Only) |                |  |
|   | <input type="checkbox"/> July 15  |                                      | <input type="checkbox"/> 8th day before election  | <input type="checkbox"/> Exceeded Modified<br>Reporting Limit | <input type="checkbox"/> Final Report (Attach C/OH - FR)   |                |  |
| 10 PERIOD<br>COVERED  | Month<br>07   | Day<br>01                            | Year<br>/ 2025  | Month<br>12   | Day<br>31  | Year<br>/ 2025 |  |
| 11 ELECTION   | ELECTION DATE<br>Month Day Year<br>03 / 03 / 2026   |                                      | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br>Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |   |  |                |  |
| 12 OFFICE   | OFFICE HELD (if any)  |                                      |   | 13 OFFICE SOUGHT (if known)<br>Constable Pct 1                |  |                |  |
| 14 NOTICE FROM<br>POLITICAL<br>COMMITTEE(S)   | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. |                                      |   |   |  |                |  |
| <input type="checkbox"/> Additional Pages   | COMMITTEE TYPE<br><input type="checkbox"/> GENERAL<br><input type="checkbox"/> 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 | 16 Filer ID (Ethics Commission Filers) |
|--------------|--|

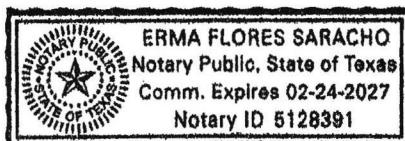
|                           |   |             |
|---------------------------|---|-------------|
| 17 CONTRIBUTION<br>TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$0         |
|                           | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$10,000    |
| EXPENDITURE<br>TOTALS     | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$0         |
|                           | 4. TOTAL POLITICAL EXPENDITURES   | \$ 5,031.69 |
| CONTRIBUTION<br>BALANCE   | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 4,968.31 |
|                           | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$10,000    |

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 Angel Aguilar this the 15<sup>th</sup> day of January,  
20 26, 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

(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)

**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)  |

The Instruction Guide explains how to complete this form.

|  |  |   |             |
|--|--|---|-------------|
| 1 Total pages Schedule F1:<br><b>2</b>                       | 2 FILER NAME<br><b>Angel Aguilar</b>   | 3 Filer ID (Ethics Commission Filers)                                     |             |
| 4 Date<br><b>12/19/2025</b>                                  | 5 Payee name<br><b>Avi S. Adelman - Photographeronboard.com</b>                                    |   |             |
| 6 Amount (\$)<br><b>\$1,495</b>                              | 7 Payee address;<br><b>5620 East Side Avenue, Dallas, Texas 75214</b>                              | City;<br>State;<br>Zip Code   |             |
|  | <input type="checkbox"/> Check if individual's residence address.                                  |   |             |
| 8<br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>               | (a) Category (See Categories listed at the top of this schedule)<br><br><b>Advertising Expense</b> | (b) Description<br><br><b>Logo &amp; yard design and printing</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<br><b>12/16/2025</b>                                    | Payee name<br><b>First Graphic Services, Inc.</b>  |   |             |
| Amount (\$)<br><b>\$1,945.69</b>                             | Payee address;<br><b>229 Garvon St. Garland, Texas 75040</b>                                       | City;<br>State;<br>Zip Code   |             |
|  | <input type="checkbox"/> Check if individual's residence address.                                  |   |             |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)<br><br><b>Advertising Expense</b>     | Description<br><br><b>Yard Signs</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<br><b>12/12/2025</b>                                    | Payee name<br><b>Avi S. Adelman - Photographeronboard.com</b>                                      |   |             |
| Amount (\$)<br><b>\$250</b>                                  | Payee address;<br><b>5620 East Side Avenue, Dallas, Texas 75214</b>                                | City;<br>State;<br>Zip Code   |             |
|  | <input type="checkbox"/> Check if individual's residence address.                                  |   |             |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)<br><br><b>Advertising Expense</b>     | Description<br><br><b>Consulting Services</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  
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:<br><b>2</b>                            | 2 FILER NAME<br><b>Angel Aguilar</b>  | 3 Filer ID (Ethics Commission Filers)                         |
| 4 Date<br><b>12/5/2025</b>  | 5 Payee name<br><b>Texas Democratic Party</b>   |   |
| 6 Amount (\$)<br><b>\$1,341</b>                                   | 7 Payee address;<br><b>314 Highland Blvd. Austin, Texas 78752</b>   | City;<br>State;<br>Zip Code                                   |
| <input type="checkbox"/> Check if individual's residence address. |   |   |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                             | (a) Category (See Categories listed at the top of this schedule)<br><b>Polling Expense</b>  | (b) Description<br><b>Van Access Data</b>                     |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |
| <b>9 Complete ONLY if direct expenditure to benefit C/OH</b>      |   | Candidate / Officeholder name<br>Office sought<br>Office held |
| Date<br><b>12/2/2025</b>  | Payee name<br><b>Dallas County Democratic Party</b>   |   |
| Amount (\$)<br><b>\$1,250</b>                                     | Payee address;<br><b>1414 N. Washington Ave. Dallas, Texas 75204</b>  | City;<br>State;<br>Zip Code                                   |
| <input type="checkbox"/> Check if individual's residence address. |   |   |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                             | Category (See Categories listed at the top of this schedule)<br><b>Fees</b>   | Description<br><b>Filing Fees</b>                             |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |   |
| <b>Complete ONLY if direct expenditure to benefit C/OH</b>        |   | Candidate / Officeholder name<br>Office sought<br>Office held |
| Date  | Payee name  |   |
| Amount (\$)   | Payee address;  | City;<br>State;<br>Zip Code                                   |
| <input type="checkbox"/> Check if individual's residence address. |   |   |
| <b>PURPOSE<br/>OF<br/>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     |   |
| <b>Complete ONLY if direct expenditure to benefit C/OH</b>        |   | Candidate / Officeholder name<br>Office sought<br>Office held |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>        |   |   |

