

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. Marcos		MI SUFFIX			
	NICKNAME Soto					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY; STATE; ZIP CODE			
	228 W 7th St.	Apt. 113	Dallas, TX 75208			
<input type="checkbox"/> Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (214)	PHONE NUMBER 729-8623	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Alejandra	MI M.			
	NICKNAME LAST	SUFFIX Martinez				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 228 W 7th St. Apt. 113		CITY; STATE; ZIP CODE Dallas TX 75208			
8 CAMPAIGN TREASURER PHONE	AREA CODE (281)	PHONE NUMBER 546-8142	EXTENSION			
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 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 09	Day 26	Year 2025	Month 12	Day 31	Year 2025
11 ELECTION	ELECTION DATE Month Day Year 03 / 03 / 2026	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special _____				
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) Justice of the Peace, Precinct 5, Place 2		
14 NOTICE FROM POLITICAL 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC				
		COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
GO TO PAGE 2						

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

15 JC/OH NAME

Marcos Soto

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)

\$ 242.79

2. **TOTAL POLITICAL CONTRIBUTIONS**
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 7,147.98
~~\$ 7,247.98~~ M.S.

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 77.77

CONTRIBUTION
BALANCE

4. **TOTAL POLITICAL EXPENDITURES**

\$ 4,130.03

OUTSTANDING
LOAN TOTALS

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

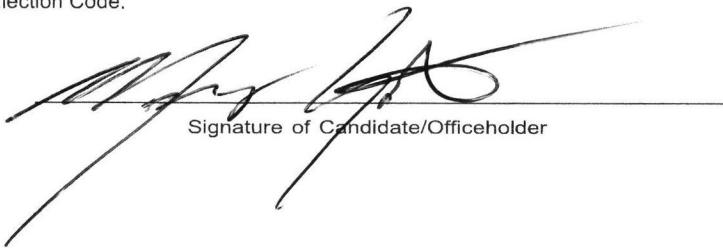
\$ 3,117.95

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.



Signature of Candidate/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

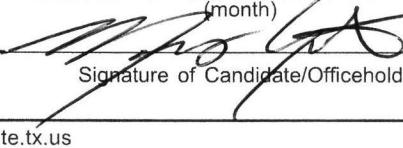
OR

(2) Unsworn Declaration

My name is Marcos Soto, and my date of birth is September 21, 1987.
My address is 228 W 7th St. Apt. 113, Dallas, TX 75208, USA

(street) (city) (state) (zip code) (country)

Executed in Dallas, County, State of Texas, on the 14th day of January, 2026.


Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Marcos Soto	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,141.98
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 750.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4130.03
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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: <i>10</i>
2 FILER NAME Marcos Soto		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/21/2025</i>	5 Full name of contributor <i>Bianca Juarez</i>	6 Contributor address; City; State; Zip Code <i>6223 Lotta Dr. Dallas, TX 75227</i>
7 Amount of contribution (\$) <i>\$51 29</i>		
8 Contributor's principal occupation <i>Social Security Administration</i>		9 Contributor's job title <i>Customer Service Representative</i>
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>11/21/2025</i>	Full name of contributor <i>Bianca Juarez</i>	Amount of contribution (\$) <i>\$49 72</i>
Contributor address; City; State; Zip Code <i>6223 Lotta Dr. Dallas, TX 75227</i>	Contributor's job title <i>Customer Service Representative</i>	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <i>11/26/2025</i>	Full name of contributor <i>Daniel S. Nathan</i>	Amount of contribution (\$) <i>\$25 75</i>
Contributor address; City; State; Zip Code <i>6211 W Northwest Hwy Ste C258 Dallas, TX 75225</i>	Contributor's job title <i>Attorney</i>	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: <i>10</i>
2 FILER NAME Marcos Soto			3 Filer ID (Ethics Commission Filers)
4 Date <i>9/24/2025</i>	5 Full name of contributor <i>Marcos Soto</i>	<input type="checkbox"/> out-of-state PAC ID#: _____	7 Amount of contribution (\$) <i>\$50.00</i>
6 Contributor address; <i>228 W. 7th St. Dallas TX 75208</i>		City; State; Zip Code	
8 Contributor's principal occupation <i>Attorney</i>		9 Contributor's job title <i>Attorney</i>	
10 Contributor's employer/law firm <i>Gibson Herod Law</i>		11 Law firm of contributor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)			
Date <i>9/30/2025</i>	Full name of contributor <i>Bailey Knight</i>	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$) <i>\$23.79</i>
Contributor address; <i>2730 Blue Bell Lane Brenham, TX 77833</i>		City; State; Zip Code	
Contributor's principal occupation <i>American College of Radiology</i>		Contributor's job title <i>Technical Writer</i>	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date <i>9/30/2025</i>	Full name of contributor <i>Chris Soto</i>	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$) <i>\$48.06</i>
Contributor address; <i>7336 Seco Blvd. Dallas, TX 75217</i>		City; State; Zip Code	
Contributor's principal occupation <i>Self-Employed</i>		Contributor's job title <i>Influencer</i>	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: <i>14</i>
2 FILER NAME Marcos Soto		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/30/2025</i>	5 Full name of contributor <i>Maria Soto</i>	6 Contributor address; City; State; Zip Code <i>7336 Seco Blvd Dallas TX 75217</i>
7 Amount of contribution (\$) <i>\$48 06</i>		
8 Contributor's principal occupation <i>Retired</i>	9 Contributor's job title <i>Retired</i>	
10 Contributor's employer/law firm	11 Law firm of contributor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>10/2/2025</i>	Full name of contributor <i>James Armstrong</i>	Amount of contribution (\$) <i>\$23 79</i>
Contributor address; City; State; Zip Code <i>13603 Pebble Walk San Antonio, TX 78217</i>		
Contributor's principal occupation <i>Amazon</i>	Contributor's job title <i>Warehouse Associate</i>	
Contributor's employer/law firm	Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)		
Date <i>10/3/2025</i>	Full name of contributor <i>Marcos Soto</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>228 W. 7th St. Dallas, TX 75208</i>		
Contributor's principal occupation <i>Attorney</i>	Contributor's job title <i>Attorney</i>	
Contributor's employer/law firm <i>Gibson Herod law</i>	Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)		
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 (JUDICIAL)

SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <i>10</i>
2 FILER NAME Marcos Soto		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/03/2025</i>	5 Full name of contributor <i>Mitzinta Perez tapia</i>	6 Contributor address; City; State; Zip Code <i>5757 Preston View Blvd Dallas TX 75246</i>
7 Amount of contribution (\$) <i>\$25.00</i>		
8 Contributor's principal occupation <i>Self Employed</i>		9 Contributor's job title <i>Entrepreneur</i>
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>10/9/2025</i>	Full name of contributor <i>Domingo Garcia</i>	Amount of contribution (\$) <i>\$1,000.00</i>
Contributor address; City; State; Zip Code <i>1111 W. Mockingbird Ln Ste 1200 Dallas TX 75247</i>	Contributor's principal occupation <i>Lawyer</i>	Contributor's job title <i>Lawyer</i>
Contributor's employer/law firm <i>Domingo Garcia Law Office</i>	Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)		
Date <i>10/24/2025</i>	Full name of contributor <i>Liz Roman</i>	Amount of contribution (\$) <i>\$291.04</i>
Contributor address; City; State; Zip Code <i>1010 S. Montclair Dallas, TX 75208</i>	Contributor's principal occupation <i>KPMG</i>	Contributor's job title <i>HR Director</i>
Contributor's employer/law firm	Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)		

