

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00085732	<b>2</b> Total pages filed: 14
<b>3</b> COMMITTEE NAME Edinburg AFT COPE		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 07/13/2023	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1508 S Sugar STE A Edinburg, TX 78539		
	<b>5</b> CAMPAIGN TREASURER NAME  MS / MRS / MR FIRST MI Mr. Javier <hr/> NICKNAME LAST SUFFIX Olivarez		
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1508 S Sugar STE A Edinburg, TX 78539		
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1508 S Sugar. Ste. A Edinburg, TX 78539		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 318-3238		
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
<b>10</b> PERIOD COVERED	Month Day Year      Month Day Year 01/01/2023      THROUGH      06/30/2023		
<b>11</b> ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Edinburg AFT COPE	<b>13 Filer ID</b> (Ethics Commission Filers) 00085732
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b>	\$	0.00
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold		
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	101.76
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$	1.68
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$	1.68
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$	1,131.78
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$	0.00

**16 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. Javier Olivarez  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - GPAC

<b>17 COMMITTEE NAME</b> Edinburg AFT COPE		<b>18 Filer ID</b> (Ethics Commission Filers) 00085732
<b>19 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 101.76
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1.68
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.06

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/9 Rpt: 4/14
<b>2</b> FILER NAME Edinburg AFT COPE		<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 01/28/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ALCALA, MICHELLE (Ms.)	<b>7</b> Amount of Contribution (\$) \$4.93
<b>6</b> Contributor address; City; State; Zip Code  EDINBURG, TX 78541		
<b>8</b> Principal occupation / Job title (See Instructions) TEACHER		<b>9</b> Employer (See Instructions) EDINBURG CISD
Date 03/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ALCALA, MICHELLE (Ms.)	Amount of Contribution (\$) \$4.93
Contributor address; City; State; Zip Code  EDINBURG, TX 78541		
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 03/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ALCALA, MICHELLE (Ms.)	Amount of Contribution (\$) \$4.93
Contributor address; City; State; Zip Code  EDINBURG, TX 78541		
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ALCALA, MICHELLE (Ms.)	Amount of Contribution (\$) \$4.93
Contributor address; City; State; Zip Code  EDINBURG, TX 78541		
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ALCALA, MICHELLE (Ms.)	Amount of Contribution (\$) \$4.93
Contributor address; City; State; Zip Code  EDINBURG, TX 78541		
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/9 Rpt: 5/14
<b>2</b> FILER NAME Edinburg AFT COPE		<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 06/28/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ALCALA, MICHELLE (Ms.)	<b>7</b> Amount of Contribution (\$) \$4.93
	<b>6</b> Contributor address; City; State; Zip Code  EDINBURG, TX 78541	
<b>8</b> Principal occupation / Job title (See Instructions) TEACHER		<b>9</b> Employer (See Instructions) EDINBURG CISD
Date 01/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CANTU, IVAN (Mr.)	Amount of Contribution (\$) \$2.05
	Contributor address; City; State; Zip Code  EDINBURG, TX 78541	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 03/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CANTU, IVAN (Mr.)	Amount of Contribution (\$) \$2.05
	Contributor address; City; State; Zip Code  EDINBURG, TX 78541	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 03/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CANTU, IVAN (Mr.)	Amount of Contribution (\$) \$2.05
	Contributor address; City; State; Zip Code  EDINBURG, TX 78541	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CANTU, IVAN (Mr.)	Amount of Contribution (\$) \$2.05
	Contributor address; City; State; Zip Code  EDINBURG, TX 78541	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/9 Rpt: 6/14
<b>2</b> FILER NAME Edinburg AFT COPE		<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 05/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CANTU, IVAN (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  EDINBURG, TX 78541	
<b>8</b> Principal occupation / Job title (See Instructions) TEACHER		<b>9</b> Employer (See Instructions) EDINBURG CISD
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CANTU, IVAN (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  EDINBURG, TX 78541	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 01/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) FAUBION, ERIKA (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  EDINBURG, TX 78541-1300	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 03/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) FAUBION, ERIKA (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  EDINBURG, TX 78541-1300	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 03/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) FAUBION, ERIKA (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  EDINBURG, TX 78541-1300	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/9 Rpt: 7/14
<b>2</b> FILER NAME Edinburg AFT COPE		<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 04/28/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) FAUBION, ERIKA (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  EDINBURG, TX 78541-1300	<b>7</b> Amount of Contribution (\$)  \$3.04
<b>8</b> Principal occupation / Job title (See Instructions) TEACHER		<b>9</b> Employer (See Instructions) EDINBURG CISD
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) FAUBION, ERIKA (Ms.) <hr/> Contributor address; City; State; Zip Code  EDINBURG, TX 78541-1300	Amount of Contribution (\$)  \$3.04
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) FAUBION, ERIKA (Ms.) <hr/> Contributor address; City; State; Zip Code  EDINBURG, TX 78541-1300	Amount of Contribution (\$)  \$3.04
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 01/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GARZA, DELORES (Ms.) <hr/> Contributor address; City; State; Zip Code  WESLACO, TX 78599-4640	Amount of Contribution (\$)  \$2.96
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 03/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GARZA, DELORES (Ms.) <hr/> Contributor address; City; State; Zip Code  WESLACO, TX 78599-4640	Amount of Contribution (\$)  \$2.96
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/9 Rpt: 8/14
<b>2</b> FILER NAME Edinburg AFT COPE		<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 03/29/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GARZA, DELORES (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  WESLACO, TX 78599-4640	<b>7</b> Amount of Contribution (\$)  \$2.96
<b>8</b> Principal occupation / Job title (See Instructions) TEACHER		<b>9</b> Employer (See Instructions) EDINBURG CISD
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GARZA, DELORES (Ms.) <hr/> Contributor address; City; State; Zip Code  WESLACO, TX 78599-4640	Amount of Contribution (\$)  \$2.96
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GARZA, DELORES (Ms.) <hr/> Contributor address; City; State; Zip Code  WESLACO, TX 78599-4640	Amount of Contribution (\$)  \$2.96
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GARZA, DELORES (Ms.) <hr/> Contributor address; City; State; Zip Code  WESLACO, TX 78599-4640	Amount of Contribution (\$)  \$2.96
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 01/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GONZALEZ, MARSHA (Ms.) <hr/> Contributor address; City; State; Zip Code  EDINBURG, TX 78539	Amount of Contribution (\$)  \$0.99
Principal occupation / Job title (See Instructions) RETIRED TEACHER		Employer (See Instructions) EDINBURG CISD



