#### FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. 27 CANDIDATE / MS/MRS/MR **FIRST** MI OFFICE USE ONLY **OFFICEHOLDER** Leticia NAME Date Received 10-10-23AN **NICKNAME** LAST **SUFFIX** Letty Lopez Date Hand-delivered or Date Postmarked CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; ZIP CODE **OFFICEHOLDER** 10-10-23AN MAILING **ADDRESS** Change of Address Weslaco, TX 78596 **Date Processed** Date Imaged **CAMPAIGN** MS/MRS/MR **FIRST** MI **TREASURER** Mrs. Juanita NAME L. NICKNAME SUFFIX LAST Cardoza CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER **ADDRESS** 1101 Lantana Lane Weslaco, TX 78596 (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956)975-7204 PHONE REPORT TYPE 15th day after campaign treasurer January 15 30th day before election Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Day Year Month Day Year COVERED **THROUGH** 07/01/2023 09/28/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Other Day Year Primary Runoff 11/07/2023 X General Special 11 OFFICE 12 OFFICE SOUGHT (if known) OFFICE HELD (if any) Weslaco City Commissioner District 2 Weslaco City Commissioner District 2 Hidalgo **GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 27

13 C / OH NAME	Lopez, Leticia	1	4 Filer ID				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditure These expenditures may have been made without the d officeholders are required to report this information of	e candidate's or officehold	er's knowledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	SPECIFIC	COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TREASURER NAME					
-		COMMITTEE CAMPAIGN TREASURER ADDRESS	3				
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		0.00			
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	24,500.00			
EXPENDITURE TOTALS							
	4. TOTAL POLITIC	AL EXPENDITURES	\$	31,078.81			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LASTRIOD	ST DAY OF THE \$	8,981.34			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS O TING PERIOD	F THE LAST DAY \$	23,200.00			
17 AFFIDAVIT	TA GON PRIMINE	I swear, or affirm, under penalty of true and correct and includes all is under Title 15, Election Code.  Signature of Co	of perjury, that the accompinformation required to be	anying report is reported by me			
AFFIX NOT	TARY STAMP / SEAL AB	OVE					
Sworn to and subscool	eribed before me, by the s	aid Leticia Lopez ertify which, witness my hand and seal of office.	_, this the 10th	day			
Signature of office	er admilistering	Almadelia Gonzalez Printed name of officer administering	Notary Public Title of officer adm	ninistering oath			

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

-					3 of 27
18 FILER			19 Filer ID		
		SUBTOTALS SCHEDULE		SUB	STOTAL AMOUNT
1. [	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	23,500.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	1,000.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. [		SCHEDULE E: LOANS		\$	
5. [	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	26,404.45
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.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	4,674.36
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/2 Rpt: 4/27 2 FILER NAME 3 Filer ID Lopez, Leticia out-of-state PAC (ID#: Date 5 Full name of contributor 7 Amount of Contribution (\$) \$1,000.00 07/12/2023 **GOERO International LLC** 6 Contributor address; City; State; Zip Code 300 South 8th Street McAllen, TX 78501 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: \$2,000.00 09/22/2023 Garza Jr., PABLO Contributor address; City; State; Zip Code 9732 N. Bentsen Road McAllen, TX 78504 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 07/26/2023 \$5,000.00 Garza Jr., Pablo Contributor address; City; State; Zip Code 9732 N. Bentsen Road McAllen, TX 78504 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$5,000.00 07/28/2023 Gonzalez, Jorge Contributor address; City; State; Zip Code 2900 N. Texas Blvd Ste. 201 Weslaco, TX 78599 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) 08/08/2023 \$1,000.00 Gutierrez, Hiram A. Contributor address; City; State; Zip Code 701 N. Bentsen Rd. McAllen, TX 78501 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 5/27 FILER NAME 3 Filer ID Lopez, Leticia Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 07/11/2023 Lopez, Erasmo \$2,500.00 6 Contributor address; City; State; Zip Code 3420 N. Border Ave Weslaco, TX 78596 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/21/2023 Lopez, Erasmo \$2,000.00 Contributor address; City; State; Zip Code 2100 W. Expressway 83 Mercedes, TX 78570 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 08/08/2023 Perdue Brandon Fielder Collins & Mott L.L.P. \$1,500.00 Contributor address; City; State; Zip Code 1235 North Loop W. Ste. 600 Houston, TX 77008 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/02/2023 Stealth Auto Recovery \$2,500.00 Contributor address; City; State; Zip Code 524 W. Expressway 83 Donna, TX 78537 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/15/2023 jmerc Design Consulting LLC \$1,000.00 Contributor address; City; State; Zip Code 1816 Ann St. Edinburg, TX 78540 Principal occupation / Job title (See Instructions) Employer (See Instructions)

# NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 6/27 FILER NAME 3 Filer ID Lopez, Leticia TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 9 In-kind contribution 6 Full name of contributor Date Amount of out-of-state PAC (ID#: contribution (\$) description 08/05/2023 Perez, Fred \$1,000.00 | Digital ad - Ciro's 7 Contributor address; City; State; Zip Code TX Check if travel outside of Texas. Complete Schedule T. 11 Employer (FOR NON-JUDICIAL) (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 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)