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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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<p>The Instruction Guide explains how to complete this form.</p>				1 Total pages Schedule A(J)1: 16	
2 FILER NAME Marcos Soto				3 Filer ID (Ethics Commission Filers)	
4 Date <i>10/30/2025</i>	5 Full name of contributor <i>Liz Roman</i>			6 Contributor address; City; State; Zip Code <i>1010 S. Montclair Ave Dallas, TX 75208</i>	7 Amount of contribution (\$) <i>\$282.19</i>
8 Contributor's principal occupation <i>KPMG</i>		9 Contributor's job title <i>HR Director</i>			
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)			
12 If contributor is a child, law firm of parent(s) (if any)					
Date <i>10/30/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:			Amount of contribution (\$) <i>\$25.55</i>	
Contributor address; <i>6831 Timothy Dr. Dallas, TX 75227</i>		City; <i>Dallas</i>	State; <i>TX</i>		
Contributor's principal occupation <i>Dallas County</i>		Contributor's job title <i>Deputy District Clerk III</i>			
Contributor's employer/law firm		Law firm of contributor's spouse (if any)			
If contributor is a child, law firm of parent(s) (if any)					
Date <i>10/30/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:			Amount of contribution (\$) <i>\$24.76</i>	
Contributor address; <i>6831 Timothy Dr. Dallas, TX 75227</i>		City; <i>Dallas</i>	State; <i>TX</i>		
Contributor's principal occupation <i>Dallas County</i>		Contributor's job title <i>Deputy District Clerk III</i>			
Contributor's employer/law firm		Law firm of contributor's spouse (if any)			
If contributor is a child, law firm of parent(s) (if any)					

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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A(J)1: 16</p>																															
<p>2 FILER NAME Marcos Soto</p>				<p>3 Filer ID (Ethics Commission Filers)</p>																															
<p>4 Date 10/31/2025</p>	<p>5 Full name of contributor Michael LaPrade</p>			<p>6 Contributor address; City; State; Zip Code 4607 Jenkins Cir. The Colony, TX 75056</p>	<p>7 Amount of contribution (\$) \$23.79</p>																														
<p>8 Contributor's principal occupation Goldman Sachs</p>		<p>9 Contributor's job title Senior Savings Specialist</p>																																	
<p>10 Contributor's employer/law firm</p>		<p>11 Law firm of contributor's spouse (if any)</p>																																	
<p>12 If contributor is a child, law firm of parent(s) (if any)</p>																																			
<table border="1"> <tr> <td>Date 11/16/2025</td> <td>Full name of contributor Maria Aldana</td> <td colspan="2"> <input type="checkbox"/> out-of-state PAC ID#: </td> <td colspan="2">Amount of contribution (\$) \$408.84</td> </tr> <tr> <td colspan="2">Contributor address; 1403 S. Montreal Ave. Dallas, TX 75208</td> <td>City;</td> <td>State;</td> <td>Zip Code</td> <td></td> </tr> <tr> <td colspan="2">Contributor's principal occupation Retired</td> <td colspan="4">Contributor's job title Retired</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td colspan="4">Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="6"> <p>If contributor is a child, law firm of parent(s) (if any)</p> </td> </tr> </table>						Date 11/16/2025	Full name of contributor Maria Aldana	<input type="checkbox"/> out-of-state PAC ID#:		Amount of contribution (\$) \$408.84		Contributor address; 1403 S. Montreal Ave. Dallas, TX 75208		City;	State;	Zip Code		Contributor's principal occupation Retired		Contributor's job title Retired				Contributor's employer/law firm		Law firm of contributor's spouse (if any)				<p>If contributor is a child, law firm of parent(s) (if any)</p>					
Date 11/16/2025	Full name of contributor Maria Aldana	<input type="checkbox"/> out-of-state PAC ID#:		Amount of contribution (\$) \$408.84																															
Contributor address; 1403 S. Montreal Ave. Dallas, TX 75208		City;	State;	Zip Code																															
Contributor's principal occupation Retired		Contributor's job title Retired																																	
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<p>If contributor is a child, law firm of parent(s) (if any)</p>																																			
<table border="1"> <tr> <td>Date 11/16/2025</td> <td>Full name of contributor Maria Aldana</td> <td colspan="2"> <input type="checkbox"/> out-of-state PAC ID#: </td> <td colspan="2">Amount of contribution (\$) \$396.41</td> </tr> <tr> <td colspan="2">Contributor address; 1403 S. Montreal Ave Dallas, TX 75208</td> <td>City;</td> <td>State;</td> <td>Zip Code</td> <td></td> </tr> <tr> <td colspan="2">Contributor's principal occupation Retired</td> <td colspan="4">Contributor's job title Retired</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm</td> <td colspan="4">Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="6"> <p>If contributor is a child, law firm of parent(s) (if any)</p> </td> </tr> </table>						Date 11/16/2025	Full name of contributor Maria Aldana	<input type="checkbox"/> out-of-state PAC ID#:		Amount of contribution (\$) \$396.41		Contributor address; 1403 S. Montreal Ave Dallas, TX 75208		City;	State;	Zip Code		Contributor's principal occupation Retired		Contributor's job title Retired				Contributor's employer/law firm		Law firm of contributor's spouse (if any)				<p>If contributor is a child, law firm of parent(s) (if any)</p>					
Date 11/16/2025	Full name of contributor Maria Aldana	<input type="checkbox"/> out-of-state PAC ID#:		Amount of contribution (\$) \$396.41																															
Contributor address; 1403 S. Montreal Ave Dallas, TX 75208		City;	State;	Zip Code																															
Contributor's principal occupation Retired		Contributor's job title Retired																																	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)																																	
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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