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/9 Rpt: 9/14
<b>2</b> FILER NAME Edinburg AFT COPE		<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 03/01/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GONZALEZ, MARSHA (Ms.)	<b>7</b> Amount of Contribution (\$) \$0.99
	<b>6</b> Contributor address; City; State; Zip Code  EDINBURG, TX 78539	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED TEACHER		<b>9</b> Employer (See Instructions) EDINBURG CISD
Date 03/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GONZALEZ, MARSHA (Ms.)	Amount of Contribution (\$) \$0.99
	Contributor address; City; State; Zip Code  EDINBURG, TX 78539	
Principal occupation / Job title (See Instructions) RETIRED TEACHER		Employer (See Instructions) EDINBURG CISD
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GONZALEZ, MARSHA (Ms.)	Amount of Contribution (\$) \$0.99
	Contributor address; City; State; Zip Code  EDINBURG, TX 78539	
Principal occupation / Job title (See Instructions) RETIRED TEACHER		Employer (See Instructions) EDINBURG CISD
Date 05/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GONZALEZ, MARSHA (Ms.)	Amount of Contribution (\$) \$0.99
	Contributor address; City; State; Zip Code  EDINBURG, TX 78539	
Principal occupation / Job title (See Instructions) RETIRED TEACHER		Employer (See Instructions) EDINBURG CISD
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GONZALEZ, MARSHA (Ms.)	Amount of Contribution (\$) \$0.99
	Contributor address; City; State; Zip Code  EDINBURG, TX 78539	
Principal occupation / Job title (See Instructions) RETIRED TEACHER		Employer (See Instructions) EDINBURG CISD

