

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) 00091177	2 Total pages filed: 8								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Eduardo		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/04/2026								
	NICKNAME LAST SUFFIX Romero										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 1819 River Crossing Circle Unit D Austin, TX 78741		Date Hand-delivered or Date Postmarked								
			Receipt # Amount								
			Date Processed								
			Date Imaged								
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Eduardo										
	NICKNAME LAST SUFFIX Romero										
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1819 River Crossing Circle Unit D Austin, TX 78741										
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 387-0166										
8 REPORT TYPE	<table style="width: 100%;"> <tr> <td>☐ January 15</td> <td>☒ 30th day before election</td> <td>☐ Runoff</td> <td>☐ 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td>☐ July 15</td> <td>☐ 8th day before election</td> <td>☐ Exceeded modified reporting limit</td> <td>☐ Final Report (Attach C/OH-FR)</td> </tr> </table>			☐ January 15	☒ 30th day before election	☐ Runoff	☐ 15th day after campaign treasurer appointment (officeholder only)	☐ July 15	☐ 8th day before election	☐ Exceeded modified reporting limit	☐ Final Report (Attach C/OH-FR)
☐ January 15	☒ 30th day before election	☐ Runoff	☐ 15th day after campaign treasurer appointment (officeholder only)								
☐ July 15	☐ 8th day before election	☐ Exceeded modified reporting limit	☐ Final Report (Attach C/OH-FR)								
9 PERIOD COVERED	Month Day Year Month Day Year 07/01/2026 THROUGH 09/24/2026										
10 ELECTION	ELECTION DATE Month Day Year 11/03/2026		ELECTION TYPE ☐ Primary ☐ Runoff ☐ Other ☒ General ☐ Special								
11 OFFICE	OFFICE HELD (if any) None		12 OFFICE SOUGHT (if known) Council Member, District 3								

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

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13 C / OH NAME	Romero, Eduardo	14 Filer ID	(Ethics Commission Filers) 00091177
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15 NOTICE FROM POLITICAL COMMITTEE(S) ☐ Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	☐ GENERAL	COMMITTEE ADDRESS
	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 538.19
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 47.41
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFADAVIT

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.

Eduardo Romero

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

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

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18 FILER NAME Romero, Eduardo		19 Filer ID (Ethics Commission Filers) 00091177
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 38.19
2.	☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 500.00
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	☐ SCHEDULE E: LOANS	\$
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 47.41
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	☐ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/8
2 FILER NAME Romero, Eduardo		3 Filer ID (Ethics Commission Filers) 00091177
4 Date 07/02/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Romero, Eduardo	7 Amount of Contribution (\$) \$1.37
	6 Contributor address; City; State; Zip Code 1819 River Crossing Cir Unit D Austin, TX 78741	
8 Principal occupation / Job title (See Instructions) Tech Analyst		9 Employer (See Instructions) Apple
Date 07/17/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Romero, Eduardo	Amount of Contribution (\$) \$4.78
	Contributor address; City; State; Zip Code 1819 River Crossing Cir Unit D Austin, TX 78741	
Principal occupation / Job title (See Instructions) Tech Analyst		Employer (See Instructions) Apple
Date 08/20/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Romero, Eduardo	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code 1819 River Crossing Cir Unit D Austin, TX 78741	
Principal occupation / Job title (See Instructions) Tech Analyst		Employer (See Instructions) Apple
Date 08/24/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Romero, Eduardo	Amount of Contribution (\$) \$1.27
	Contributor address; City; State; Zip Code 1819 River Crossing Cir Unit D Austin, TX 78741	
Principal occupation / Job title (See Instructions) Tech Analyst		Employer (See Instructions) Apple
Date 09/17/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Romero, Eduardo	Amount of Contribution (\$) \$5.62
	Contributor address; City; State; Zip Code 1819 River Crossing Cir Unit D Austin, TX 78741	
Principal occupation / Job title (See Instructions) Tech Analyst		Employer (See Instructions) Apple

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/8
2 FILER NAME Romero, Eduardo		3 Filer ID (Ethics Commission Filers) 00091177
4 Date 09/17/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Romero, Eduardo 6 Contributor address; City; State; Zip Code 1819 River Crossing Cir Unit D Austin, TX 78741	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Tech Analyst		9 Employer (See Instructions) Apple
Date 09/17/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Romero, Eduardo Contributor address; City; State; Zip Code 1819 River Crossing Cir Unit D Austin, TX 78741	Amount of Contribution (\$) \$2.65
Principal occupation / Job title (See Instructions) Tech Analyst		Employer (See Instructions) Apple
Date 09/17/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Romero, Eduardo Contributor address; City; State; Zip Code 1819 River Crossing Cir Unit D Austin, TX 78741	Amount of Contribution (\$) \$0.50
Principal occupation / Job title (See Instructions) Tech Analyst		Employer (See Instructions) Apple

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 6/8	
2 FILER NAME Romero, Eduardo		3 Filer ID (Ethics Commission Filers) 00091177	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 08/17/2026	6 Full name of contributor ☐ out-of-state PAC (ID#: _____) Romero, Eduardo	8 Amount of contribution (\$) \$500.00	9 In-kind contribution description Filing fee. Set for reimbursement.
7 Contributor address; City; State; Zip Code 1819 River Crossing Cir Unit D Austin, TX 78741		☐ Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Tech Analyst		11 Employer (FOR NON-JUDICIAL) (See instructions) Apple	
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)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 1/2 Rpt: 7/8	2 FILER NAME Romero, Eduardo	3 Filer ID (Ethics Commission Filers) 00091177
4 Date 07/15/2026	5 Payee name Chase	
6 Amount (\$) \$15.00	7 Payee address; City; State; Zip Code 270 Park Avenue New York, NY 10017	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Monthly fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/17/2026	Candidate/Officeholder name Chase	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 270 Park Avenue New York, NY 10017	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Monthly fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/16/2026	Candidate/Officeholder name Chase	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 270 Park Avenue New York, NY 10017	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Monthly fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/16/2026	Candidate/Officeholder name Chase	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 270 Park Avenue New York, NY 10017	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Monthly fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 2/2 Rpt: 8/8	2 FILER NAME Romero, Eduardo	3 Filer ID (Ethics Commission Filers) 00091177
4 Date 09/24/2026	5 Payee name Donateway	
6 Amount (\$) \$2.41	7 Payee address; City; State; Zip Code P.O. Box 301267 Austin, TX 78703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Transaction fees for the reporting period
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held