<p>The Instruction Guide explains how to complete this form.</p>				1 Total pages Schedule A(J)1: 16
2 FILER NAME Marcos Soto				3 Filer ID (Ethics Commission Filers)
4 Date <i>11/17/2025</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Nayelly Dominguez</i>			7 Amount of contribution (\$) <i>\$93.87</i>
6 Contributor address; <i>1407 Spyglass Dr. Mansfield, TX 76063</i>		City;	State;	Zip Code
8 Contributor's principal occupation <i>7-Eleven, Inc</i>		9 Contributor's job title <i>Attorney</i>		
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)		
12 If contributor is a child, law firm of parent(s) (if any)				
Date <i>11/17/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Nayelly Dominguez</i> <small>Contributor address:</small> <i>1407 Spyglass Dr. Mansfield, TX 76063</i>			Amount of contribution (\$) <i>\$96.82</i>
Contributor's principal occupation <i>7-Eleven, Inc.</i>		Contributor's job title <i>Attorney</i>		
Contributor's employer/law firm		Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)				
Date <i>11/10/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Mitz Perez</i> <small>Contributor address:</small> <i>4226 Wycliff Ave. Dallas, TX 75219</i>			Amount of contribution (\$) <i>\$49.72</i>
Contributor's principal occupation <i>Casa Nisia</i>		Contributor's job title <i>Owner Operator</i>		
Contributor's employer/law firm		Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)				

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MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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2 FILER NAME Marcos Soto		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/10/2025</i>	5 Full name of contributor <i>Mitzinta Perez Tapia</i>	6 Contributor address; City; State; Zip Code <i>5757 Preston View Blvd Dallas TX 75240</i>
7 Amount of contribution (\$) <i>\$51 29</i>		
8 Contributor's principal occupation <i>Self Employed</i>		9 Contributor's job title <i>Entrepreneur</i>
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>11/11/2025 April Roman</i>		
Contributor address; City; State; Zip Code <i>119 RainCloud Dr. Waxahachie TX 75165</i>		
Amount of contribution (\$) <i>\$98 60</i>		
Contributor's principal occupation <i>Argenx</i>		Contributor's job title <i>Nurse Case Manager</i>
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>11/11/2025 Reagan Herod</i>		
Contributor address; City; State; Zip Code <i>1302 Cedar Hill Ave Dallas TX 75208</i>		
Amount of contribution (\$) <i>\$247 83</i>		
Contributor's principal occupation <i>Gibson Herod Law</i>		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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 A(J)1: <i>16</i>	
2 FILER NAME Marcos Soto			3 Filer ID (Ethics Commission Filers)	
4 Date <i>11/11/2025</i>	5 Full name of contributor <i>Reagan Herod</i>		6 Contributor address; City; State; Zip Code <i>1302 Cedar Hill Ave. Dallas, TX 75208</i>	7 Amount of contribution (\$) <i>\$255.60</i>
8 Contributor's principal occupation <i>Gibson Herod Law</i>		9 Contributor's job title <i>Attorney</i>		
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)		
12 If contributor is a child, law firm of parent(s) (if any)				
Date <i>11/11/2025</i>	Full name of contributor <i>Salvador Ruiz</i>		□ out-of-state PAC ID#: _____	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>216 N Jester Ave Dallas, TX 75211</i>				
Contributor's principal occupation <i>Dykema Gossett, P.C.</i>		Contributor's job title <i>Attorney</i>		
Contributor's employer/law firm		Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)				
Date <i>11/11/2025</i>	Full name of contributor <i>Jennifer Longfellow</i>		□ out-of-state PAC ID#: _____	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>2615 Wilton Ave Dallas, TX 75211</i>				
Contributor's principal occupation <i>Dallas County</i>		Contributor's job title <i>Attorney</i>		
Contributor's employer/law firm		Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)				

