CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **C/OH**COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complet	e this form. 1 Filer ID		2 Total pages filed: 14							
3 CANDIDATE / OFFICEHOLDER NAME	CONTRACTOR	FIRST Leticia	MI	OFFICE USE ONLY							
NAME			0.1551/	1-16-24							
		LAST Lopez	SUFFIX	1-12 1 AV							
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / S	SUITE#; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked Receipt # Amount							
Change of Address	Weslaco, TX 78596			Date Processed							
				Date Imaged							
5 CAMPAIGN	MS/MRS/MR F	FIRST	MI								
TREASURER NAME	Mrs. J	uanita L.									
	NICKNAME L	AST	SUFFIX								
	C	Cardoza									
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO B	OX PLEASE); AP	T / SUITE #; CITY;	STATE; ZIP CODE							
ADDRESS	1101 Lantana Lane		Weslac	co, TX 78599							
(Residence or Business)											
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE (956)975-7204	NUMBER EXTENSION									
8 REPORT TYPE	X January 15	30th day before election 8th day before election	Runoff Exceeded modified reporting limit	15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)							
9 PERIOD COVERED	Month Day Year 10/29/2023	THROUGH	Month Day 12/31/2023	Year 3							
10 ELECTION	ELECTION DATE Month Day Year	Primary General	ELECTION TYPE Runoff Special	Other							
11 OFFICE	OFFICE HELD (if any) Weslaco City Commissioner	District 2 Hidalgo	12 OFFICE SOUGHT (Weslaco City Con	if known) nmissioner District 2							
	5										
	GO TO PAGE 2										

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

				2 of 14
13 C / OH NAME	Lopez, Leticia		14 Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	Dolitical contributions accepted or political expenditure. These expenditures may have been made without to difficeholders are required to report this information.	the candidate's or officeho	older's knowledge or
Additional Pages	COMMITTEE TYPE			
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES		
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMI OR GUARANTEE	N PLEDGES, LOANS, CTRONICALLY)	\$ 0.00	
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 8,250.00
EXPENDITURE TOTALS	3. TOTAL UNITEMI	ZED POLITICAL EXPENDITURES	,	\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 9,594.00
CONTRIBUTION BALANCE	5. TOTAL POLITICA REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA	AST DAY OF THE	\$ 1,181.97
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPA OF THE REPORT	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 24,200.00
AFFIX NOT		Signature of		pe reported by me
Signature of office	Marca er administering	Antonia Garcia Printed name of officer administering	Notary Title of officer a	Public dministering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 14
18 FILER NA Lopez, Lo	eticia	19 Filer ID		
	LE SUBTOTALS SCHEDULE		SUBTOT	AL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	8,250.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. X	SCHEDULE E: LOANS		\$	1,000.00
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	9,594.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
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 CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$.	

	MONETA	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1		
	The Instruc	tion Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/14	
2	FILER NAME Lopez, Leticia	a		3	Filer ID	
	11/02/2023	 Full name of contributor out-of-state PAC (ID#:_Lopez, Erasmo Contributor address; City; State; Zip Code 3420 N. Border Ave. Weslaco, TX 78599 		Amount of Contribution (\$)	\$8,000.00	
8	Principal occup President	oation / Job title (See Instructions)	9 Employer (See Instructions L&G Concrete Constructions		n	
	Date 11/02/2023	Full name of contributor out-of-state PAC (ID#:_Pena Jr., Pablo Contributor address; City; State; Zip Code 625 S. Airport Dr. Weslaco, TX 78596		Amount of Contribution (\$)	\$250.00	
	Principal occup	ation / Job title (See Instructions))			

