#### 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. 18 CANDIDATE / MS/MRS/MR FIRST MI OFFICE USE ONLY **OFFICEHOLDER** Leticia NAME Date Received **NICKNAME** LAST **SUFFIX** Lopez Letty Date Hand-delivered or Date Postmarked ZIP CODE ADDRESS / PO BOX; APT / SUITE #; CITY; CANDIDATE / **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** Change of Address Weslaco, TX 78596 Date Processed Date Imaged MS/MRS/MR FIRST MI CAMPAIGN **TREASURER** NAME Mrs. Juanita L. **NICKNAME** LAST SUFFIX Cardoza ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; **CAMPAIGN TREASURER ADDRESS** Weslaco, TX 78599 1101 Lantana Lane (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** 975-7204 (956)PHONE REPORT 15th day after campaign treasurer TYPE January 15 30th day before election Runoff appointment (officeholder only) Final Report (Attach C/OH-FR) Exceeded modified 8th day before election July 15 reporting limit Month Day Year **PERIOD** Year Month Day **COVERED** 09/29/2023 **THROUGH** 10/28/2023 **ELECTION TYPE** 10 ELECTION **ELECTION DATE** Other Month Day Year Primary Runoff 11/07/2023 X General Special 12 OFFICE SOUGHT (if known) 11 OFFICE OFFICE HELD (if any) Weslaco City Commissioner District 2 Hidalgo Weslaco City Commissioner District 2 **GO TO PAGE 2**

## **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

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

				2 of 18					
13 C / OH NAME	Lopez, Leticia		14 Filer ID						
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures made by political committees to support the These expenditures may have been made without the candidate's or officeholder's knowledge or d officeholders are required to report this information only if they receive notice of such expenditures.							
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
	GENERAL								
		COMMITTEE ADDRESS							
8	SPECIFIC								
COMMITTEE CAMPAIGN TREASURER NAME									
		COMMITTEE CAMPAIGN TREASURER AD	DDRESS						
				-					
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER ES OF LOANS, OR CONTRIBUTIONS MADE	\$ 0.00						
	The state of the s	AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF L	OANS)	\$ 10,000.00					
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00					
	4. TOTAL POLITIC	AL EXPENDITURES	\$ 14,830.						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF TRIOD	THE LAST DAY OF THE	\$ 2,825.97					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOAN TING PERIOD	NS AS OF THE LAST DAY	\$ 23,200.00					
17 AFFIDAVIT									
AL WITH	OF TEST OP-04-226	true and correct and inclu under Title 15, Election C	penalty of perjury, that the accordes all information required to code.	ompanying report is be reported by me					
711/	09-04-202	Signa	ture of Candidate or Officehold	ler					
AFFIX NO	TARY STAMP / SEAL AB	DVE							
	cribed before me, by the s		, this the 30th	day					
of October		ertify which, witness my hand and seal of office	ce.						
Amandala	1 John 1 2								
Signature of office	Col administration	Almadelia Gonzalez Printed name of officer administering	Notary Public	administering oath					
Signature of office	cer administering	i milited maine of officer administering	Title of officer	administering out					

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

			JVER SHEET	3 of 18				
18 FILER NAME	- I	19 Filer ID						
Lopez, Letic			SUBTOTAL AM	IOUNT				
NAME OF SO								
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS							
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3. 🗌 :	SCHEDULE B: PLEDGED CONTRIBUTIONS	i e	\$					
4.	SCHEDULE E: LOANS		\$					
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	14,155.37				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
7. 🔲 :	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
8. 🗌 :	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	7	\$					
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	675.00				
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 I TO FILER	RETURNED	\$					

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/18	
2	FILER NAME Lopez, Letici	a		3	Filer ID	
	Date 10/21/2023	<ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>			Amount of Contribution (\$)	\$1,000.00
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 10/23/2023	Full name of contributor out-of-state PAC (ID#: Garza, Robert R.  Contributor address; City; State; Zip Code P. O. Box 577  Mercedes, TX 78570			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
35	Date 10/25/2023	Full name of contributor out-of-state PAC (ID#: Garza, Roger  Contributor address; City; State; Zip Code 424 Yucca Ave.  McAllen, TX 78501	)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/21/2023	Full name of contributor out-of-state PAC (ID#: Gutierrez, Hiram A.  Contributor address; City; State; Zip Code 701 N. Bentsen Rd.  McAllen, TX 78501			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/03/2023	Full name of contributor  out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