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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: <i>10</i>
2 FILER NAME Marcos Soto		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/11/2025</i>	5 Full name of contributor <i>Stephanie Franco</i>	6 Contributor address; City; State; Zip Code <i>2641 Blue Myrtle Way Dallas, TX 75212</i>
7 Amount of contribution (\$) <i>\$50.00</i>		
8 Contributor's principal occupation <i>UT Southwestern Medical Center</i>		9 Contributor's job title <i>Administrator</i>
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>11/11/2025</i>	Full name of contributor <i>Maurice Aguilar</i>	Amount of contribution (\$) <i>\$200.00</i>
Contributor address; City; State; Zip Code <i>2735 Magellan Grand Prairie, TX 75054</i>	Contributor's job title <i>Associate Judge</i>	
Contributor's principal occupation <i>Office for Court Admin Dallas County</i>		Contributor's job title <i>Associate Judge</i>
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <i>11/11/2025</i>	Full name of contributor <i>Natoshia Adkins</i>	Amount of contribution (\$) <i>\$200.00</i>
Contributor address; City; State; Zip Code <i>3018 Thomas Ave, G6 Dallas, TX 75204</i>	Contributor's job title <i>Attorney</i>	
Contributor's principal occupation <i>Vedder Price</i>		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1:

16

2 FILER NAME

Marcos Soto

3 Filer ID (Ethics Commission Filers)

4 Date

11/11/2025

5 Full name of contributor out-of-state PAC ID#:

Caita Coleman

7 Amount of contribution (\$)

6 Contributor address: City: State: Zip Code

310 Granville Court Atlanta, GA 30328

\$99.25

8 Contributor's principal occupation

Self

9 Contributor's job title

Attorney

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

11/11/2025

Full name of contributor out-of-state PAC ID#:

Jovahana Avila

Amount of contribution (\$)

Contributor address: City: State: Zip Code

3914 Nancy Jane Cir, Rowlett, TX 75088

\$242.28

Contributor's principal occupation

Ebay Inc

Contributor's job title

Director

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

11/11/2025

Full name of contributor out-of-state PAC ID#:

Michael LaPrade

Amount of contribution (\$)

Contributor address: City: State: Zip Code

4607 Jenkins Cir The Colony, TX 75056

\$48.06

Contributor's principal occupation

Goldman Sachs

Contributor's job title

Senior Savings Specialist

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: <i>16</i>
2 FILER NAME Marcos Soto			3 Filer ID (Ethics Commission Filers)
4 Date <i>11/11/2025</i>	5 Full name of contributor <i>Maria Negrete</i>	<input type="checkbox"/> out-of-state PAC ID#: _____	7 Amount of contribution (\$) <i>\$50 00</i>
6 Contributor address; <i>4902 Rolling Meadows Dr Apt 203, Dallas, TX 75211</i>	City; <i></i>	State; <i></i>	Zip Code
8 Contributor's principal occupation <i>Bank of America</i>	9 Contributor's job title <i>Cyber Security</i>		
10 Contributor's employer/law firm	11 Law firm of contributor's spouse (if any)		
12 If contributor is a child, law firm of parent(s) (if any)			
Date <i>11/11/2025</i>	Full name of contributor <i>Jesus Juarez</i>	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$) <i>\$96 42</i>
Contributor address; <i>6223 Latta Dr Dallas, TX 75227</i>	City; <i></i>	State; <i></i>	Zip Code
Contributor's principal occupation <i>Small Business Administration</i>	Contributor's job title <i>Loan Specialist</i>		
Contributor's employer/law firm	Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)			
Date <i>11/11/2025</i>	Full name of contributor <i>Kathryn Kibby</i>	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$) <i>\$250 00</i>
Contributor address; <i>7424 W Northwest Hwy Dallas, TX 75225</i>	City; <i></i>	State; <i></i>	Zip Code
Contributor's principal occupation <i>Unemployed</i>	Contributor's job title <i>Unemployed</i>		
Contributor's employer/law firm	Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)			