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

|  |   |                    |
|--|---|--------------------|
| <b>19</b> FILER NAME   | <b>20</b> Filer ID (Ethics Commission Filers) |                    |
| Angel Aguilar  |   |                    |
| <b>21</b> SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   |   | SUBTOTAL<br>AMOUNT |
| 1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  |   | \$                 |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                            |   | \$                 |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  |   | \$                 |
| 4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS   |   | \$10,000           |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS       |   | \$5,031.69         |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   |   | \$                 |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS                 |   | \$                 |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  |   | \$                 |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                            |   | \$                 |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH           |   | \$                 |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              |   | \$                 |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED<br>TO FILER |   | \$                 |

## LOANS

## SCHEDULE E

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 E:<br>1        |
| 2 FILER NAME<br>Angel Aguilar   |  |  | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS   |  |  | \$ 10,000                             |
| 5 Date of loan<br>12/19/2025  | 7 Name of lender<br>Self   | <input type="checkbox"/> out-of-state PAC (ID#: _____)   | 9 Loan Amount (\$)<br>\$5,000         |
| 6 Is lender a financial institution?<br><input checked="" type="checkbox"/> N   | 8 Lender address;<br>2776 Ann Arbor Ave.<br>Dallas, Texas 75216                                | City;<br>State; Zip Code   | 10 Interest rate<br>11 Maturity date  |
| 12 Principal occupation / Job title (See Instructions)<br>Police Officer  |  | 13 Employer (See Instructions)   |                                       |
| 14 Description of Collateral<br><input type="checkbox"/> none   |  | 15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |                                       |
| 16 GUARANTOR INFORMATION<br><input type="checkbox"/> not applicable   | 17 Name of guarantor<br>.....  | 18 Guarantor address;<br>2776 Ann Arbor Ave.<br>Dallas, Texas 75216  | 19 Amount Guaranteed (\$)             |
| 20 Principal Occupation (See Instructions)  |  | 21 Employer (See Instructions)   |                                       |
| Date of loan<br>12/20/2025  | Name of lender<br>Self   | <input type="checkbox"/> out-of-state PAC (ID#: _____)   | Loan Amount (\$)<br>\$5,000           |
| Is lender a financial institution?<br><input checked="" type="checkbox"/> N   | Lender address;<br>2776 Ann Arbor Ave.<br>Dallas, Texas 75216                                  | City;<br>State; Zip Code   | Interest rate<br>Maturity date        |
| Principal occupation / Job title (See Instructions)<br>Police Officer   |  | Employer (See Instructions)  |                                       |
| Description of Collateral<br><input type="checkbox"/> none  |  | <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)    |                                       |
| GUARANTOR INFORMATION<br><input type="checkbox"/> not applicable  | Name of guarantor<br>.....<br>Guarantor address;<br>2776 Ann Arbor Ave.<br>Dallas, Texas 75216 |  | Amount Guaranteed (\$)                |
| Principal Occupation (See Instructions)   |  | Employer (See Instructions)  |                                       |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br><b>If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b> |  |  |                                       |