MONET	ARY POLITICAL CONTRIBUTION	SCHEDUL	E A1	
The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/18	
2 FILER NAME Lopez, Letic			3 Filer ID	
4 Date 10/12/2023	5 Full name of contributor out-of-state PAC (ID#:_Lopez, Erasmo 6 Contributor address; City; State; Zip Code 3420 N. Border Ave.  Weslaco, TX 78596	7 Amount of Contribution (\$)	\$5,000.00	
6 Fillicipal occu	pation 7 300 title (See instructions)	9 Employer (See Instructions)		
Date 10/10/2023	Full name of contributor out-of-state PAC (ID#:_McDaniel, Paul  Contributor address; City; State; Zip Code 918 Natalie St.  Weslaco, TX 78596		Amount of Contribution (\$)	\$500.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)	
		*		

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Fees Food/Beverage Expense

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/Politica Credit Card Payment	Gilt/Awards/Memorials Expense Printing Expense 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:	
Ĺ	Sch: 1/12 Rpt: 6/18	Lopez, Leticia
4	Date	5 Payee name
	10/27/2023	Cadena, Delma
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code  Weslaco, TX 78596
Ļ	DUDDOOF	Ta.
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  Contract Labor
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/16/2023	Cadena, Delma
	Amount (\$) \$200.00	Payee address; City; State; Zip Code  Weslaco, TX 78596
L	DUDDOSE	1
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Contract Labor
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/06/2023	Camarena, Melanie
	Amount (\$) \$50.00	Payee address; City; State; Zip Code
		Weslaco, TX 78596
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Soccer Sponsorship
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic		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: 2/12 Rpt: 7/18	Lopez, Leticia		
4 Date	5 Payee name		
10/27/2023	Casares, Diana		
6 Amount (\$) \$300.00	7 Payee address; City; State;	Zip Code	
	Weslaco, TX 78596		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Salaries/Wages/Contract Labor	Check if travel o	outside of Texas. Complete Schedule T. TX, officeholder living expense DT
Complete ONLY if direct expenditure to benefit C/O		fice sought	Office held
Date	Payee name		
10/09/2023	Casares, Diana		
Amount (\$) \$300.00	Payee address; City; State; . Weslaco, TX 78596	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Salaries/Wages/Contract Labor	Check if travel o	outside of Texas. Complete Schedule T. TX, officeholder living expense DT
Complete ONLY if direct expenditure to benefit C/O		fice sought	Office held
Date	Payee name		
10/24/2023	Casares, Pablo		
Amount (\$) \$300.00	Payee address; City; State;	Zip Code	
	Weslaco, TX 78596		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Salaries/Wages/Contract Labor	Check if travel of	outside of Texas. Complete Schedule T. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		fice sought	Office held

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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: 3/12 Rpt: 8/18	Lopez, Leticia	
4	Date	5 Payee name	
	10/27/2023	Castaneda, Rosie	
6	Amount (\$) \$250.00	Payee address; City; State; Zip Code  Weslaco, TX 78596	
8	PURPOSE OF EXPENDITURE	Salaries/ Wayes/Contract Labor	ide of Texas. Complete Schedule T. , officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/09/2023	Castaneda, Rosie	
	Amount (\$) \$250.00	Payee address; City; State; Zip Code	
L		Weslaco, TX 78596	
	PURPOSE OF EXPENDITURE	Salaries/ Wages/Contract Labor	ide of Texas. Complete Schedule T. , officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
Γ	Date	Payee name	
L	10/24/2023	Castillo, Thelma	
	Amount (\$) \$250.00	Payee address; City; State; Zip Code	
		Weslaco, TX 78596	
	PURPOSE OF EXPENDITURE	Salaties/ Wayes/Contract Labor	ide of Texas. Complete Schedule T. , officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	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	y - al Cor	MEZ	Office Ove Polling Exp Printing Ex Salaries/W	rhea penso penso /ages	se //Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
L		-	The Instruction Guide explains h	iow to coi	mpie	ete this form.	-	
1	Total pages Schedule F1:	2					3	Filer ID
L	Sch: 4/12 Rpt: 9/18		Lopez, Leticia					
4	Date	5	Payee name					
	10/09/2023		Castillo, Thelma					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de			
	\$250.00		Weslaco, TX 78596					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description		
	OF EXPENDITURE		Salaries/Wages/Contract Labor	ı				ide of Texas. Complete Schedule T.
						Contract Lab		, officeholder living expense
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L		L			•			
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name O	office soug	ght 			Office held
Г	Date		Payee name					
	10/11/2023		Embroidery Express					
H	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$1,079.25		2112 W. Business 83, Ste A		•			
	,							
			Weslaco, TX 78596					
L	DURDOGE				<i>(</i> 1-)			
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(D)	Description	outei	ide of Texas. Complete Schedule T.
	EXPENDITURE		Advertising Expense					, officeholder living expense
				- 1		Caps	5	
						Section Section 1		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name O	office soug	ght			Office held
	Date		Payee name					
	10/14/2023		Flores, JayDee					
r	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$200.00							
			Weslaco, TX 78596					
L					<i></i>		_	
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description	outci	ide of Texas. Complete Schedule T.
	EXPENDITURE		Salaries/Wages/Contract Labor	- 1				, officeholder living expense
				- 1		Contract Lab		•
-	Complete ONLY if direct		Candidate/Officeholder name O	office sough	aht			Office held
	expenditure to benefit C/O		- Indiana indi		J. 16			
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### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID 1 Total pages Schedule F1: 2 FILER NAME Sch: 5/12 Rpt: 10/18 Lopez, Leticia 4 Date 5 Payee name 10/25/2023 Gomez, Bernardo 6 Amount (\$) Payee address; State; Zip Code \$650.00 McAllen, TX 78501 8 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Mailers Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 10/12/2023 Gomez, Bernardo Payee address; City; State; Zip Code Amount (\$) \$650.00 McAllen, TX 78501 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **Printing Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Mailers Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name 10/10/2023 Gomez, Bernardo State; Zip Code Payee address; City; Amount (\$) \$1,650.00 McAllen, TX 78501 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **Printing Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Door Hangers & Yard Signs Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

## SCHEDULE F1

Advertising Expense

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

Event Expense

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			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Printing Expense Salaries/Wages/Contract Labor				Travel in District Travel Out of District OTHER (enter a category not listed above	)				
	Credit Card P ayment			The Instruction Guide explains how to complete this form					ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME	3						3	Filer ID		
	Sch: 6/12 Rpt: 11/18		Lopez, Leti	cia									
4	Date	5	Payee name						-				
	10/27/2023		Gonzales,										
-	Amount (\$)	<u> </u>	Payee addre		City;	State:	Zip Co	de		_			
ľ	\$250.00	1	r ayee addie	,	City,	Juic,	Zip 00	uc					
	\$250.00												
			Weslaco, T	X 785	96 								
8	PURPOSE	(a)	Category (S	ee Categ	ories listed at the top o	of this sche	dule)	(b)	Description				
l	OF EXPENDITURE		Salaries/Wa	ages/C	Contract Labor						ide of Texas. Complete Schedule T.		
									Check if Austin, TX, officeholder living expense				
									Contract Lab	OI			
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Off	icehold	er name	O	ffice sou	ght			Office held		
H	Date		Payee name										
	10/27/2023		Gonzales,										
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	Amount (\$)		Payee addre	SS;	City;	State;	Zip Co	ae					
	\$250.00												
			Weslaco, T	X 785	96								
Г	PURPOSE	(a)	Category (s	ee Categ	ories listed at the top o	of this sche	edule)	(b)	Description				
	OF EXPENDITURE				Contract Labor						ide of Texas. Complete Schedule T.		
	LAFENDITORE										, officeholder living expense		
									Contract Lab	or			
L		<u> </u>											
	Complete ONLY if direct expenditure to benefit C/OH		andidate/Off	icehold	er name	0	ffice sou	ght			Office held		
	experiulture to beliefit C/Or	1					9						
Γ	Date		Payee name										
	10/23/2023		Gonzalez,										
$\vdash$	Amount (\$)		Payee addre	ess:	City;	State:	Zip Co	de		_			
	\$250.00				22.5.	A MISSE							
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L			Weslaco, T	X 785	96			Nove D					
	PURPOSE OF				ories listed at the top o	of this sche	edule)	(b)	Description				
	EXPENDITURE		Salaries/Wa	ages/C	Contract Labor						ide of Texas. Complete Schedule T. , officeholder living expense		
									Contract Lab		, officeriolists fiving experios		
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	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	icenoia	ei name	U	ffice sou	yııı			Office field		
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### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Fees
Food/Beverage Expense

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/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 7/12 Rpt: 12/18	Lopez, Leticia
4	Date	5 Payee name
L	10/27/2023	Gonzalez, Lisa
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code  Weslaco, TX 78596
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Contract Labor
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	10/24/2023	Govea, Camelia
	Amount (\$) \$250.00	Payee address; City; State; Zip Code  Weslaco, TX 78596
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Contract Labor
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/27/2023	Hernandez, Tina
	Amount (\$) \$250.00	Payee address; City; State; Zip Code
L		Weslaco, TX 78596
	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  Contract Labor
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