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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: <u>16</u>	
2 FILER NAME Marcos Soto		3 Filer ID (Ethics Commission Filers)	
4 Date <u>11/11/25</u>	5 Full name of contributor <u>Erika Estrada</u>	6 Contributor address; City; State; Zip Code <u>8827 Gaston Pkwy. Apt. D Dallas, TX 75228</u>	7 Amount of contribution (\$) <u>\$75.00</u>
8 Contributor's principal occupation <u>Montessori White Rock Montessori</u>		9 Contributor's job title <u>Teacher</u>	
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)			
Date <u>11/11/25</u>	Full name of contributor <u>Caila Coleman</u>	□ out-of-state PAC ID#: Contributor address; City; State; Zip Code <u>P.O. Box 770771 Winter Garden, FL 34777</u>	Amount of contribution (\$) <u>\$102.37</u>
Contributor's principal occupation <u>Law</u>		Contributor's job title <u>Attorney</u>	
Contributor's employer/law firm <u>Coleman Law, PLLC</u>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date <u></u>	Full name of contributor <u>Ashley Ramos</u>	□ out-of-state PAC ID#: Contributor address; City; State; Zip Code <u>205 Edison Lane Wylie, TX 75098</u>	Amount of contribution (\$) <u>\$46.78</u>
Contributor's principal occupation <u>Dallas Area Rapid Transit</u>		Contributor's job title <u>Attorney</u>	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: <i>16</i>
2 FILER NAME Marcos Soto		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/14/25</i>	5 Full name of contributor <i>Anne Casey</i>	6 Contributor address; City; State; Zip Code <i>4718 Amesbury Dr. Apt C Dallas, TX 75206</i>
7 Amount of contribution (\$) <i>\$51.29</i>		
8 Contributor's principal occupation	9 Contributor's job title <i>Administrative Assistant</i>	
10 Contributor's employer/law firm <i>Gibson Herod Law</i>	11 Law firm of contributor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>11/17/25</i>	Full name of contributor <i>Andrew J. Klopfer</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>413 Orchard Hill Dr. Southlake, TX 76092</i>		
Contributor's principal occupation <i>Law</i>	Contributor's job title <i>Attorney</i>	
Contributor's employer/law firm <i>The Lenaham Law Firm</i>	Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)		
Date <i>11/17/25</i>	Full name of contributor <i>Alan Perez</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; City; State; Zip Code <i>9696 Skillman St. Suite 285 Dallas TX 75243</i>		
Contributor's principal occupation <i>Law</i>	Contributor's job title <i>Lawyer</i>	
Contributor's employer/law firm <i>Law Office of Alan D. Perez</i>	Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)		

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
(JUDICIAL)**

SCHEDULE A(J)1

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 A(J)1: <i>16</i>
2 FILER NAME Marcos Soto		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/12/2025</i>	5 Full name of contributor <i>David Gibson</i>	6 Contributor address; City; State; Zip Code <i>15400 Knoll Trail Dr. Ste. 205 Dallas, TX 75248</i>
7 Amount of contribution (\$) <i>\$500.00</i>		
8 Contributor's principal occupation <i>Gibson Herod Law</i>		9 Contributor's job title <i>Lawyer</i>
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>11/12/2025</i>	Full name of contributor <i>Ashley Ramos</i>	Amount of contribution (\$) <i>\$48.26</i>
Contributor address; City; State; Zip Code <i>205 Edison Ln Wylie Tx 75098</i>	Contributor's principal occupation <i>DART</i>	Contributor's job title <i>Attorney</i>
Contributor's employer/law firm	Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)		
Date <i>11/14/2025</i>	Full name of contributor <i>Annie Casey</i>	Amount of contribution (\$) <i>\$49.72</i>
Contributor address; City; State; Zip Code <i>4718 Amesbury Drive Apt C Dallas, TX 75204</i>	Contributor's principal occupation <i>Gibson Herod Law</i>	Contributor's job title <i>Intake Coordinator</i>
Contributor's employer/law firm	Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)		

