

PERSONAL FINANCIAL STATEMENT

FORM PFS - LOCAL

Note: A PFS filed with the Texas Ethics Commission must be filed electronically. The only exception is for individuals appointed to office. See the PFS Instruction Guide for more information.

**COVER SHEET
PAGE 1**

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2025, covering calendar year ending December 31, 2024. Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

Filer ID

1 NAME

TITLE: FIRST; MI
ELSA

NICKNAME: LAST; SUFFIX
Colmenero

2 ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 118
Sierra Blanca, TX,
79851

3 TELEPHONE NUMBER

AREA CODE PHONE NUMBER; EXTENSION
(915) 252-7146

OFFICE USE ONLY

Date Received
**RECEIVED & FILED
FOR RECORD**
At 11:56 O'Clock A.M.

FEB 11 2026

Brenda Sanchez, Clerk
Samantha, Deputy
Hudspeth County, Texas

By Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

4 REASON FOR FILING STATEMENT

CANDIDATE County Treasurer (INDICATE OFFICE)

ELECTED OFFICER _____ (INDICATE OFFICE)

OTHER _____ (INDICATE POSITION)

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE _____

DEPENDENT CHILD 1. _____

2. _____

3. _____

In Parts 1 through 20, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14 and 20, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL FINANCIAL STATEMENT

FORM PFS - TEC

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COVER SHEET PAGE 1

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For filings required in 2026, covering calendar year ending December 31, 2025.
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1 NAME

TITLE; FIRST; MI

ELSA

NICKNAME; LAST; SUFFIX

Colmenero

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

2 ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

P.O. Box 118
Sierra Blanca, TX,
79851

(Check If Filer's Home Address)

3 TELEPHONE
NUMBER

AREA CODE PHONE NUMBER; EXTENSION

(915) 252-7146

4 REASON
FOR FILING
STATEMENT

- CANDIDATE County Treasurer (INDICATE OFFICE)
- ELECTED OFFICER _____ (INDICATE OFFICE)
- APPOINTED OFFICER _____ (INDICATE AGENCY)
- EXECUTIVE HEAD _____ (INDICATE AGENCY)
- FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT
- STATE PARTY CHAIR _____ (INDICATE PARTY)
- OTHER _____ (INDICATE POSITION)

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE _____

DEPENDENT CHILD 1. _____

2. _____

3. _____

In Parts 1 through 20, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14 and 20, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. ***If you place a check in a box, do NOT include pages for that Part in the report.***

6 PARTS NOT APPLICABLE TO FILER

- ~~N/A~~ Part 1A - Sources of Occupational Income
- ~~N/A~~ Part 1B - Retainers
- ~~N/A~~ Part 2 - Stock
- ~~N/A~~ Part 3 - Bonds, Notes & Other Commercial Paper
- ~~N/A~~ Part 4 - Mutual Funds
- ~~N/A~~ Part 5 - Income from Interest, Dividends, Royalties & Rents
- ~~N/A~~ Part 6 - Personal Notes and Lease Agreements
- ~~N/A~~ Part 7A - Interests in Real Property
- ~~N/A~~ Part 7B - Interests in Business Entities
- ~~N/A~~ Part 8 - Gifts
- ~~N/A~~ Part 9 - Trust Income
- ~~N/A~~ Part 10A - Blind Trusts
- ~~N/A~~ Part 10B - Trustee Statement
- ~~N/A~~ Part 11A - Ownership of Business Associations
- ~~N/A~~ Part 11B - Assets of Business Associations
- ~~N/A~~ Part 11C - Liabilities of Business Associations
- ~~N/A~~ Part 12 - Boards and Executive Positions
- ~~N/A~~ Part 13 - Expenses Accepted Under Honorarium Exception
- ~~N/A~~ Part 14 - Interest in Business in Common with Lobbyist
- ~~N/A~~ Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- ~~N/A~~ Part 16 - Representation by Legislator Before State Agency
- ~~N/A~~ Part 17 - Benefits Derived from Functions Honoring Public Servant
- ~~N/A~~ Part 18 - Legislative Continuances
- ~~N/A~~ Part 19 - Contracts with Governmental Entity
- ~~N/A~~ Part 20 - Bond Counsel Services Provided by a Legislator

SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 EMPLOYMENT <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD Hudspeth County P.O. Box 119 Sierra Blanca, TX. 79851
	<input checked="" type="checkbox"/> SELF-EMPLOYED

INFORMATION RELATES TO	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT <input type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD
	<input type="checkbox"/> SELF-EMPLOYED

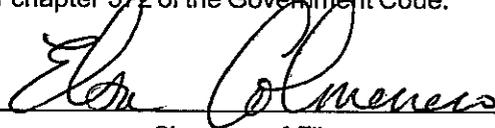
INFORMATION RELATES TO	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT <input type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD
	<input type="checkbox"/> SELF-EMPLOYED

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL FINANCIAL STATEMENT SIGNATURE PAGE

The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement; it must be verified by either being signed in front of a notary or the filer must also fill out the unsworn declaration. Without proper verification, the statement is not considered filed.

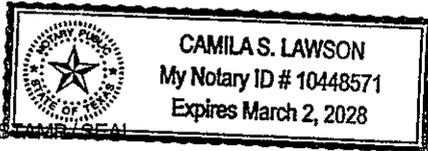
I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2024, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.



Signature of Filer

Please complete either option below:

(1) Affidavit

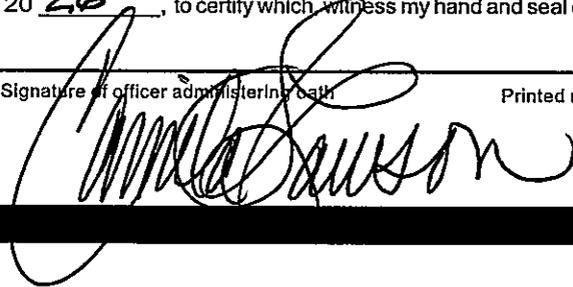


Sworn to and subscribed before me by ELSA COLMENERO this the 11 day of FEB, 20 26, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath



CAMILA S. LAWSON

NOTARY

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

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

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Filer (Declarant)