## SCHEDULE F1

Advertising Expense Accounting/Banking

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services The Instruction Guide e	Salaries	Expens (Wage:	se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID
	Sch: 8/12 Rpt: 13/18	Lopez, Le	icia					
4	Date	5 Payee nam	e					
	10/24/2023	LHM Emp	oyment Group					
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip C	Code			
	\$626.00	P. O. Box	720761					
		McAllen, T	X 78504					
8	PURPOSE OF		See Categories listed at the top		(b)	Description		de et Teure. Complete Schodule T
	EXPENDITURE	Salaries/W	/ages/Contract Labor					de of Texas. Complete Schedule T. officeholder living expense
						Canvassing		
9	Complete ONLY if direct expenditure to benefit C/Ol		ficeholder name	Office so	ought			Office held
Г	Date	Payee nam	e					
	10/17/2023	LHM Empl	oyment Group					
	Amount (\$)	Payee addr		State; Zip C	Code			
	\$500.00	P. O. Box	720761					
L		McAllen, T						
	PURPOSE OF	A 990 000 0	See Categories listed at the top		(b)	Description  Check if travel	nutsi	de of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/W	/ages/Contract Labor					officeholder living expense
ı						Block Walker	S	
L					_			
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	ought			Office held
L								
	Date	Payee name						
L	10/10/2023		oyment Group					
	Amount (\$)	Payee addr		State; Zip C	Code			
	\$392.00	P. O. Box	720761					
		McAllen, T	V 70504					
┡	DUDDOCE				(h)	Description		
	PURPOSE OF		See Categories listed at the top ages/Contract Labor		(0)	Description Check if travel	outsi	de of Texas. Complete Schedule T.
	EXPENDITURE	- Calaricor V	agos/oomilast East)			—		officeholder living expense
1						Block Walker	S	
<u> </u>	Complete ONE V Walter	Complication (C)	£aabaldau na	O#ss -	Lught.	*		Office held
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	ugnt			Office field
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8								

#### 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 Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Travel Out of District **Printing Expense** 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. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 9/12 Rpt: 14/18 Lopez, Leticia 4 Date Payee name 10/27/2023 Perez, Betty 6 Amount (\$) Payee address; City; State; Zip Code \$275.00 Weslaco, TX 78596 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Contract Labor Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Payee name 10/23/2023 Perez, Betty Payee address; State; Zip Code Amount (\$) City; \$275.00 Weslaco, TX 78596 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Contract Labor Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name 10/24/2023 Perez, MaryAnn Amount (\$) Payee address; City; State; Zip Code \$50.00 Weslaco, TX 78596 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee **Fundraiser Donation** Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

## SCHEDULE F1

Advertising Expense

Event Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	y - al Coi	mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services	ense F	Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Transportation Equipment & Related Ex Travel in District Travel Out of District OTHER (enter a category not listed abor	
Ŀ		-		The Instruction Guide	explains ho	w to com	plete this form.	_		
1	Total pages Schedule F1: Sch: 10/12 Rpt: 15/18	2	FILER NAME Lopez, Letic					3	Filer ID	
4	Date	5	Payee name					_		
	10/23/2023		Public resea							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Cod	е			
	\$1,000.00		135 Paseo	Del Prado, Ste 62						
			E, TX 7853	9						
8	PURPOSE	(a)	Category (Se	ee Categories listed at the top	o of this schedu	ıle) (I	Description			
	OF EXPENDITURE			ages/Contract Labor					side of Texas. Complete Schedule T.	
								n, T)	K, officeholder living expense	
							Canvassing			
9	Complete ONLY if direct		Candidate/Offi	iceholder name	Offi	ce sougl			Office held	
	expenditure to benefit C/O			ostiolasi namo		oc coug.				
	Date		Payee name							
	10/09/2023		Rodriguez,	Jose P.						
Г	Amount (\$)		Payee addre	ss; City;	State;	Zip Cod	9			
ı	\$200.00									
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			Weslaco, T	X 78596						
Г	PURPOSE	(a)	Category (Se	ee Categories listed at the top	of this schedu	ıle) (I	Description			
	OF EXPENDITURE			ns/Donations Made					side of Texas. Complete Schedule T.	
			Candidate/C	Officeholder/Politica	i Committe	ee	WHS Flute S		K, officeholder living expense	
							TTTO T TOLO	-pu		
	Complete ONLY if direct expenditure to benefit C/Ol		andidate/Offi	ceholder name	Offi	ce sough	nt		Office held	
_										
	Date		Payee name							
	10/17/2023		Romero, De							
	Amount (\$)		Payee addres	ss; City;	State; 2	Zip Code	9			
	\$100.00									
L			Edinburg, T	X 78539						
	PURPOSE OF			ee Categories listed at the top	of this schedu	<sub>ile)</sub> (I	Description			
	EXPENDITURE		Consulting I	Expense					side of Texas. Complete Schedule T. K, officeholder living expense	
							Fuel			
	Complete ONLY if direct		andidate/Offi	ceholder name	Offi	ce sough	nt		Office held	
	expenditure to benefit C/OI	H								