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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: <i>16</i>
2 FILER NAME Marcos Soto		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/26/25</i>	5 Full name of contributor <i>Daniel Nathan</i>	6 Contributor address; City; State; Zip Code <i>6211 W Northwest Hwy C258 Dallas, TX 75225</i>
7 Amount of contribution (\$) <i>\$24.96</i>		
8 Contributor's principal occupation <i>Law</i>	9 Contributor's job title <i>Attorney</i>	
10 Contributor's employer/law firm <i>Nathan Law, PLLC</i>	11 Law firm of contributor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>12/31/25</i>	Full name of contributor <i>Bryant Diaz</i>	Amount of contribution (\$) <i>\$102.17</i>
Contributor address; City; State; Zip Code <i>8530 Prairie Hill Lane Dallas, TX</i>		
Contributor's principal occupation <i>Groundwork Outreach</i>	Contributor's job title <i>Chief of Campaigns</i>	
Contributor's employer/law firm	Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)		
Date <i>11/11/25</i>	Full name of contributor <i>Macario Rodriguez</i>	Amount of contribution (\$) <i>\$19.45</i>
Contributor address; City; State; Zip Code		
Contributor's principal occupation	Contributor's job title	
Contributor's employer/law firm	Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:
2 FILER NAME <i>Type text here</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date <i>10/3/25</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Alejandra Martinez</i>)	8 Amount of Contribution \$ <i>\$375.00</i>
	7 Contributor address; City; State; Zip Code <i>228 W. 11th St. #13 Dallas, TX 75208</i>	9 In-kind contribution description <i>Door Hangers</i>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Commercial Manager</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>Hana Group</i>
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date <i>10/3/25</i> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Maria del Consuelo Estrada</i>) Contributor address; City; State; Zip Code <i>20109 Bolton Bridge Ln, Humble, TX 77338</i>		Amount of Contribution \$ <i>375.00</i> In-kind contribution description <i>Door Hangers</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Customer Service Rep</i>		Employer (FOR NON-JUDICIAL)(See Instructions) <i>Derrick Equipment Corp.</i>
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

PLEDGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

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 B(J):
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES		\$
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$ 9 In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Pledgor's principal occupation		11 Pledgor's job title
12 Pledgor's employer/law firm		13 Law firm of pledgor's spouse (if any)
14 If pledgor is a child, law firm of parent(s) (if any)		
Date Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Pledgor address; City; State; Zip Code		Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Pledgor's principal occupation		Pledgor's job title
Pledgor's employer/law firm		Law firm of pledgor's spouse (if any)
If pledgor is a child, law firm of parent(s) (if any)		
Date Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Pledgor address; City; State; Zip Code		Amount of Pledge \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Pledgor's principal occupation		Pledgor's job title
Pledgor's employer/law firm		Law firm of pledgor's spouse (if any)
If pledgor is a child, law firm of parent(s) (if any)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

LOANS (JUDICIAL)**SCHEDULE E(J)**

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

<p>The Instruction Guide explains how to complete this form.</p>		1 Total pages Schedule E(J):
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	8 Lender address; City; State; Zip Code	10 Interest rate 11 Maturity date
12 Lender's Principal Occupation		13 Lender's Job Title
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)
16 If lender is a child, law firm of parent(s) (if any)		
17 Description of Collateral <input type="checkbox"/> none		18 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
19 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	20 Name of guarantor	
	21 Guarantor address; City; State; Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any)		
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$		
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address;	City;	State; Zip Code	
<input type="checkbox"/> Check if individual's residence address.				
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 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
<input type="checkbox"/> Check if individual's residence address.				
TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	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