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Event Expense

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee	Legal Services The Instruction Guid			s/Contract Labor ete this form.	OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER	VAME			3	Filer ID
	Sch: 1/17 Rpt: 7/27		Leticia				
4	Date	5 Payee	name				
	07/24/2023	Anciso	, Thelma				
6	Amount (\$)	7 Payee	address; City;	State; Zip C	ode		
	\$200.00	400					
		Wesla	co, TX 78596				
8	PURPOSE	(a) Catego	ry (See Categories listed at the	top of this schedule)	(b)	Description	
	OF EXPENDITURE	Salarie	es/Wages/Contract Lab	or			de of Texas. Complete Schedule T.
						Campaign Work	officeholder living expense
						Campaign Work	ici
Ļ	0 1 0 0 1 1 0 1 1 1	0 11 - 1 - 1	- 1065 1-1-1	0#:			Office hold
9	Complete ONLY if direct expenditure to benefit C/OI		e/Officeholder name	Office so	ugnt		Office held
L							
	Date	Payee I					
	07/28/2023	Beto's	Screen Printing				
	Amount (\$)	Payee a	address; City;	State; Zip C	ode		
	\$765.50	110 W	. 4th St.				
		San Ju	ıan, TX 78589				
H	PURPOSE	(a) Catego	Ty (See Categories listed at the	ton of this schedule)	(b)	Description	
	OF		g Expense	,	000 30		de of Texas. Complete Schedule T.
	EXPENDITURE						officeholder living expense
						4X4 Signs	
	Complete ONLY if direct expenditure to benefit C/OI		e/Officeholder name	Office so	ught		Office held
	experialture to benefit Grof	3.0					
	Date	Payee I	name				
	07/21/2023	Beto's	Screen Printing				
Г	Amount (\$)	Payee a	address; City;	State; Zip C	ode		
	\$750.00	110 W	. 4th St.				
		San Ju	ıan, TX 78589				
	PURPOSE	(a) Catego	ry (See Categories listed at the	top of this schedule)	(b)	Description	
	OF EXPENDITURE	Printin	g Expense				de of Texas. Complete Schedule T.
	LXI LINDITORL						officeholder living expense
						4X4 Signs	
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	Complete ONLY if direct expenditure to benefit C/OI		e/Officeholder name	Office so	ught		Office held
L							

### 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 Salaries/Manes/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	
	Sch: 2/17 Rpt: 8/27	Lopez, Leticia	
4	Date	5 Payee name	
	08/17/2023	Cardenas, Lazaro	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$625.00		
		Weslaco, TX 78596	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Caps	
		σαρσ	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/Ol		
_			
	Date	Payee name	
	08/01/2023	Cardenas, Lazaro	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$625.00		
		Weslaco, TX 78596	
r	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Caps	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiulture to beliefit C/O	···	
	Date	Payee name	
	08/16/2023	Casares, Diana	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00		
		Weslaco, TX 78596	
-	PURPOSE		
	OF	(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.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Campaign Worker	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H .	

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gift/Awards/Memorials Ex Legal Services  The Instruction Guid			Expens	se s/Contract Labor		Travel Out of District OTHER (enter a category not listed above	e)
1	Total pages Schedule F1:	12	EII ED NAME						3	Filer ID	
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_	Sch: 3/17 Rpt: 9/27	₩	Lopez, Letic	Ja ————————————————————————————————————							
4	Date	5	Payee name								
	08/04/2023		Cortino's Ita	lian Restaurant							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode				
	\$51.69		3812 Busine	ess 83							
			Weslaco, T	x 78596							
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8	PURPOSE OF			ee Categories listed at the	top of this sch	edule)	(a)	Description	outoid	e of Texas. Complete Schedule T.	
	EXPENDITURE	1	Food/Bever	age Expense						officeholder living expense	
								Campaign Lu			
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9	Complete ONLY if direct	<u></u>	andidate/Offi	ceholder name		Office sou	ıaht			Office held	
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	Date		Payee name	70.5. GW							
	08/03/2023		Dr. R. E. Ma	argo Elementary							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode				
	\$300.00		1701 S. Brid	lge							
			Weslaco, T	K 78596							
┝	PURPOSE	-					(b)	December			
	OF			e Categories listed at the		edule)	(0)	Description  Check if travel	outsid	e of Texas. Complete Schedule T.	
	EXPENDITURE			s/Donations Mad Officeholder/Politic		ittee				officeholder living expense	
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							1				
$\vdash$	Complete ONLY if direct		andidate/Offic	ceholder name	-	Office sou	Jaht			Office held	
	expenditure to benefit C/OI			301101401 1141110			-g				
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	Date		Payee name								
	09/13/2023		Embroidery	⊨xpress							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode				
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		9	Weslaco, T	K 78596							
_	PURPOSE			e Categories listed at the		- 4.1-5	(h)	Description			
	OF		Advertising		top of this sch	edule)	(")		outsid	e of Texas. Complete Schedule T.	
	EXPENDITURE		Auvertising	Схрепае						officeholder living expense	
								T-Shirts & Ca	aps		
	Complete ONLY if direct	C	andidate/Offi	ceholder name	C	Office sou	ught			Office held	
	expenditure to benefit C/O										
-				3.00							

### SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (appears a sategory not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Co	mmittee	Gift/Awards/Memorials Legal Services The Instruction G	• •		Wages	s/Contract Labor		Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FII FR NAME				1200	AND PROCESSES ASSESSED ASSESSED	3	Filer ID	
	Sch: 4/17 Rpt: 10/27	_	Lopez, Leti							THETTE	
4	Date	5	Payee name								
	08/16/2023		Embroidery	Express							
6	Amount (\$)	7	Payee addre	ss; City;	State	e; Zip C	ode				
	\$2,214.00		2112 W. Bu	ısiness 83, Ste A	4						
ı											
			Weslaco, T	X 78596							
8	PURPOSE OF	(a)		ee Categories listed at t	he top of this sc	hedule)	(b)	Description			
l	EXPENDITURE		Advertising	Expense						de of Texas. Complete Schedule T. officeholder living expense	
								Shirts	, 17,	onicenduel living expense	
9	Complete ONLY if direct		Candidate/Off	ceholder name		Office sou	ıght			Office held	
	expenditure to benefit C/OI	1									
Г	Date		Payee name								
	07/28/2023		Embroidery	Express							
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	ode				
	\$1,584.00		2112 W. Bu	siness 83, Ste A	4						
			Weslaco, T	X 78596							
	PURPOSE	(a)	Category (S	ee Categories listed at t	he top of this scl	hedule)	(b)	Description			
	OF EXPENDITURE		Advertising					<b>=</b>		de of Texas. Complete Schedule T.	
								Shirts	, TX,	officeholder living expense	
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F	Date		Payee name								
	09/10/2023		Flores, Jayl	Dee							
_	Amount (\$)		Payee addre		State	; Zip Co	ode				
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	Construence of the control of the co										
			Weslaco, T	X 78596							
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	expenditure to benefit C/O		a ididale/OIII	conduct name	`	OIII06 20L	giit			Office field	
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### SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memorial Legal Services  The Instruction G	s Expense		xpens Nages	e //Contract Labor		Travel In District Travel Out of District OTHER (enter a category not listed above)	)
1	Total pages Schedule F1:	2	FILER NAME	3					3	Filer ID	
	Sch: 5/17 Rpt: 11/27		Lopez, Leti	cia							
4	Date	5	Payee name								
	09/01/2023		Flores, Jay	Dee							
6	Amount (\$)	7	Payee addre	ss; City;	State	e; Zip Co	ode				
	\$300.00		501 Tula								
			Weslaco, T	X 78596							
8	PURPOSE	(a)	Category (s	ee Categories listed at	the top of this so	chedule)	(b)	Description			
	OF EXPENDITURE			ages/Contract L						de of Texas. Complete Schedule T.	
	EXI ENDITORE									officeholder living expense	
								Political work	tei		
L		L									
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	iceholder name		Office sou	ıght			Office held	
Г	Date		Payee name								
	08/26/2023		Flores, Jay	Dee							
H	Amount (\$)	$\vdash$	Payee addre	ss; City;	State	e; Zip Co	ode				
	\$300.00		501 Tula								
			Weslaco, T	V 70506							
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	PURPOSE OF	(a)		ee Categories listed at		chedule)	(b)	Description	outo!	de ef Toyon, Complete Schodule T	
	EXPENDITURE		Salaries/Wa	ages/Contract L	.abor		į.			de of Texas. Complete Schedule T. officeholder living expense	
								Contract Lab			
H	Complete ONLY if direct	۲	Candidate/Off	iceholder name		Office sou	ıaht			Office held	
	expenditure to benefit C/OI										
H	Data		<b>D</b>								
	Date		Payee name	aidan, <sup>9</sup> Mara							
L	07/28/2023	_		oidery & More							
	Amount (\$)		Payee addre		State	e; Zip Co	ode				
	\$1,289.00		1315 Cliftor	ı St.							
			Weslaco, T	X 78596							
Т	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this so	chedule)	(b)	Description			
	OF EXPENDITURE		Advertising			500 5 0 00000 000 mg €				de of Texas. Complete Schedule T.	
	EXPENDITURE		_							officeholder living expense	
								Balance on s	hirt	S	
	Complete ONLY if direct		Candidate/Off	iceholder name		Office sou	ıght			Office held	
	expenditure to benefit C/OI	7									
Г											

#### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Food/Beverage Expensions Gift/Awards/Memorials Legal Services  The Instruction Gu	Expense		Expens Wages	e /Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2							3	Filer ID
	Sch: 6/17 Rpt: 12/27	L	Lopez, Leti			HX-2				
4	Date	5	Payee name							
	07/22/2023	L	Garcia, Lup							
6	Amount (\$) \$250.00	7	Payee addre		State;	; Zip C	ode			
_	DUDDOCT	/-\	Weslaco, T				(h)	Danadeties		
8	PURPOSE OF EXPENDITURE	(a)		iee Categories listed at t ages/Contract La		edule)	(a)		, TX,	de of Texas. Complete Schedule T. officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		Candidate/Off	iceholder name	C	Office so	ught			Office held
	Date		Payee name							
L	09/27/2023		Gomez, Be	rnardo						
	Amount (\$)		Payee addre		State;	; Zip C	ode			
	\$720.00		301 N. McC	Joll Rd						
			Suite G	V 70501						
_	DUDDOCE	15	McAllen, T				(h)	Description		
	PURPOSE OF EXPENDITURE	(a)	Category (s Advertising	ee Categories listed at t Expense	he top of this sch	edule)	(0)			de of Texas. Complete Schedule T. officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		Candidate/Off	iceholder name	C	Office so	ught			Office held
	Date 09/13/2023		Payee name Gomez, Be							
	Amount (\$) \$1,500.00		Payee addre 301 N. McC Suite G McAllen, TX	Coll Rd	State;	; Zip C	ode			
	PURPOSE OF EXPENDITURE	(a)	Category (s Printing Ex	See Categories listed at t pense					ı, TX,	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	ficeholder name	(	Office so	ught			Office held