## 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			Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Exp Legal Services Salaries/Wa  The Instruction Guide explains how to com-			g Expens es/Wages	e /Contract Labor		Travel in District Travel Out of District OTHER (enter a cate	gory not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	
	Sch: 11/12 Rpt: 16/18		Lopez, Letic	cia							
4	Date	5	Payee name								
	10/05/2023		Texas Dem	ocratic Party							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip	Code				
	\$335.00										•
			TX								
8	PURPOSE	(a)	Category (s	ee Categories listed at	the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Polling Exp	ense						ide of Texas. Complete , officeholder living exp	
								VAN System		amountain many exp	क कर -
								•			
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	iceholder name	C	office s	sought			Office held	
Г	Date		Payee name								
	10/25/2023		Upper Valle	y Mail Services	LLC						
	Amount (\$)		Payee addre	ss; City;	State;	Zip	Code				
	\$911.56		1418 Beech	n Ave. #109							
			McAllen, TX	K 78501							
	PURPOSE OF	(a)		ee Categories listed at	the top of this sche	edule)	(b)	Description	0145	ido of Toyac Campleta	a Schadula T
	EXPENDITURE		Advertising	Expense						ide of Texas. Complete , officeholder living exp	
								2nd Mailing F	Pre	p & Postage	
					0						
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	iceholder name	C	office s	sought			Office held	
	Date		Payee name								
	10/17/2023		Upper Valle	ey Mail Services	LLC						
	Amount (\$)		Payee addre	-	State;	Zip	Code				
	\$911.56		1418 Beech	n Ave. #109							
L			McAllen, TX	X 78501							
	PURPOSE OF	(a)		ee Categories listed at	the top of this sch	edule)	(b)	Description	ar-t-	ide of Toyan Complete	s Schadula T
	EXPENDITURE		Advertising	Expense						ide of Texas. Complete , officeholder living exp	
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	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	iceholder name	C	Office :	sought			Office held	
$\vdash$		_									

## 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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Co	mmittee	Gift/Awards/Memor Legal Services The Instruction			Wages	Contract Labor		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID
L	Sch: 12/12 Rpt: 17/18		Lopez, Letic	cia 						
4	Date	5	Payee name							
	10/18/2023		Weslaco Hi	gh School						
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip C	ode			
ı	\$200.00		1005 W. Pil	ke Blvd.						
3,000			Weslaco, T	X 78596						
8	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this sch	nedule)	(b)	Description		
l	OF EXPENDITURE		Contribution	ns/Donations I	Made By					de of Texas. Complete Schedule T.
			Candidate/0	Officeholder/P	olitical Comm	nittee				officeholder living expense
								Volleyball Sp	OHS	501
Ļ		L				- 10		1		
9	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Offi	ceholder name	(	Office sou	ught			Office held
	Date		Payee name							
	10/11/2023		Weslaco Hi	gh School						
Γ	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	ode			
	\$300.00		1005 W. Pik	e Blvd.						
l			Weslaco, T	x 78596						
H	PURPOSE	(0)				100 W 19	(h)	December 1		
	OF	(a)		e Categories listed		edule)	(0)	Description  Check if travel	outsi	de of Texas. Complete Schedule T.
EXPENDITURE Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee										
	White Sponsor - WHS Basketball						WHS Basketball			
	Complete ONLY if direct		Candidate/Offi	ceholder name	(	Office sou	ught			Office held
ı	expenditure to benefit C/O	+								
一	pour au marie, pour la company de la company									
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#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Office Overhead/Rental Expense Polling Expense Consulting Expense Food/Beverage Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: FILER NAME Filer ID Sch: 1/1 Rpt: 18/18 Lopez, Leticia Date Payee name 10/06/2023 Martinez, Yvette Amount (\$) Payee address; City; State; Zip Code \$200.00 Reimbursement from political contributions TX intended **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE Text Blast** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/27/2023 Martinez, Yvette Amount (\$) Payee address; State; Zip Code City; \$475.00 Reimbursement from political contributions intended TX 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 Advertising Expense **EXPENDITURE** Text Blast

Forms provided by Texas Ethics Commission

Complete ONLY if direct Candidate/Officeholder name

expenditure to benefit

C/OH

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Office sought

Version V3.5.1.9b4369cc

Office held