The Instruction Guide explains how to complete this form. 2 FILER NAME Lopez, Leticia 4 TOTAL OF UNITEMIZED LOANS 5 Date of loan 11/01/2023	stal pages Schedule E: ch: 1/1 Rpt: 5/14 er ID \$						
Lopez, Leticia 4 TOTAL OF UNITEMIZED LOANS 5 Date of loan 11/01/2023	\$						
TOTAL OF UNITEMIZED LOANS 5 Date of loan	9 Loan Amount (\$) \$1,000.00						
Lopez, Leticia 6 Is lender a financial institution? No Weslaco, TX 78596 12 Principal occupation / Job title (See Instructions) 14 Description of Collateral X None 17 Name of guarantor INFORMATION X not applicable 18 Guarantor address; City; State; Zip Code 11 Employer (See Instructions) 12 Check if personal funds were dep X State; Zip Code	\$1,000.00 10 Interest Rate						
financial institution? No Weslaco, TX 78596 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral X None 15 Check if personal funds were dep X None 16 GUARANTOR INFORMATION X not applicable 18 Guarantor address; City; State; Zip Code							
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral X None 15 Check if personal funds were dep X 16 GUARANTOR INFORMATION X not applicable 18 Guarantor address; City; State; Zip Code							
X None 16 GUARANTOR INFORMATION X not applicable 18 Guarantor address; City; State; Zip Code							
INFORMATION Inot applicable 18 Guarantor address; City; State; Zip Code	15 Check if personal funds were deposited into political account (See Instructions)						
	19 Amount Guaranteed (\$)						
20 Principal occupation 21 Employer (See Instructions)							

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Offt/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor			Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
L	oroak oara r aymoni		The Instruction Guide ex	plains how to com	plete this form.			
1	Total pages Schedule F1:	2 FILER NAM	E		3	Filer ID		
L	Sch: 1/9 Rpt: 6/14	Lopez, Let	cia ————————————————————————————————————					
4	Date	5 Payee name)					
١	11/03/2023	Anciso, Th	elma					
6	Amount (\$) \$100.00	7 Payee addre	ess; City;	State; Zip Code	9			
ı		TX						
8	PURPOSE OF EXPENDITURE		See Categories listed at the top o ages/Contract Labor	f this schedule) (k		tside of Texas. Complete Schedule T. X, officeholder living expense I		
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sough	t	Office held		
Г	Date	Payee name	<u> </u>					
	11/10/2023	Cadena, D	elma					
Г	Amount (\$)	Payee addre	ess; City;	State; Zip Code	;			
	\$150.00	~						
		TX						
	PURPOSE OF EXPENDITURE		iee Categories listed at the top o ages/Contract Labor	f this schedule)		tside of Texas. Complete Schedule T. X, officeholder living expense r		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		iceholder name	Office sough	t	Office held		
	Date 11/03/2023	Payee name Cadena, D					·	
	Amount (\$) \$100.00	Payee addre	ess; City;	State; Zip Code				
		TX						
	PURPOSE OF EXPENDITURE		ee Categories listed at the top of ages/Contract Labor	f this schedule)		side of Texas. Complete Schedule T. X, officeholder living expense r		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		iceholder name	Office sough	t	Office held		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Gift/Awards/Memorials Legal Services The Instruction Gu	5		ges/Contract Labor	Travel Out of District OTHER (enter a category not lister	d above)	
1	Total pages Schedule F1:	2 FILER	NAME				3 Filer ID		
	Sch: 2/9 Rpt: 7/14		, Leticia						
4	Date	5 Payee	name					н	
	11/10/2023	Casar	es, Diana						
6	Amount (\$) \$150.00	7 Payee	address; City;	State;	Zip Code	Э			
		TX			•				
8	PURPOSE OF	(a) Catego	ry (See Categories listed at th	ne top of this schedu	ule) (I	Description			
	EXPENDITURE	Salarie	es/Wages/Contract La	abor			outside of Texas. Complete Schedule T.		
							Check if Austin, TX, officeholder living expense Political Worker		
						Political Worl	Kei		
9	Complete ONLY if direct	Candida	te/Officeholder name	Offi	ioo ooyah		Office held		
9	expenditure to benefit C/OI		e/Officerfolder flame	Oili	ice sough		Office rield	·	
	Date	Payee	name				.0		
	11/03/2023	Casar	es, Diana						
	Amount (\$)	Payee	address; City;	State; 2	Zip Code	9			
	\$300.00								
		TX							
	PURPOSE		(See Categories listed at the		ule) (t	Description			
	OF EXPENDITURE	Salarie	s/Wages/Contract La	bor	-		outside of Texas. Complete Schedule T.		
	Security (1994)					Political Work	, TX, officeholder living expense		
						Political Work	Kei		
	Complete ONLY if direct	Candidat	re/Officeholder name	Offi	ice sough	.+	Office held		
	expenditure to benefit C/O		e/Oniceriolder flame	Oili	ice sougi	ıı	Office field		
	Date	Davis							
	11/10/2023	Payee i							
			es, Pablo						
	Amount (\$)	Payee a	address; City;	State; 2	Zip Code	9			
	\$150.00								
		TX							
	PURPOSE	(a) Catego	y (See Categories listed at th	e top of this schedu	ule) (b) Description			
	OF EXPENDITURE		s/Wages/Contract La				outside of Texas. Complete Schedule T.		
	EXPENDITORE						, TX, officeholder living expense		
						Political Work	ker		
	99.32								
	Complete ONLY if direct expenditure to benefit C/OF		e/Officeholder name	Offic	ce sough	t	Office held		
	onponditure to benefit 0/01		8						

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	
1 Total pages Schedule F1: Sch: 3/9 Rpt: 8/14	2 FILER NAME Lopez, Leticia 3 Filer ID
4 Date 11/10/2023	5 Payee name Castaneda, Rosie
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code TX
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Political Worker
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date 11/06/2023	Payee name Castaneda, Rosie
Amount (\$) \$300.00	Payee address; City; State; Zip Code TX
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Political Worker
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 11/10/2023	Payee name Castillo, Thelma
Amount (\$) \$150.00	Payee address; City; State; Zip Code
	TX
PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Political Worker
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

Event Expense Loa Fees Offir Food/Beverage Expense Poll Gift/Awards/Memorials Expense Prin

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Gift/Awards/Mem Legal Services The Instruction			Expens Wages	se s/Contract Labor		Travel Out of District OTHER (enter a category not listed abov	e)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	
	Sch: 4/9 Rpt: 9/14		Lopez, Letic						ľ	THE ID	
4	Date	5	Payee name								
L	11/21/2023		Gomez, Be	rnardo							
6	Amount (\$)	7	Payee addre	ss; City;	Stat	e; Zip C	ode				
	\$700.00		301 N. McC	oll Rd							
			McAllen, T	78501							
8	PURPOSE OF	(a)	Category (Se	ee Categories liste	d at the top of this so	chedule)	(b)	Description			
	EXPENDITURE		Advertising	Expense						de of Texas. Complete Schedule T.	
								Printing Maile		officeholder living expense	
								J			
9	Complete ONLY if direct		Candidate/Offi	ceholder nam	e	Office sou	ıaht		-	Office held	
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	11/03/2023		Gomez, Bei	nardo							
	Amount (\$)		Payee addres	ss; City;	State	e; Zip Co	ode				
	\$120.00		301 N. McC	oll Rd							
			McAllen, TX	78501							
	PURPOSE OF				d at the top of this so	chedule)	(b)	Description			
	EXPENDITURE		Printing Exp	ense						e of Texas. Complete Schedule T. officeholder living expense	
								Push Cards	1, 1, 1	officerolder living expense	
	Complete ONLY if direct		andidate/Offic	ceholder name	9	Office sou	l ight			Office held	
	expenditure to benefit C/OF	1									
	Date		Payee name								
	11/06/2023		Gonzalez, L	isa							
	Amount (\$)		Payee addres	ss; City;	State	e; Zip Co	de				
	\$350.00										
			TX								
	PURPOSE	(a)	Category (Se	e Categories listed	at the top of this sc	hedule)	(b)	Description			
	OF EXPENDITURE		Salaries/Wa	ges/Contrac	t Labor					e of Texas. Complete Schedule T.	
								Political Work		officeholder living expense	
								1 Ollicai VVOIN	CI		
	Complete ONLY if direct		andidate/Offic	eholder name)	Office sou	ght			Office held	
	expenditure to benefit C/OF	H								- Jacobson Company	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services The Instruction	oriais Expense n Guide explain		Vages	Contract Labor	Travel Out of District OTHER (enter a category not listed	above)
1	Total pages Schedule F1:	2	EII ED NIAME					3	Filer ID	
	Sch: 5/9 Rpt: 10/14	_	Lopez, Letic					3	File: ID	
4	Date	5	Payee name							
	11/07/2023		Govea, Car							
6	Amount (\$) \$200.00	7	Payee addres	ss; City;	Stat	te; Zip Co	ode			
8	PURPOSE	(a)	Category (Si	ee Categories listed	at the top of this s	chedule)	(b)	Description		
	OF EXPENDITURE			ages/Contrac				Check if travel outs	ide of Texas. Complete Schedule T. , officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Offi	ceholder name	;	Office sou	ght		Office held	
	Date		Payee name							
	11/10/2023		Govea, Can	nelia						
	Amount (\$) \$100.00		Payee addres	ss; City;	Stat	te; Zip Co	ode			
	PURPOSE	(a)	Category (Sc	ee Categories listed	at the top of this s	chedule)	(b)	Description		
	OF EXPENDITURE			ages/Contrac		,		Check if travel outs	ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		andidate/Offic	ceholder name		Office sou	ght		Office held	
	Date		Payee name							
	11/06/2023		Govea, Can	nelia						
	Amount (\$) \$350.00		Payee addres	ss; City;	Stat	e; Zip Co	de			
			TX							
	PURPOSE OF EXPENDITURE			ee Categories listed ages/Contract		chedule)			ide of Texas. Complete Schedule T. , officeholder living expense	-
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offic	ceholder name		Office sou	ght		Office held	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Gift/Awards/Memorial Legal Services The Instruction G	·*		Vages	s/Contract Labor		Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	tal pages Schedule F1: 2 FILER NAM							3	Filer ID	_	
	Sch: 6/9 Rpt: 11/14		Lopez, Letic									
4	Date	5	Payee name									
	11/10/2023		Hernandez,	Tina								
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	ode					
l	\$150.00											
			TX									
8	PURPOSE	(a)	Category (a				(b)	Description				
ľ	OF		Advertising	ee Categories listed at Expense	the top of this sch	eaule)	(~)		outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		, idvortioning	-xportoo						officeholder living expense		
								Political Worker				
9	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	ght			Office held		
	expenditure to benefit C/OI	Η										
	Date		Payee name									
	11/06/2023		Hernandez,	Tina								
Г	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de					
	\$300.00											
			TX									
Г	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE			ages/Contract L					outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE									officeholder living expense		
								Political Work	ker			
_		<u> </u>									_	
	Complete ONLY if direct expenditure to benefit C/OH		andidate/Offi	ceholder name	C	Office sou	ght			Office held		
											_	
	Date	Ŷ	Payee name									
	11/03/2023		Internationa	l Lions								
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de					
	\$200.00	1	2418 Wimbl	edon Drive								
		1	Weslaco, T	X 78596								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE			s/Donations M						de of Texas. Complete Schedule T.		
			Candidate/0	Officeholder/Pol	litical Comm	ittee			, TX,	officeholder living expense		
								Donation				
	Complete ONLY if direct		andidate/Offi	ceholder name		Office sou	ah+			Office held	_	
	expenditure to benefit C/OF		andidate/OIII	ocholuci Haille	C	mice Suu	giit			Office field		
											_	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Travel in District Travel Out of District

Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 7/9 Rpt: 12/14 Lopez, Leticia Date Payee name 11/01/2023 LHM Employment Group 6 Amount (\$) Payee address; City; State; Zip Code \$972.00 P. O. Box 720761 McAllen, TX 78504 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense **Block Walkers** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/07/2023 LHM Employment Group Amount (\$) Payee address; City; State; Zip Code \$964.00 P. O. Box 720761 McAllen, TX 78504 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Block walkers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 11/09/2023 Perez, Betty Amount (\$) Payee address; City; State; Zip Code \$50.00 TX **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Political Work Complete ONLY if direct Candidate/Officeholder name Office sought Office held

expenditure to benefit C/OH

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		
1 Total pages Schedule F1: Sch: 8/9 Rpt: 13/14	2 FILER NAME Lopez, Leticia 3 Filer ID	
4 Date 11/07/2023	5 Payee name Perez, Betty	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Political Worker	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
Date 11/03/2023	Payee name Public research Group	
Amount (\$) \$668.00	Payee address; City; State; Zip Code 135 Paseo Del Prado, Ste 62 E, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Canvas Labor	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
Date 11/01/2023	Payee name Romero, Desi	
Amount (\$) \$2,070.00	Payee address; City; State; Zip Code	
	TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Political Work	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
Forms provided by Toyas F	thics Commission Warry othics state by us	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Co	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	Office Ove Polling Exp Printing Ex Salaries/W	rhea penso penso ages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID
	Sch: 9/9 Rpt: 14/14		Lopez, Leticia					
4	Date 12/05/2023	5	Payee name Valley Nature Center					
	Amount (\$) \$600.00		301 S, Border Weslaco, TX 78596	State; Zip Cod				
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of the Contributions/Donations Made By Candidate/Officeholder/Political Co	ommittee			TX,	de of Texas. Complete Schedule T. officeholder living expense ods Sponsor
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	 	Candidate/Officeholder name	Office soug	ght			Office held