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/9 Rpt: 10/14
<b>2</b> FILER NAME Edinburg AFT COPE		<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 02/02/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MARTINEZ, ISABEL (Mrs.)	<b>7</b> Amount of Contribution (\$) \$2.00
	<b>6</b> Contributor address; City; State; Zip Code  EDINBURG, TX 78541-1533	
<b>8</b> Principal occupation / Job title (See Instructions) TEACHER		<b>9</b> Employer (See Instructions) EDINBURG CISD
Date 03/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MARTINEZ, ISABEL (Mrs.)	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code  EDINBURG, TX 78541-1533	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 03/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MARTINEZ, ISABEL (Mrs.)	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code  EDINBURG, TX 78541-1533	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 05/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MARTINEZ, ISABEL (Mrs.)	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code  EDINBURG, TX 78541-1533	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 06/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MARTINEZ, ISABEL (Mrs.)	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code  EDINBURG, TX 78541-1533	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/9 Rpt: 11/14
<b>2</b> FILER NAME Edinburg AFT COPE		<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 06/30/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MARTINEZ, ISABEL (Mrs.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  EDINBURG, TX 78541-1533	<b>7</b> Amount of Contribution (\$) \$2.00
<b>8</b> Principal occupation / Job title (See Instructions) TEACHER		<b>9</b> Employer (See Instructions) EDINBURG CISD
Date 01/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) VIDAL, OLGA (Ms.) <hr/> Contributor address; City; State; Zip Code  EDINBURG, TX 78540-2192	Amount of Contribution (\$) \$0.99
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 03/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) VIDAL, OLGA (Ms.) <hr/> Contributor address; City; State; Zip Code  EDINBURG, TX 78540-2192	Amount of Contribution (\$) \$0.99
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 03/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) VIDAL, OLGA (Ms.) <hr/> Contributor address; City; State; Zip Code  EDINBURG, TX 78540-2192	Amount of Contribution (\$) \$0.99
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 04/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) VIDAL, OLGA (Ms.) <hr/> Contributor address; City; State; Zip Code  EDINBURG, TX 78540-2192	Amount of Contribution (\$) \$0.99
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/9 Rpt: 12/14
<b>2</b> FILER NAME Edinburg AFT COPE		<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 05/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) VIDAL, OLGA (Ms.)	<b>7</b> Amount of Contribution (\$) \$0.99
	<b>6</b> Contributor address; City; State; Zip Code  EDINBURG, TX 78540-2192	
<b>8</b> Principal occupation / Job title (See Instructions) TEACHER		<b>9</b> Employer (See Instructions) EDINBURG CISD
Date 06/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) VIDAL, OLGA (Ms.)	Amount of Contribution (\$) \$0.99
	Contributor address; City; State; Zip Code  EDINBURG, TX 78540-2192	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

**SCHEDULE K**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/2 Rpt: 13/14
<b>2</b> FILER NAME Edinburg AFT COPE		<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 01/31/2023	<b>5</b> Name of person from whom amount is received Bank Of America <hr/> <b>6</b> Address of person from whom amount is received; City; State; Zip Code  Edinburg, TX 78539	<b>8</b> Amount (\$)  \$0.01
<b>7</b> Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date 02/28/2023	Name of person from whom amount is received Bank Of America <hr/> Address of person from whom amount is received; City; State; Zip Code  Edinburg, TX 78539	Amount (\$)  \$0.01
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date 03/31/2023	Name of person from whom amount is received Bank Of America <hr/> Address of person from whom amount is received; City; State; Zip Code  Edinburg, TX 78539	Amount (\$)  \$0.01
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date 04/28/2023	Name of person from whom amount is received Bank Of America <hr/> Address of person from whom amount is received; City; State; Zip Code  Edinburg, TX 78539	Amount (\$)  \$0.01
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date 05/31/2023	Name of person from whom amount is received Bank Of America <hr/> Address of person from whom amount is received; City; State; Zip Code  Edinburg, TX 78539	Amount (\$)  \$0.01
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 2/2 Rpt: 14/14
<b>2</b> FILER NAME Edinburg AFT COPE		<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 06/30/2023	<b>5</b> Name of person from whom amount is received Bank Of America	<b>8</b> Amount (\$) \$0.01
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  Edinburg, TX 78539	
	<b>7</b> Purpose for which amount is received	<input type="checkbox"/> Check if political contribution returned to filer