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 <i>Marcos Soto</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>11/01/2025</i>	5 Payee name <i>4 Imprint</i>		
6 Amount (\$) <i>532.10</i>	7 Payee address <i>101 Commerce St. Oshkosh, WI 54901</i>	City; State; Zip Code	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Purchased promotional items for event</i>	
	(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 <i>12/8/2025</i>	Payee name <i>Dallas County Democratic Party</i>		
Amount (\$) <i>\$1,000.00</i>	Payee address; <i>1414 N. Washington Ave Dallas, TX 75201</i>	City; State; Zip Code	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>Candidate filing fee Regulatory</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 <i>11/20/2025</i>	Payee name <i>Hernandez and Associates</i>		
Amount (\$) <i>\$2,000.00</i>	Payee address; <i>202 Duncanville Rd. Dallas, TX 75211</i>	City; State; Zip Code	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	Description <i>Professional Marketing media expense</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
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.**

<p>The Instruction Guide explains how to complete this form.</p>		1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; City; State; Zip Code	
	<input type="checkbox"/> Check if individual's residence address.	
	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; State; Zip Code	
	<input type="checkbox"/> Check if individual's residence address.	
	Description of investment	
Amount of investment (\$)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME			3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$	
5 CREDIT CARD ISSUER	Name of financial institution			
6 PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE	(a) Payee name	(b) Payee address;	City,	State, Zip Code
		<input type="checkbox"/>	Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name	(b) Payee address;	City,	State, Zip Code
		<input type="checkbox"/>	Check if individual's residence address.	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) <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
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name	(b) Payee address;	City,	State, Zip Code
		<input type="checkbox"/>	Check if individual's residence address.	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) <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 PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	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	
Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	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	
Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 H:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Business name		
6 Amount (\$)	7 Business address; <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(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	Business name		
Amount (\$)	Business address; <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
 PURPOSE OF EXPENDITURE	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
Date	Business name		
Amount (\$)	Business address; <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
 PURPOSE OF EXPENDITURE	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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 I:	2 FILER NAME	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 instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

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 K:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received 	8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received	<input type="checkbox"/> 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; State; Zip Code	
	Purpose for which amount is received	<input type="checkbox"/> 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; State; Zip Code	
	Purpose for which amount is received	<input type="checkbox"/> 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; State; Zip Code	
	Purpose for which amount is received	<input type="checkbox"/> Check if political contribution returned to filer
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

OUTSTANDING LOANS

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

SCHEDULE L

The Instruction Guide explains how to complete this form.		1 Total pages Schedule L:		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
LENDER INFORMATION	4 Name of lender			
	5 Lender address;	City;	State;	Zip Code
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	6 Name of guarantor			
	7 Guarantor address;	City;	State;	Zip Code
LENDER INFORMATION	Name of lender			
	Lender address;	City;	State;	Zip Code
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor			
	Guarantor address;	City;	State;	Zip Code
LENDER INFORMATION	Name of lender			
	Lender address;	City;	State;	Zip Code
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor			
	Guarantor address;	City;	State;	Zip Code
LENDER INFORMATION	Name of lender			
	Lender address;	City;	State;	Zip Code
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor			
	Guarantor address;	City;	State;	Zip Code
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

ASSETS PURCHASED WITH CONTRIBUTIONS

SCHEDULE M

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE T

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 T:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

5 Contribution / Expenditure reported on:

<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	<input type="checkbox"/> Schedule B-SS

6 Dates of travel

7 Name of person(s) traveling

8 Departure city or name of departure location

9 Destination city or name of destination location

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	<input type="checkbox"/> Schedule B-SS

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)

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee

Contribution / Expenditure reported on:

<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	<input type="checkbox"/> Schedule B-SS

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.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME	2 Filer ID (Ethics Commission Filers)
-------------	---------------------------------------

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below only if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income 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 longer than six years 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 in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased 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.

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section only if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name	Filer ID #
Marcos Soto	

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the Judicial Candidate report due on 1/15/2026.
I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Signature of Filer

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 Marcos Soto, and my date of birth is 09/21/1987.
My address is 2208 W 7th St. Apt 113, Dallas, TX, 75208, USA.
Executed in Dallas County, State of Texas, on the 14th day of January, 20 21.

Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING RÉQUISITION
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**