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manas/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (expense a category not listed above)

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		mmittee	Gift/Awards/Memorials Legal Services The Instruction G			Vages	S/Contract Labor OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAMI	Ξ				];	3 Filer ID			
	Sch: 7/17 Rpt: 13/27		Lopez, Leti									
4	Date	5	Payee name									
	09/06/2023		Gomez, Be	rnardo								
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	ode					
	\$450.00		301 N. McC	Coll Rd								
			Suite G									
			McAllen, T	X 78501								
8	PURPOSE	(a)		ee Categories listed at	he top of this cal	andula)	(b)	Description				
ľ	OF	( ,	Advertising		tie top of this sci	leddie)	"		utside of Texas. Complete Sc	hedule T.		
	EXPENDITURE							Check if Austin,	TX, officeholder living expens	se		
								Banner				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	iceholder name	(	Office sou	ight		Office held			
Г	Date		Payee name									
	08/25/2023		Gomez, Be	rnardo								
T	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	ode					
	\$720.00		301 N. McC	Coll Rd								
			Suite G									
			McAllen, TX	X 78501								
H	PURPOSE	(a)		ee Categories listed at	he top of this cal	andulo)	(b)	Description				
ı	OF	( )	Printing Ex		tie top of this sci	ledule)	"		utside of Texas. Complete So	hedule T.		
	EXPENDITURE		9 —	,					TX, officeholder living expens	se		
								Push Cards				
									20.180			
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Off	iceholder name	(	Office sou	ght		Office held			
L	experialitate to benefit or or											
	Date		Payee name							·		
	08/24/2023		Gomez, Be	rnardo								
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	ode					
	\$1,200.00		301 N. McC	Coll Rd								
			Suite G									
			McAllen, T	X 78501								
Г	PURPOSE	(a)	Category (s	ee Categories listed at	the top of this sch	nedule)	(b)	Description	***************************************			
	OF EXPENDITURE		Printing Ex			•			utside of Texas. Complete So			
	EXPENDITURE								TX, officeholder living expens	se		
								Decals & Push	i Cards			
_	C 2 2000 104					- · · ·						
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Off	iceholder name	9	Office sou	ight		Office held			
	s.,ponditure to bonent oron											

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Fees
Food/Beverage Expense
Cit/Awards/Memorials 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 Travel Out of District

Candidate/Officeholder/Political Committee Credit Card Payment		aries/Wages/Contract Labor OTHER (enter a category not listed above)  to complete this form.
1 Total pages Schedule F1: 2 FILE	R NAME	3 Filer ID
	ez, Leticia	
4 Date 5 Paye	ee name	
08/15/2023 Gon	nez, Bernardo	
6 Amount (\$) 7 Paye	ee address; City; State; Zi	p Code
\$640.00 301	N. McColl Rd	
Suit	e G	
McA	Allen, TX 78501	
8 PURPOSE (a) Cate	egory (See Categories listed at the top of this schedule	(b) Description
OE I	iting Expense	Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE		Check if Austin, TX, officeholder living expense
		4x8 Signs
Complete ONLY if direct Candi expenditure to benefit C/OH	idate/Officeholder name Offic	e sought Office held
Date Paye	ee name	
08/04/2023 Gon	nez, Bernardo	
Amount (\$) Paye	ee address; City; State; Zi	p Code
\$640.00 301	N. McColl Rd	
Suit	e G	
. 9 1000000		
	Allen, TX 78501	Ta.
OF I	egory (See Categories listed at the top of this schedule	
EXPENDITURE Prin	iting Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		4x8 Signs
		into original
	idate/Officeholder name Offic	e sought Office held
expenditure to benefit C/OH		
	ee name	
08/02/2023 Gon	nez, Bernardo	
Amount (\$) Paye	ee address; City; State; Z	p Code
\$350.00 301	N. McColl Rd	
Suit	re G	
100 000 000	Allen, TX 78501	
	n	(6)
OF I	egory (See Categories listed at the top of this schedule	(b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	iting Expense	Check if Austin, TX, officeholder living expense
		Yard Signs
Complete <u>ONLY</u> if direct Candi expenditure to benefit C/OH	idate/Officeholder name Offic	e sought Office held
Forms provided by Texas Ethics Co	ommission www.ethics.state	e.tx.us Version V3.5.1.cb18382

## SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Co	mmittee	Food/Beverage Exp Gift/Awards/Memori Legal Services  The Instruction			xpens Vages	e //Contract Labor		Travel In District Travel Out of District OTHER (enter a category not listed at	ove)
1	Total pages Schedule F1:	2	FILER NAME	=					3	Filer ID	
L	Sch: 9/17 Rpt: 15/27		Lopez, Leti	cia							
4	Date	5	Payee name								
	08/01/2023		Gomez, Be	rnardo							
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Co	ode				
	\$1,800.00		301 N. McC	Coll Rd							
			Suite G								
			McAllen, T	X 78501							
8	PURPOSE	(a)	Category (s	ee Categories listed	at the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Printing Ex							de of Texas. Complete Schedule T.	
1								4x4 Signs	ı, TX,	officeholder living expense	
								TAT SIGNS			
9	Complete ONLY if direct	L_	Candidate/Off	iceholder name		Office sou	laht Iaht			Office held	
3	expenditure to benefit C/Ol		Candidate/OII	iodiloludi fidille		71110E SUL	igiil			Office field	
	Date		Payee name								
L	07/28/2023		Gonzales,	Alicia ———————————————————————————————————							
Γ	Amount (\$)		Payee addre	ess; City;	State;	Zip Co	ode				
	\$300.00										
			Weslaco, T	X 78596							
Г	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Salaries/W	ages/Contract	Labor					de of Texas. Complete Schedule T.	
								Campaign W		officeholder living expense	
								-ampaign W	5110		
$\vdash$	Complete ONLY if direct	_	Candidate/Off	iceholder name	C	Office sou	<u>l</u> ıght			Office held	
	expenditure to benefit C/OI					- wroten TIT	J				
H	Date		Payee name								
	08/19/2023		Gonzalez,								
$\vdash$	Amount (\$)	$\vdash$	Payee addre		State	Zip Co	ode		-		
	\$200.00		i ayee addie	.00, Oity,	Sidle,	2.p 00					
	Ψ200.00										
			Weslaco, T	Y 78506							
L	DUDDOGE	, .					(h)	Description			
	PURPOSE OF	(a		ee Categories listed ages/Contract		edule)	(a)	Description Check if travel	outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE		Salalies/W	ayes/Contract	Labor					officeholder living expense	
								Campaign W	/ork	er	
Г	Complete ONLY if direct		Candidate/Off	iceholder name	C	Office sou	ıght			Office held	*
	expenditure to benefit C/OI	Н									

### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		mmittee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services  The Instruction Guide explains how to complete this form.					Travel in District Travel Out of District OTHER (enter a category not listed above)		
					explains ho	ow to cor	nple	ete this form.	_		
1	Total pages Schedule F1:	2	FILER NAME	≣					3	Filer ID	
	Sch: 10/17 Rpt: 16/27		Lopez, Letic	cia							
4	Date	5	Payee name								
	09/23/2023			ess & Athletic Trainir	ng						
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Coo	de				
	\$250.00	1	2800 Mid V								
	4200.00		2000 11110 1	and, Divid							
			Weslaco, T	X 78596							
8	PURPOSE	(a)	Category (S	ee Categories listed at the top	of this sched	lule)	(b)	Description			
	OF EXPENDITURE		Advertising							de of Texas. Complete Schedule T.	
	EXPERIENCE									officeholder living expense	
								Sponsorship	- 51	K Rull	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		Candidate/Offi	iceholder name	Off	fice soug	ght			Office held	
	Date		Payee name								
	07/31/2023		Knights of C	Columbus #16917							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Cod	de				
	\$250.00		,		,						
	,										
			Modes T	V 70506							
			Weslaco, T	X 78590							
	PURPOSE OF	(a)		ee Categories listed at the top		lule)	(b)	Description		de et Terres Consolido Cabadida T	
	EXPENDITURE			ns/Donations Made E Officeholder/Political		<sub>too</sub>				de of Texas. Complete Schedule T. officeholder living expense	
			Candidate/	Office folder/Political	Commi	iee		Service Proje			
								,			
_	Complete ONLY if direct	Щ	^andidate/Offi	iceholder name	Off	fice soud	ht		_	Office held	
	expenditure to benefit C/Ol		Sandidate/Oni	icendider name	QII	noc soug	JIIC			Office field	
_							_		_		
	Date		Payee name								
	08/02/2023		Lucio, Chris	stine							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Cod	de				
	\$160.00		107 W. Pen	na							
			Weslaco, T.	X 78596							
	PURPOSE	(a)	Category	ee Categories listed at the top	-6 delle - ele e de	L.IX	(b)	Description			
	OF	(,		ns/Donations Made E		iule)	(-)		outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE			Officeholder/Political		tee		Check if Austin	, TX,	officeholder living expense	
								BBQ Fundrai	iser		
	Complete ONLY if direct		Candidate/Offi	iceholder name	Off	fice soug	ght			Office held	
	expenditure to benefit C/OI	+									

#### SCHEDULE F1

Advertising Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	e l Expense l	Polling Expens Printing Exper Salaries/Wage	nse es/Contract Labor		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					3	Filer ID	
	Sch: 11/17 Rpt: 17/27		, Leticia				3	Hier ib	
4	Date 08/18/2023	5 Payee Mendi	name ola, Cynthia						
6	Amount (\$) \$195.00	7 Payee 1506 \	address; City; /ida Dulce	State;	Zip Code				
		Wesla	co, TX 78596						
8	PURPOSE OF EXPENDITURE		ry (see Categories listed at the ising Expense	e top of this sched	<sub>lule)</sub> (b)		, TX, 0	e of Texas. Complete Schedule T. officeholder living expense Eatery	
9	Complete ONLY if direct expenditure to benefit C/O		te/Officeholder name	Off	fice sought			Office held	
	Date	Payee	name						
	09/06/2023	Perez,	MaryAnn						
	Amount (\$) \$200.00		address; City; . 5th Street	State;	Zip Code				
	φ200.00	910 00	. Sill Sileet						
		Wesla	co, TX 78596						
	PURPOSE OF EXPENDITURE		ry (See Categories listed at the Beverage Expense	e top of this sched	<sub>(b)</sub>	Check if Austin,	, TX, c	e of Texas. Complete Schedule T. officeholder living expense - Weslaco Lady Panthers Dinne	r
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		e/Officeholder name	Off	fice sought			Office held	
	Date 09/01/2023	Payee   Quiroz							
	Amount (\$) \$180.00	Payee a	address; City;	State;	Zip Code				
		Wesla	co, TX 78596						
	PURPOSE OF EXPENDITURE		ry (see Categories listed at the es/Wages/Contract Lal		<sub>ule)</sub> (b)		, TX, c	e of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		e/Officeholder name	Off	fice sought			Office held	

### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expe Legal Services  The Instruction Guide	nse I		nse es/Contract Labor	Travel	Out of District R (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NAMI	Ξ				3 Filer	ID	
	Sch: 12/17 Rpt: 18/27	Lopez, Leti	cia						
4	Date	5 Payee name							
	08/25/2023	Quiroz, Ale	X						
6	Amount (\$)	7 Payee addre	ess; City;	State;	Zip Code				
l	\$279.00								
ı									
		Weslaco, T	X 78596						
8	PURPOSE	(a) Category (c	ee Categories listed at the top	of this sahad	(b	) Description			
	OF	AND	ages/Contract Labor		ule)		vel outside of Te	exas. Complete Schedule T.	
	EXPENDITURE					Check if Aus	stin, TX, officeho	older living expense	
					1	Contract La	abor		
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Off	ice sough	t	C	Office held	
┝	_								
	Date	Payee name							
L	08/19/2023	Quiroz, Ale	X						
	Amount (\$)	Payee addre	ess; City;	State;	Zip Code				
	\$306.00								
		Weslaco, T	X 78596						
_	PURPOSE	(a) Category (s	ee Categories listed at the top	of this sched	ule) (b	) Description			
	OF		ages/Contract Labor		uic)		vel outside of Te	exas. Complete Schedule T.	
	EXPENDITURE				- 1	Check if Aus	stin, TX, officeho	older living expense	
						Contract La	abor		
	4								
Γ	Complete ONLY if direct		iceholder name	Off	ice sough	t	C	Office held	
	expenditure to benefit C/OI	H							
F	Date	Payee name							
	08/11/2023	Quiroz, Ale							
⊢	Amount (\$)	Payee addre		State	Zip Code				
	\$216.00	Payee addre	sss, City,	State,	Zip Code				
	Φ210.00								
		_							
		Weslaco, T	X 78596						
Γ	PURPOSE	(a) Category (S	ee Categories listed at the top	of this sched	ule) (b	) Description			
	OF EXPENDITURE	Salaries/W	ages/Contract Labor	r				exas. Complete Schedule T.	
	EXI ENDITORE	*						older living expense	
k						Contract La	abor		
L		L							
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Off	ice sough	t	(	Office held	
1	evheuritrie to nelielit C/OI	LIE.							
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r									

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting 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 By - Candidate/Officeholder/Political Committee Credit Card Payment		Gitt/Awards/Memorials Expense Legal Services  Printing Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.						Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID
	Sch: 13/17 Rpt: 19/27		Lopez, Leti	cia						
4	Date	5	Payee name							
	08/04/2023		Quiroz, Ale	X						
6	Amount (\$)	7	Payee addre	ss; City;	State	e; Zip Co	ode			
	\$125.00									
			Weslaco, T	X 78596						
8	PURPOSE	(a)			d at the top of this so	shadula)	(b)	Description		
ľ	OF	۱`¨′		ee Categories listed ages/Contrac		nedule)	"		outsio	de of Texas. Complete Schedule T.
	EXPENDITURE		Jaiai 100/ VV					Check if Austin,	TX,	officeholder living expense
								Contract Labo	or	
9			Candidate/Off	iceholder name	Э	Office sou	ight			Office held
	expenditure to benefit C/OI	Н								
Г	Date	Γ	Payee name							
	07/26/2023		Romero, Pa	amela Paz						
Г	Amount (\$)	$\vdash$	Payee addre	ss; City;	State	e; Zip Co	ode			
	\$200.00									
			Weslaco, T	X 78596						
$\vdash$	PURPOSE	(a)			d at the top of this so	:hedule)	(b)	Description		
	OF	l` ′	Advertising		action top of this St		′		outsi	de of Texas. Complete Schedule T.
	EXPENDITURE		9							officeholder living expense
								Weslaco Little	e Le	eague Sponsorship
							<u> </u>			
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Off	iceholder name	Э	Office sou	ıght			Office held
L	Superiordictic to beliefit 6/01									
	Date		Payee name							
	09/11/2023		Saenz, Mar	tin						
	Amount (\$)		Payee addre			e; Zip Co	ode			
	\$300.00		1013 E. Su	garcane Driv	е					
			Weslaco, T	X 78596						
Г	PURPOSE	(a)	Category (S	ee Categories listed	d at the top of this so	chedule)	(b)	Description		
	OF EXPENDITURE			rage Expense				Check if travel of		de of Texas. Complete Schedule T.
	EXPENDITURE			150						officeholder living expense
								BBQ Chicken	ı Pl	ate Fundraiser
L										
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	Э	Office sou	ıght			Office held
	experientare to benefit 6/01									
Fo	rms provided by Texas E	thic	cs Commissi	on	www.ethics.	.state.tx.ı	JS			Version V3.5.1.cb18382

#### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Food/Beverage E Gift/Awards/Mem Legal Services The Instruction			xpens Vages	se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2							3	Filer ID	
L	Sch: 14/17 Rpt: 20/27		Lopez, Leti	cia ——————							_
4	Date	5	Payee name								
L	09/11/2023			dult Day Car							_
6	Amount (\$)	7	Payee addre		Stat	te; Zip Co	ode				
	\$100.00		318 W. Rai	Iroad Street							
			Weslaco, T	X 78596							
8	PURPOSE OF	(a)			d at the top of this s	chedule)	(b)	Description			
	EXPENDITURE			ns/Donations	s Made By Political Com	mittee				de of Texas. Complete Schedule T. officeholder living expense	
			Carididate	Omecholacii	i oliticai com	mucc		16 de Septie			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	iceholder nam	е	Office sou	ght			Office held	
	Date	Г	Payee name								
	08/08/2023		Texas Natio	onal Bank							
	Amount (\$)		Payee addre	ss; City;	Stat	te; Zip Co	de				
	\$30.00										
	100										
			Weslaco, T	X 78596				1 0849			
	PURPOSE OF	(a)			d at the top of this s	chedule)	(b)	Description		de effecte a Constitue Colombia T	
	EXPENDITURE		Accounting	/Banking						de of Texas. Complete Schedule T. officeholder living expense	
								Stop Paymer	nt F	ee	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	iceholder nam	е	Office sou	ght			Office held	
	Date		Payee name								
	09/25/2023		Texas Swin	ıgman Basel	oall						
	Amount (\$)		Payee addre	ss; City;	Stat	e; Zip Co	de				
	\$100.00										
			Houston, T	X							
	PURPOSE OF	(a)			d at the top of this s	chedule)	(b)	Description	a. dal	de ef Teure Complete Schodule T	
	EXPENDITURE			ns/Donations Officeholder/	s Made By Political Com	mittee				de of Texas. Complete Schedule T. officeholder living expense	
								Team Spons	orsl	nip	
	Complete <u>ONLY</u> if direct expenditure to benefit C/ON		Candidate/Off	iceholder nam	е	Office sou	ght			Office held	

### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift nmittee Leg	d/Beverage Expense /Awards/Memorials Exp al Services e Instruction Guid			kpens /ages	e /Contract Labor		Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	
	Sch: 15/17 Rpt: 21/27		Lopez, Leticia								
4	Date	5	Payee name								
	07/06/2023		Valley Nature	Center							
6	Amount (\$)	7	Payee address;	City;	State;	Zip Co	de				
	\$500.00		301 S, Border								
			Weslaco, TX 7	8596							
8	PURPOSE	(a)	Category (See C	ategories listed at the t	op of this sche	edule)	(b)	Description			
	OF EXPENDITURE			Donations Made						de of Texas. Complete Schedule T. officeholder living expense	
			Candidate/Oni	ceholder/Politic	ai Commi	iπee		Jurassic Spo			
9	Complete ONLY if direct		Candidate/Office	older name	0	office sou	ght			Office held	-
	expenditure to benefit C/OI	1									
Г	Date		Payee name								0.000
	07/26/2023		Vela, George								
	Amount (\$)		Payee address;	City;	State;	Zip Co	de				
	\$1,000.00										
			Weslaco, TX 7	8596							
	PURPOSE	(a)	Category (See C	ategories listed at the t	op of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Advertising Ex	pense				5894 ACM - 400 COCC - 10- 3044 - 10- 10-		de of Texas. Complete Schedule T.	
								Shirts	, ۱۸,	officeholder living expense	
	Complete ONLY if direct		Candidate/Officeh	older name	0	office sou	ght			Office held	
	expenditure to benefit C/O	1									
	Date		Payee name								
	07/13/2023		Weslaco Athle	tic Booster Club							
	Amount (\$)		Payee address;	City;	State;	Zip Co	de				
	\$225.00		1005 W, Pike								
			Weslaco, TX 7	8596							
	PURPOSE OF	(a)		ategories listed at the t	op of this sche	edule)	(b)	Description			
	EXPENDITURE		Advertising Ex	pense						de of Texas. Complete Schedule T. officeholder living expense	
								_		achael Garcia	
	Complete ONLY if direct		Candidate/Office	older name	0	office sou	ght			Office held	_
	expenditure to benefit C/O	1									

#### SCHEDULE F1

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

Event Expense
Fees
Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (expense a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guide ex	Salaries/	Wages	s/Contract Labor		OTHER (enter a categ	ory not listed above)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	
	Sch: 16/17 Rpt: 22/27	Lopez, Let	icia						
4	Date	5 Payee name	е						
	07/06/2023	Weslaco A	thletic Booster Club						
6	Amount (\$) \$1,200.00	7 Payee addro 1005 W, F Weslaco, 7	Pike	State; Zip Co	ode				
8	PURPOSE	(a) Category	See Categories listed at the top o	f this schedule)	(b)	Description			
	OF EXPENDITURE	Advertising				Check if travel of	TX,	de of Texas. Complete sofficeholder living expe	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		ficeholder name	Office sou	ight			Office held	
	Date	Payee name	е						
	09/14/2023	Weslaco C	rime Stoppers						
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode				
	\$250.00	P. O. Box	737						
		Weslaco, 1	ΓX 78599						
	PURPOSE OF EXPENDITURE	(a) Category (s Advertising	See Categories listed at the top og Expense	f this schedule)	(b)		TX,	de of Texas. Complete S	
	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office sou	<b>l</b> ight			Office held	
	Date	Payee name	<del></del>						
	08/11/2023	Weslaco E	DC						
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode				
	\$35.00	275 S. Kar	isas Ave.						
		Weslaco, 1	TX 78596						
	PURPOSE OF		See Categories listed at the top o	f this schedule)	(b)	Description			20100110
	EXPENDITURE	Event Expe	ense				TX,	le of Texas. Complete S officeholder living exper	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office sou	ight			Office held	
					_				

#### SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services 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)			
	100 CC CO TO THE SECOND CONTRACTOR CONTRACTO	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:		B Filer ID			
	Sch: 17/17 Rpt: 23/27	Lopez, Leticia				
4	Date	5 Payee name				
	07/26/2023	Weslaco High School Athletics				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$500.00					
		Weslaco, TX 78596				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
l	OF EXPENDITURE	Advertising Expense	utside of Texas. Complete Schedule T.			
			rx, officeholder living expense Panther Brotherhood Camp			
		Sponsorship -	Fanther Brotherhood Camp			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
l <sup>3</sup>	expenditure to benefit C/Ol		Office field			
F	Date	Payee name				
	07/06/2023	Weslaco Little League				
_	Amount (\$)	Payee address; City; State; Zip Code				
\$400.00						
		Weslaco, TX 78596				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Advertising Expense	utside of Texas. Complete Schedule T.			
		Sponsorship	TX, officeholder living expense			
1		Sponsorship				
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI		Cilide Held			
F	Date	Payee name				
	08/24/2023	Weslaco Panther Corp Band Boosters				
r	Amount (\$)	Payee address; City; State; Zip Code				
	\$100.00	1005 W. Pike Blvd				
		Weslaco, TX 78596				
r	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Contributions/Donations Made By	utside of Texas. Complete Schedule T.			
	EXPENDITORE	Carladate/Onlociforaci/i onlociforaci/i onlociforaci/i	TX, officeholder living expense			
		Donation				
L	Complete ONE VICE	Condidate/Office helder none	Office hold			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held			
L	The state of the s					

## POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

	Advertising Expense Accounting/Banking	Fees Office Ov	eyment/Reimbursement erhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense					
	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		xpense Nages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID					
	Sch: 1/4 Rpt: 24/27	Lopez, Leticia							
4	Date 07/30/2023	5 Payee name Academy							
6	Amount (\$) \$48.46	7 Payee address; City; State; Zip Co 1800 North Mason	ode						
	Reimbursement from political contributions intended	Katy, TX 77449							
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
	EXPENDITURE	Advertising Expense Shirts							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held					
	Date	Payee name							
	07/31/2023	Academy							
	Amount (\$) Payee address; City; State; Zip Code								
		\$1,028.44 1800 North Mason							
	Reimbursement from political contributions intended	Katy, TX 77449		_					
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description L	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
	EXPENDITURE	Advertising Expense	Shirts						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held					
	Date	Payee name							
	07/31/2023	Academy							
	Amount (\$) \$177.67	Payee address; City; State; Zip Co 1800 North Mason	ode						
	Reimbursement from political contributions intended	Katy, TX 77449							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description Shirts	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held					

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Food/Beverage Expense Transportation Equipment & Related Expense Travel in District Office Overhead/Rental Expense Consulting Expense Polling Expense Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Printing Expense Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID Sch: 2/4 Rpt: 25/27 Lopez, Leticia Date Payee name 07/31/2023 Academy Payee address; Amount (\$) City; State; Zip Code \$16.15 1800 North Mason Reimbursement from political contributions intended X Katy, TX 77449 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Shirts Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 08/01/2023 Academy Payee address; Amount (\$) City; State; Zip Code \$32.30 1800 North Mason Reimbursement from political contributions intended X Katy, TX 77449 **PURPOSE** Description Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Shirts Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/02/2023 Bags in Bulk Amount (\$) Payee address; City; State; Zip Code \$1,044.39 Reimbursement from Х political contributions intended New York, NY 10001 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Gift/Awards/Memorials Expense **EXPENDITURE** School Backpacks Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Travel Out of District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense OTHER (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. Filer ID Total pages Schedule G: FILER NAME Sch: 3/4 Rpt: 26/27 Lopez, Leticia 4 Date Payee name 09/08/2023 Ciro's Mexican Restaurant 6 Amount (\$) Payee address; City; State; Zip Code 1506 W. Pike Blvd. \$783.44 Reimbursement from political contributions intended Х Weslaco, TX 78596 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** WHS Panther Football Tailgate Complete ONLY if direct Office held Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 08/06/2023 **Debo Productions** Payee address; City; State; Zip Code Amount (\$) \$800.00 Reimbursement from political contributions intended Х TX **PURPOSE** Description Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Decals Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/17/2023 Ted's Borderland Amount (\$) Payee address; City; State; Zip Code \$79.00 300 S. Missouri Reimbursement from political contributions X Weslaco, TX 78596 intended Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Lights & Extension cords Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Advertising Expense Event Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Food/Beverage Expense Polling Expense Travel in District Travel Out of District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. Filer ID 2 FILER NAME Total pages Schedule G: Sch: 4/4 Rpt: 27/27 Lopez, Leticia Date Payee name 09/09/2023 Trevino, Martin Payee address; State; Zip Code Amount (\$) City; \$120.00 Reimbursement from political contributions intended Х TX Check if travel outside of Texas. Complete Schedule T. 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Ice Cream Bars Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 09/22/2023 Vera's King-O-Meats Payee address; State; Zip Code Amount (\$) 2941 N. Texas Blvd. \$135.22 Reimbursement from political contributions |X| Weslaco, TX 78596 intended Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Description Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Weslaco Football Tailgate Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name Walmart 08/17/2023 State; Zip Code Amount (\$) Payee address; City; 1310 N. Texas Blvd \$409.29 Reimbursement from X political contributions intended Weslaco, TX 78596 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Alfresco TV Give away Office sought Office held Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH