JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to complet	e this form.	1 Filer ID (Ethics Commis 00083772	ision Filers)	2 Total pages file	
3 CANDIDATE /	MS/MRS/MR F	IRST	20000112	MI	r	
OFFICEHOLDER		lereida				
NAME					Date Received	
					ELECTRONICA	LLY FILED
	NICKNAME L	AST		SUFFIX	. 01/16/2024	
		opez-Singlete	errv			
			-			
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / S	UITE #; CITY	7;	ZIP CODE	Date Hand-delivered or	Date Postmarked
MAILING	2001 W Nolana				-	
ADDRESS	Suite A				Receipt #	Amount
Change of Address	McAllen, TX 78504					
					Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER		RST			MI	
NAME	Ms. N	oelia				
	NICKNAME LA	AST			SUFFIX	
	Lo	opez				
		•				
6 CAMPAIGN	STREET ADDRESS (NO PO BO	Y PI EASE).	Δρτ	/ SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER	2001 W Nolana	DA FLEASE),		/ SOIL #, CITT,	317	TE, ZIF CODE
ADDRESS						
(Residence or Business)	Suite A					
	McAllen, TX 78504					
7 CAMPAIGN TREASURER		NUMBER E	XTENSION			
PHONE	(956) 540-8376					
8 REPORT			_	_	-	
TYPE	X January 15	30th day before	election	Runoff	15th day after can appointment (offic	
	July 15	8th day before e		Exceeded modified	Final Report (Atta	
		our duy belore e		reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED		ты	ROUGH	Month Day		
	07/01/2023	101	ROUGH	12/31/2023	3	
10 ELECTION	ELECTION DATE			ELECTION TYPE	_	
	Month Day Year	X Pri	imary	Runoff	Other	
	03/12/2024		eneral	Special		
					(if known)	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		Hidalaa
				District Judge Pla		. muaiyu
		GO T	O PAGE 2			
Forms provided by Te	exas Ethics Commission	www.eth	nics.state.tx.us	6	Vers	ion V3.5.1.0bfcfb67

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 65

I

13 C / OH NAME	Lopez-Singleterry, Ne	reida	14 Filer ID (00083772	Ethics Commission F	Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	FROM candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowl				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	S		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$	0.00
			2)	\$ 45,5	500.00
EXPENDITURE		PLEDGES, LOANS, OR GUARANTEES OF LOANS ZED POLITICAL EXPENDITURES	5)	•	0.00
TOTALS				\$	0.00
	4. TOTAL POLIT	CAL EXPENDITURES		\$ 215,4	196.87
CONTRIBUTION BALANCE	5. TOTAL POLITICA REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L/ RIOD	AST DAY OF THE	\$ 117,5	568.92
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 155,0	00.00
17 AFFIDAVIT				•	
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.	l information required to		
			a Lopez-Singleterry		_
		Signature of	Candidate or Officehol	der	
AFFIX NO	TARY STAMP / SEAL ABO	DVE			
Sworn to and subso	cribed before me, by the sa	aid	, this the	day	
of	, 20, to ce	rtify which, witness my hand and seal of office.			
Signature of offic	cer administering oath	Printed name of officer administering oath	Title of officer	r administering oath	_
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us		Version V3.5.1.0k	ofcfb67

FORM JC/OH COVER SHEET PG 3

3 of 65

18 FILER N/ Lopez-S	AME ingleterry, Nereida	19 Filer ID 00083772	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 38,000.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 7,500.00
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 203,873.20
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 11,623.67
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	ONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

SUBTOTALS - JC/OH

The Instruction Guide explains hov	1 Total pages Schedule A(J)1: Sch: 1/9 Rpt: 4/65			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
Lopez-Singleterry, Nereida		00083772		
4 Date 5 Full name of contributor	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)		
07/06/2023 Cacheaux Cavazos & Ne	wton Attorneys	\$500.00		
6 Contributor address; City; S	tate; Zip Code			
McAllen, TX 78501				
8 Contributor's Principal Occupation	9 Contributor's Job Title			
10 Contributor's employer/law firm	11 Law firm of contributor's s	pouse (if any)		
12 If contributor is a child, law firm of parent(s) (if a	any)			
Date Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)		
07/07/2023 Carreon, Noel (Mr.)		\$500.00		
Contributor address; City; S	tate: Zip Code			
Linn, TX 78563				
Contributor's Principal Occupation				
Self employed	Business owner			
Contributor's employer/law firm	Law firm of contributor's s	pouse (if any)		
business owner				
If contributor is a child, law firm of parent(s) (if a	any)			
Date Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)		
12/08/2023 Castro, Elva		\$1,500.00		
Contributor address; City; S	tate: Zip Code			
McAllen, TX 78504				
Contributor's Principal Occupation	Contributor's Job Title			
self employed business owner				
Contributor's employer/law firm Law firm of contributor's sp		pouse (if any)		
business owner				
If contributor is a child, law firm of parent(s) (if a	any)			

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 2/9 Rpt: 5/65	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Lopez-Singleterry, Nereida			00083772	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
11/07/2023	Cortez Cabinets		\$500.00	
	6 Contributor address; City; State; Zip Code			
	Pharr, TX 78577			
8 Contributor's F	Principal Occupation	9 Contributor's Job Title		
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)	
12 If contributor is	s a child, law firm of parent(s) (if any)			
Data				
Date 07/11/2023	Full name of contributor out-of-state PAC (ID#: Criselda Rincon Flores Attorney at Law)	Amount of Contribution (\$) \$1,000.00	
07/11/2023			\$1,000.00	
	Continuator address, City, State, Zip Code			
	McAllen, TX 78501			
Contributor's F	Principal Occupation	Contributor's Job Title		
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)	
If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
11/10/2023	Dale and Klein LLP		\$1,000.00	
	Contributor address; City; State; Zip Code			
	MaAllan TV 70501			
Contributor's	McAllen, TX 78501	Contributor's Job Title		
Contributors P	Principal Occupation			
Contributor's employer/law firm Law firm of contributor's sp		pouse (if any)		
If contributor is a child, law firm of parent(s) (if any)				

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 3/9 Rpt: 6/65
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Lopez-Single	eterry, Nereida		00083772
4 Date	5 Full name of contributor out-of-state PAC (ID#	t:)	7 Amount of Contribution (\$)
08/22/2023	Dube, Maricela		\$1,000.00
	6 Contributor address; City; State; Zip Code		
	McAllen, TX 78504		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	1
business ow	ner	business owner	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	pouse (if any)
business ow	ner		
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)
11/07/2023	Elite Homes RGV		\$1,000.00
	Contributor address; City; State; Zip Code		
	Edinburg, TX 78539		
Contributor's F	Principal Occupation	Contributor's Job Title	•
Contributor's e	employer/law firm	Law firm of contributor's sp	pouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor 🛛 out-of-state PAC (ID#	:)	Amount of Contribution (\$)
11/07/2023	Ellis, Koeneke & Ramirez LLP		\$1,000.00
	Contributor address; City; State; Zip Code		
	McAllen, TX 78501		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	pouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 4/9 Rpt: 7/65	
2 FILER NAME Lopez-Singleterry, Nereida			3 Filer ID (Ethics Commission Filers) 00083772	
10/25/2023 Flores, Sarah	5 Full name of contributor out-of-state PAC (ID#:) Flores, Sarah/Roel		7 Amount of Contribution (\$) \$500.00	
	ress; City; State; Zip Code			
Palmhurst, TX	3 78573			
8 Contributor's Principal Occupation		9 Contributor's Job Title		
business owner		business owner		
10 Contributor's employer/law firm		11 Law firm of contributor's sp	oouse (if any)	
business owner				
12 If contributor is a child, law firm of	parent(s) (if any)			
Date Full name of co)	Amount of Contribution (\$)	
11/07/2023 Garza Law Of			\$1,000.00	
Contributor add	ress; City; State; Zip Code			
	70544			
Edinburg, TX		Contributorio Job Title		
Contributor's Principal Occupation		Contributor's Job Title		
Contributor's employer/law firm		Law firm of contributor's sp	oouse (if any)	
If contributor is a child, law firm of	parent(s) (if any)			
Date Full name of co	ntributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
	Quintanilla LLP)	\$1,000.00	
	ress; City; State; Zip Code			
	1000, ONJ, Olalo, Zip Oddo			
McAllen, TX 7	8504			
Contributor's Principal Occupation		Contributor's Job Title		
Contributor's employer/law firm Law firm of contributor's sp		oouse (if any)		
If contributor is a child, law firm of parent(s) (if any)				
Forme provided by Toyoo Ethico			Version V2 E 1 Obfefb67	

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 5/9 Rpt: 8/65	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Lopez-Singleterry, Nereida			00083772	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
11/09/2023	Gonzalez & Associates Law Firm		\$2,500.0	
	6 Contributor address; City; State; Zip Code			
	McAllen, TX 78501			
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	L	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)	
12 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/07/2023	Hinojosa Law		\$1,000.0	
	Contributor address; City; State; Zip Code			
	Houston, TX 77006			
Contributor's F	Principal Occupation	Contributor's Job Title		
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)	
If contributor is	s a child, law firm of parent(s) (if any)			
			1	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/10/2023	IHC Freight Brokerage		\$1,000.0	
	Contributor address; City; State; Zip Code			
	San Juan, TX 78589			
Contributor's F	Principal Occupation	Contributor's Job Title		
Contributor's employer/law firm		Law firm of contributor's sp		
If contributor is	s a child, law firm of parent(s) (if any)			

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 6/9 Rpt: 9/65	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
Lopez-Single	eterry, Nereida		00083772	
4 Date	5 Full name of contributor out-of-state PAC (I	D#:)	7 Amount of Contribution (\$)	
11/03/2023	Jimenez, Jorge		\$1,000.00	
	6 Contributor address; City; State; Zip Code			
	Edinburg, TX 78541			
8 Contributor's I	Principal Occupation	9 Contributor's Job Title		
business ow	ner	business owner		
10 Contributor's e	employer/law firm	11 Law firm of contributor's s	pouse (if any)	
business ow	ner			
12 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of Contribution (\$)	
11/10/2023	Jones, Galligan, Key & Lozano LLP		\$1,000.00	
	Contributor address; City; State; Zip Code			
	Weslaco, TX 78596			
Contributor's I	Principal Occupation	Contributor's Job Title	•	
Contributor's e	employer/law firm	Law firm of contributor's s	pouse (if any)	
If contributor i	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of Contribution (\$)	
10/04/2023	Law Office of Stephen Gibson		\$5,000.00	
	Contributor address; City; State; Zip Code			
	Pharr, TX 78577			
Contributor's I	Principal Occupation	Contributor's Job Title		
Contributor's employer/law firm Law firm of contributor's sp		pouse (if any)		
If contributor i	s a child, law firm of parent(s) (if any)			
L				

The Instruc	tion Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 7/9 Rpt: 10/65
2 FILER NAME Lopez-Singleterry, Nereida		3 Filer ID (Ethics Commission Filers) 00083772	
07/22/2023			7 Amount of Contribution (\$) \$2,500.00
	McAllen, TX 78504		
8 Contributor's P	rincipal Occupation	9 Contributor's Job Title	
10 Contributor's e	nployer/law firm	11 Law firm of contributor's sp	oouse (if any)
12 If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
08/15/2023	Patino and Associates PLLC		\$2,500.00
	Contributor address; City; State; Zip Code McAllen, TX 78501		
Contributor's P	rincipal Occupation	Contributor's Job Title	
Contributor's e	Contributor's employer/law firm Law firm of contributor's sp		oouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/19/2023	Pena, Horacio (Mr.)		\$1,000.00
	Contributor address; City; State; Zip Code		
	Mission, TX 78572	1	
	rincipal Occupation	Contributor's Job Title	
attorney attorney			course (if any)
Contributor's employer/law firm Law firm of contributor's sp Pena Law FIrm			iouse (ii any)
	a child, law firm of parent(s) (if any)		
Forms provided I	y Texas Ethics Commission www.ethic	s.state.tx.us	Version V3.5.1.0bfcfb6

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 8/9 Rpt: 11/65	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Lopez-Singleterry, Nereida			00083772	
4 Date	5 Full name of contributor out-of-state PAC (ID	#:)	7 Amount of Contribution (\$)	
09/27/2023	Peralez Franz LLP		\$2,500.00	
	6 Contributor address; City; State; Zip Code			
	McAllen, TX 78504			
8 Contributor's F	Principal Occupation	9 Contributor's Job Title		
10 Contributor's e	pmployor/low firm	11 Law firm of contributor's s	pouse (if any)	
	anpioyennaw intri		bouse (ii any)	
12 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID	#:)	Amount of Contribution (\$)	
09/27/2023	Rogers, David	/	\$2,500.00	
	Contributor address; City; State; Zip Code			
	McAllen, TX 78501			
Contributor's F	Principal Occupation	Contributor's Job Title		
attorney		attorney		
	employer/law firm	Law firm of contributor's s	pouse (if any)	
David Roger				
If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID	#:)	Amount of Contribution (\$)	
10/03/2023	Taqueria La Herradura 4		\$2,500.00	
	Contributor address; City; State; Zip Code			
	San Juan , TX 78589			
Contributor's F	Principal Occupation	Contributor's Job Title		
Contributor's employer/law firm Law firm of contributor's sp		pouse (if any)		
If contributor is a child, law firm of parent(s) (if any)				
L	by Taylog Ethios Commission			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 **1** Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. Sch: 9/9 Rpt: 12/65 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Lopez-Singleterry, Nereida 00083772 4 Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 7 10/03/2023 \$2,500.00 Taqueria La Herradura 6 6 Contributor address; City; State; Zip Code Mission, TX 78573 8 Contributor's Principal Occupation 9 Contributor's Job Title 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/2 Rpt: 13/65					
2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
	leterry, Nereida	00083772					
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$				
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution contribution (\$) description				
09/08/2023			\$1,000.00 Meet and Greet				
	7 Contributor address; City; State; Zip Code						
	McAllen, TX 78501						
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Check if travel outside of Texas. Complete Schedule TJUDICIAL) (See instructions)				
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)				
Business O	wner	Business Owner					
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)				
Agency							
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date	Full name of contributor 🔲 out-of-state PAC (ID#:)	Amount of In-kind contribution				
10/19/2023	Contreras, Rutchi		contribution (\$) description \$1,500.00 Marketing				
	Contributor address; City; State; Zip Code						
	Mission, TX 78572						
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule TJUDICIAL) (See instructions)				
	principal occupation (FOR JUDICIAL)	Contributor's job title	le (FOR JUDICIAL) (See instructions)				
Business Ov			Business Owner				
	employer/law firm (FOR JUDICIAL)	Law firm of contributo	ntributor's spouse (if any) (FOR JUDICIAL)				
Home Healt	•						
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date	Full name of contributor		Amount of In-kind contribution				
10/13/2023)	contribution (\$) description				
10/10/2020	Contributor address; City; State; Zip Code		\$1,300.00 Food and Beverage				
	Contributor address, City, State, Zip Code						
	Mission, TX 78572		I Check if travel outside of Texas. Complete Schedule T.				
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON					
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
	ved						
Self Employ		Self Employed					
	employer/law firm (FOR JUDICIAL)		r's spouse (if any) (FOR JUDICIAL)				
	employer/law firm (FOR JUDICIAL)		r's spouse (if any) (FOR JUDICIAL)				
Contributor's Self Employ	employer/law firm (FOR JUDICIAL)		r's spouse (if any) (FOR JUDICIAL)				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 2/2 Rpt: 14/65					
2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
	leterry, Nereida	00083772					
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$				
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution				
11/14/2023			contribution (\$) description \$2,500.00 Campaign Apparel				
	7 Contributor address; City; State; Zip Code						
	Mission, TX 78574						
10 Dringing ogg	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (EOD NON	Check if travel outside of Texas. Complete Schedule TJUDICIAL) (See instructions)				
		11 Employer (FOR NON					
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)				
Business O	wner	Business Owner					
	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)				
Electrical ar	nd A/C						
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date	Full name of contributor 🔲 out-of-state PAC (ID#:)	Amount of In-kind contribution				
11/03/2023	Rego, Maria		contribution (\$) description \$1,200.00 Food Meet and Greet				
	Contributor address; City; State; Zip Code						
	McAllon TX 79501						
Principal occ	McAllen, TX 78501 upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. N-JUDICIAL) (See instructions)				
i incipal occi							
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
Business O	wner	Business Owner					
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
Restaurant							
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Commi Credit Card Payment						ead/Rental Expense nse ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 1/45 Rpt: 15/65		Lopez-Singleterry, Nereida					00083772	
4	Date	5	Payee name						
	10/17/2023		Hidalgo County Sheriff Union						
6	Amount (\$)	7	Payee address; City;	State; Zip	Cod	Э			
	\$1,000.00		PO BOX 1228						
			Edinburg, TX 78539						
8	PURPOSE	(a)	Category (See Categories listed at the top of	this schodule)	0) Description			
-	OF		Contributions/Donations Made By		Ì		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Candidate/Officeholder/Political C			Check if Austir	n, TX,	, officeholder living expense	
						Contribution			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Offices	sougł	nt		Office held	
	Date		Payee name						
	11/24/2023		Academy						
	Amount (\$)		Payee address; City;	State; Zip	Cod	9			
	\$19.49		652 E. Trenton	, p					
			Edinburg, TX 78539						
	PURPOSE OF	(a)	Category (See Categories listed at the top of	this schedule)	(b) Description			
	EXPENDITURE		Event Expense					ide of Texas. Complete Schedule T. , officeholder living expense	
						event expens		, uncertoider inving expense	
						ovont oxpon			
	Complete ONLY if direct		Candidate/Officeholder name	Office		nt		Office held	
	expenditure to benefit C/OI			0	Joug.				
-	Date		Payee name						
	11/24/2023		Academy						
-	Amount (\$)			State; Zip	Code				
	\$19.49		652 E. Trenton	οιαιο, Ζιρ	Cou	2			
	φ10.40								
			Edinburg, TX 78539						
	PURPOSE	(a)	Category (See Categories listed at the top of	this schedule)	(b) Description			
			Event Expense	· · · · · · · · · · · · ,			outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE							, officeholder living expense	
						event expension	se		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Offices	sougl	nt	_	Office held	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

			E	XPENDITURE C	ATEGOF	RIES FOF	8 BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee			Fees Food/ Gift/A	Expense Beverage Expense wards/Memorials Expe Services	nse	Office Ove Polling Exp Printing Exp			Transportation E Travel in District Travel Out of Dis		
	Credit Card Payment	_	The	Instruction Guide	explains l	how to co	nplete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 2/45 Rpt: 16/65		Lopez-Singleter	ry, Nereida					00083772		
4	Date	5	Payee name								
	11/27/2023		Academy								
6	Amount (\$)	7	Payee address;	City;	State;	Zip Co	de				_
	\$38.97		652 E. Trenton								
			Edinburg, TX 78	539							
8	PURPOSE	(a)	Category (See Cat	egories listed at the top	o of this sche	edule)	(b) Description				_
	OF EXPENDITURE		Event Expense			ŕ			de of Texas. Com		
									officeholder living) expense	
							event expens	se			
9	Complete ONLY if direct		Candidate/Officeho	Idor pama)ffico cour	sht .		Office he		
9	expenditure to benefit C/OF		andidate/Onicend	ider name		Office sou	yn.		Once ne		
	Date		Payee name								
	11/27/2023		Academy								
	Amount (\$)		Payee address;	City;	State;	Zip Co	de				
	\$58.46		652 E. Trenton								
			Edinburg, TX 78	539							
	PURPOSE	(a)	Category (See Cat	egories listed at the top	o of this sche	edule)	(b) Description				_
	OF EXPENDITURE		Event Expense			ŕ			de of Texas. Com		
									officeholder living	j expense	
							event expens	se			
	Complete ONI V if direct		Candidate/Officeho	ldor nomo		Office sou	sht		Office he		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		anuluate/Oniceno	idel name	C		JIIC		Onice ne	5lu	
	Data	_									_
	Date 11/27/2023		Payee name Academy								
				Citra	Ctata	7:0.00					
	Amount (\$) \$19.48		Payee address; 652 E. Trenton	City;	State;	Zip Co	de				
	φ19.40		052 E. Henton								
			Ediphurg TV 70	520							
	DUDDOOF		Edinburg, TX 78			i					
	PURPOSE OF	(a)	Category (See Cat	egories listed at the top	o of this sche	edule)	(b) Description	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Event Expense						officeholder living		
							event expens	se			
L											
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeho	lder name	C	Office sou	ght		Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense 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)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 3/45 Rpt: 17/65	Lopez-Singleterry, Nereida	00083772					
4	Date 11/27/2023	Payee name Academy						
6	Amount (\$) \$58.45	Payee address; City; State; Zip Code 652 E. Trenton Edinburg, TX 78539						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense event expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	09/08/2023	Aguilar Meat Market						
	Amount (\$) \$262.63	Payee address;City;State;ZipCode425 N Nebraska Ave						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense S E					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	07/07/2023	Brand Boosters						
	Amount (\$) \$6,803.51	Payee address; City; State; Zip Code 3607 S. L LN						
		McAllen, TX 78503						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense NSES					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex mittee Legal Services The Instruction Guid		Office Ove Polling Ex Printing E Salaries/V	xpense Wages/Contract Labor		Travel in District Travel Out of District	oment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (E	Ethics Commission Filers)
	Sch: 4/45 Rpt: 18/65		Lopez-Singleterry, Nereida					00083772	
4	Date 08/09/2023		Payee name Brand Boosters						
6	Amount (\$) \$17,590.63		Payee address; City; 3607 S. L LN McAllen, TX 78503	State;	Zip Co	ode			
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Printing expense 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ught		Office held	
	Date		Payee name						
	10/23/2023		Brand Boosters						
	Amount (\$) \$1,840.25		Payee address; City; 3607 S. L LN	State;	Zip Co	ode			
	PURPOSE OF EXPENDITURE	(a)	McAllen, TX 78503 Category (See Categories listed at the t Printing Expense	top of this sch	edule)		ı, ТХ,	ide of Texas. Complete , officeholder living exp Ə	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ught		Office held	
	Date		Payee name						
	12/26/2023		Brand Boosters						
	Amount (\$) \$18,475.65		Payee address; City; 3607 S. L LN	State;	Zip Co	ode			
			McAllen, TX 78503			i			
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the t Printing Expense	top of this sch	edule)		ı, ТХ,	ide of Texas. Complete , officeholder living exp 2	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ught		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Offit/Awards/Memorials Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	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:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 5/45 Rpt: 19/65	Lopez-Singleterry, Nereida	00083772						
4	Date 09/11/2023	Payee name COSTCO							
6	Amount (\$) \$288.50	 7 Payee address; City; State; Zip Code 1501 West Kelly Ave. Pharr, TX 78577 							
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event expense 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	07/07/2023	Cantu, Javier (Mr.)							
	Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 1307 W Duranta Ave Alamo, TX 78516							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense XPENSE						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date 08/08/2023	Payee name Cantu, Javier (Mr.)							
	Amount (\$) \$4,000.00	Payee address; City; State; Zip Code 1307 W Duranta Ave							
		Alamo, TX 78516							
	PURPOSE OF EXPENDITURE		uutside of Texas. Complete Schedule T. TX, officeholder living expense r signs						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T by - Gift/Awards/Memorials Expense Printing Expense T					Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel in District Travel Out of District OTHER (enter a category not listed above)	e
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Fi	lers)
	Sch: 6/45 Rpt: 20/65		Lopez-Singleterry, Nerei	da				00083772	
4	Date 08/21/2023		Payee name Cantu, Javier (Mr.)						
6	Amount (\$)	7	Payee address; City;	State [.]	; Zip Coo	le			
	\$2,460.00		1307 W Duranta Ave Alamo, TX 78516	,	,p				
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 signs							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	e C	Office souç	ht		Office held	
	Date		Payee name						
	09/05/2023		Cantu, Javier (Mr.)						
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le			
	\$1,120.00		1307 W Duranta Ave Alamo, TX 78516						
	PURPOSE OF EXPENDITURE		Category (See Categories listed Salaries/Wages/Contrac		iedule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense igns	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	e C	Office sou	ht		Office held	
	Date		Payee name						
	09/26/2023		Cantu, Javier (Mr.)						
	Amount (\$) \$3,000.00		Payee address; City; 1307 W Duranta Ave	State;	; Zip Coo	le			
			Alamo, TX 78516						
	PURPOSE OF EXPENDITURE		Category (See Categories listed Salaries/Wages/Contrac		edule)		ı, TX,	ide of Texas. Complete Schedule T. , officeholder living expense igns	
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name	c C	Dffice soug	ht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Co 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 (Ethics Commission Filers)		
	Sch: 7/45 Rpt: 21/65		Lopez-Singleterry, Nereida				00083772		
4	Date	5	Payee name						
	10/16/2023		Cantu, Javier (Mr.)						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$420.00		1307 W Duranta Ave						
			Alamo, TX 78516						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Salaries/Wages/Contract Labor				ide of Texas. Complete Schedule T. , officeholder living expense		
					Labor signs	I, I X,	, oncenoider living expense		
					Eubor signs				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ght		Office held		
	Date		Payee name						
	11/08/2023		Cantu, Javier (Mr.)						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$440.00		1307 W Duranta Ave	•					
			Alamo, TX 78516						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Salaries/Wages/Contract Labor				ide of Texas. Complete Schedule T.		
					contract labo		, officeholder living expense		
					contract labo	1			
_	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	abt		Office held		
	expenditure to benefit C/OI			Jince Sou	grit		Office field		
_	Data	<u> </u>							
	Date 11/20/2023		Payee name Cantu, Javier (Mr.)						
				7: 0	-1 -				
	Amount (\$)			Zip Co	de				
	\$300.00		1307 W Duranta Ave						
			Alamo, TX 78516						
-	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF		Salaries/Wages/Contract Labor	ouuloj		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Ū.				, officeholder living expense		
					contract labo	r si	gns		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held		
		•							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Legal Services	Fees Office Overhead/Rental Expense Transportation Equipment & Rela Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District						
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID (Ethics Comr	nission Filers)
	Sch: 8/45 Rpt: 22/65		Lopez-Singleterry, Nereida						00083772	
4	Date	5	Payee name							
	11/30/2023		Cantu, Javier (Mr.)							
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$645.00		1307 W Duranta Ave							
			Alamo, TX 78516							
8	PURPOSE OF	(a)	Category (See Categories listed at the top of	this sche	edule)	(b) [Description			
	EXPENDITURE		Salaries/Wages/Contract Labor			Ļ			de of Texas. Complete Schedule T officeholder living expense	
						L	contract labor			
						, c		51	gno	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	0)ffice souç	ght			Office held	
	Date		Payee name							
	07/19/2023		Cantu, Uriel (Mr.)							
	Amount (\$)		Payee address; City;	State;	Zip Co	de				
	\$1,000.00		1307 W Duranta							
			Alamo, TX 78516							
	PURPOSE OF	(a)	Category (See Categories listed at the top of	this sche	edule)	(b) [Description			
	EXPENDITURE		Advertising Expense			Ļ			de of Texas. Complete Schedule T officeholder living expense	
						L	Advertising ex			
						,	avertising e/	npe		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	0)ffice souç	ght			Office held	
	Date		Payee name							
	07/07/2023		Carrera Communications							
	Amount (\$)		Payee address; City;	State;	Zip Co	de				
	\$6,000.00		135 Paseo Del Prado							
			Edinburg, TX 78542							
	PURPOSE OF	(a)	Category (See Categories listed at the top of	this sche	edule)	(b) [Description			
	EXPENDITURE		Consulting Expense			Ļ			de of Texas. Complete Schedule T	
						L	Consulting	IX,	officeholder living expense	
						C	Jonsuluny			
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name	0	Office soug	tht			Office held	
	expenditure to benefit C/OF			0	ການປະ ວບປຢູ	JIIL				
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhea Food/Beverage Expense Polling Expens By - Gift/Awards/Memorials Expense Printing Expens			pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 9/45 Rpt: 23/65		Lopez-Singleterry, Nereida					00083772			
4	Date	5	Payee name								
	07/28/2023		Carrera Communications								
6	Amount (\$)	7	Payee address; City; State; Zip Code								
	\$1,000.00										
			Edinburg, TX 78542								
8	PURPOSE	(a)	Category (See Categories listed at the to	n of this scho	odulo)	(b) Description					
-	OF		Consulting Expense		euule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE					Check if Austin	, TX	, officeholder living expense			
						Consulting					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	0	office sou	Jht		Office held			
	Date		Payee name								
	08/21/2023		Carrera Communications								
_	Amount (\$)		Payee address; City;	State:	Zip Co	le					
	\$1.000.00 135 Paseo Del Prado										
	φ1,000.00										
			Edinburg, TX 78542								
	PURPOSE OF	(a)	Category (See Categories listed at the to	p of this sche	edule)	(b) Description					
	EXPENDITURE		Consulting Expense					ide of Texas. Complete Schedule T. , officeholder living expense			
						Consulting ex					
						Consulting C	vhc				
			Condidate (Office helder neme								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	0	office sou	int		Office held			
_		_									
	Date		Payee name								
	09/08/2023		Carrera Communications								
	Amount (\$)		Payee address; City;	State;	Zip Co	le					
	\$3,000.00		135 Paseo Del Prado								
			Edinburg, TX 78542								
	PURPOSE	(a)	Category (See Categories listed at the to	p of this sche	edule)	(b) Description					
	OF EXPENDITURE		Consulting Expense					ide of Texas. Complete Schedule T.			
								, officeholder living expense			
						Consulting ex	хре	ense			
	Complete ONLY if direct		Candidate/Officeholder name	0	office soug	Jht		Office held			
	expenditure to benefit C/OI	1									

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor e explains how to complete this form.				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 (Ethics Commission Filers)		
	Sch: 10/45 Rpt: 24/65		Lopez-Singleterry, Nereida					00083772		
4	Date 09/26/2023		Payee name Carrera Communications							
_										
0	Amount (\$) \$3,000.00		7 Payee address; City; State; Zip Code 135 Paseo Del Prado							
			Edinburg, TX 78542							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consulting								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	Jht		Office held		
	Date		Payee name							
	12/05/2023		Carrera Communications							
	Amount (\$) \$5,000.00		Payee address; City; 135 Paseo Del Prado	State;	Zip Co	de				
			Edinburg, TX 78542							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Consulting Expense	top of this sche	edule)		ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense NSE		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	jht		Office held		
	Date		Payee name							
	12/14/2023		Carrera Communications							
	Amount (\$) \$5,000.00		Payee address; City; 135 Paseo Del Prado	State;	Zip Co	de				
			Edinburg, TX 78542							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Consulting Expense	top of this sche	edule)		ı, ТХ,	de of Texas. Complete Schedule T. . officeholder living expense NSE		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C)ffice sou	jht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials mittee Legal Services The Instruction Gu	Expense	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 11/45 Rpt: 25/65		Lopez-Singleterry, Nereida					00083772		
4	Date 12/22/2023		Payee name							
			Carrera Communications							
6	Amount (\$) \$10,000.00		7 Payee address; City; State; Zip Code 135 Paseo Del Prado Edinburg, TX 78542							
8	PURPOSE	(2)	Cotogony			(b) Decoription				
0	OF	 (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense consulting expenses 								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office soug	ıht		Office held		
	Date		Payee name							
	12/19/2023		Carrera Communications							
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le				
	\$5,000.00		135 Paseo Del Prado Edinburg, TX 78542							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at th Consulting Expense	he top of this sch	iedule)			ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	С	Dffice soug	Jht		Office held		
⊢	Date		Payee name							
	09/14/2023		Catholic Charities							
	Amount (\$) \$3,000.00		Payee address; City; 111 S 15th St	State;	; Zip Coo	le				
			McAllen , TX 78504							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at th Contributions/Donations Ma Candidate/Officeholder/Poli	ade By				ide of Texas. Complete Schedule T. , officeholder living expense		
L	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office soug	Jht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fees Office Overhead/Rental Expense Tr Food/Beverage Expense Polling Expense Tr Gift/Awards/Memorials Expense Printing Expense Tr				Transportation E Travel in District Travel Out of Dis	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 NAM	Ξ				3	Filer ID	(Ethics Commission Filers)	
	Sch: 12/45 Rpt: 26/65		Lopez-Sing	leterry, Nereid	la				00083772		
4	Date	5	Payee name								
	12/29/2023		Chase Cre								
6	Amount (\$)	7	Payee address; City; State; Zip Code								
-	\$54.13		PO BOX 6294								
			Carol Strea	.m , IL 60197							
8	PURPOSE	(a)					(b) Description				
Ŭ	OF	[^(u)	Credit Carc	ee Categories listed	at the top of this sch	iedule)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Cicuit Curt	i i uyincin					officeholder living		
							Credit card p	ayr	nent listed o	n F4	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Off	iceholder name	C	Office sou	ght		Office he	eld	
	Date		Payee name								
	12/28/2023		Chase Cre	dit Card							
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de				
	\$5,910.15		PO BOX 62	294							
			Carol Strea	ım , IL 60197							
	PURPOSE OF EXPENDITURE	(a)	Category _{(S} Credit Carc	ee Categories listed I Payment	at the top of this sch	iedule)		ı, ТХ,	de of Texas. Com officeholder living nent listed or	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Off	iceholder name	(Office sou	ght		Office he	eld	
-	Date		Payee name	1							
	12/28/2023		Chase Cree								
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	le				
	\$1,407.25		PO BOX 62			, 1					
	.,			-							
				ım , IL 60197							
	PURPOSE OF EXPENDITURE	(a)	Category (S Credit Carc	ee Categories listed I Payment	at the top of this sch	iedule)			de of Texas. Com		
							Check if Austin credit card pa		officeholder living nent listed or		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	(Office sou	ght		Office he	eld	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	everage Expense Office Overhead/Rental Expense ards/Memorials Expense Printing Expense				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 (Ethics Commission Filers)	
	Sch: 13/45 Rpt: 27/65		Lopez-Singleterry, Nereida	00083772					
4	Date 12/15/2023		Payee name City of Donna						
6	Amount (\$) \$100.00		Payee address; City; 307 S. 12th. St Donna, TX 78537	State;	; Zip Coo	de			
8	B PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense event expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held	
	Date		Payee name						
	12/06/2023		Comfort House						
	Amount (\$) \$250.00		Payee address; City; 617 W Dallas Ave	State;	; Zip Coo	de			
			McAllen, TX 78501						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the to Contributions/Donations Made Candidate/Officeholder/Politic	эBy	,			ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	ght		Office held	
	Date		Payee name						
	11/15/2023		Decibel Communications						
	Amount (\$) \$5,000.00		Payee address; City; 2016 Orchid Ave	State;	; Zip Coo	de			
			McAllen, TX 78504						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the tr Advertising Expense	op of this sch	edule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense ENSE	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburseme Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 14/45 Rpt: 28/65	Lopez-Singleterry, Nereida	00083772							
4	Date 12/01/2023	Payee name Deluxe Checks								
6	Amount (\$)	Payee address; City; State; Zip Code								
-	\$102.55	3680 Victoria St.								
		Shoreview, MN 55126								
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense check book								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	12/07/2023	Diaz, Bernardo								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$3,000.00	2312 S Tourist Edinburg, TX 78539								
	PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense International American Scheduler (Scheduler Scheduler Schedu							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	08/24/2023	Dollar Tree								
	Amount (\$) \$18.94	Payee address; City; State; Zip Code 3400 W Nolana								
		McAllen, TX 78504								
	PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. Istin, TX, officeholder living expense ENSE							
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Git/Awards/Memorials Expense Printing Expense 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)							
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 15/45 Rpt: 29/65	Lopez-Singleterry, Nereida	00083772							
4	Date	Payee name								
	08/24/2023	Dollar Tree								
6	Amount (\$) \$30.00	Payee address; City; State; Zip Code 3400 W Nolana McAllen, TX 78504								
8	PURPOSE) Category (See Categories listed at the top of this schedule) (b) Description								
Ū	OF	Event Expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	08/24/2023	Dollar Tree								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$40.00	3400 W Nolana McAllen, TX 78504								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	11/27/2023	Dollar Tree								
	Amount (\$) \$21.65	Payee address; City; State; Zip Code 3400 W Nolana								
		McAllen, TX 78504								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense e							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	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:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 16/45 Rpt: 30/65	Lopez-Singleterry, Nereida 00083772								
4	Date	Payee name								
	12/01/2023	Dollar Tree								
6	Amount (\$) \$9.47	Payee address; City; State; Zip Code 3400 W Nolana McAllen, TX 78504								
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Image: Check if Check if Check if Check if Check if Austin, TX, officeholder living expense event expense Check if Austin, TX, officeholder living expense event expense									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	12/20/2023	Donna Police Department								
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 207 S 10th St. Donna , TX 78537								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Fibution							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	10/17/2023	ENHS football								
	Amount (\$) \$500.00	Payee address;City;State;Zip Code3101 N closner								
		Edinburg , TX 78539								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	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 (Ethics Commission Filers)		
	Sch: 17/45 Rpt: 31/65		Lopez-Singleterry, Nereida					00083772		
4	Date	5	Payee name							
	11/15/2023		El Dorado Sporting Clays							
6	Amount (\$)	7	Payee address; City; State; Zip Code							
	\$3,000.00		PO Box 173							
			Linn, TX 78563							
8	PURPOSE OF	(a)	Category (See Categories listed at the to	p of this sche	edule)	b) Description				
	EXPENDITURE		Event Expense					ide of Texas. Complete Schedule T. , officeholder living expense		
						event expens		, unicendider living expense		
						event expent				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	C	Office soug	ht		Office held		
_	Date		Payee name							
	09/06/2023		Ferro Block							
		-		Stata	Zip Co					
	Amount (\$)		Payee address; City;	State,	ZIP COU	le				
	\$1,000.00 North Conway Ave									
			Mission, TX 78572							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the to Advertising Expense	p of this sche	edule)		I, TX	ide of Texas. Complete Schedule T. , officeholder living expense CNSE		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	C	Office soug	ht		Office held		
	Date	Γ	Payee name							
	07/12/2023		Flower Shack							
	Amount (\$)		Payee address; City;	State [.]	Zip Co	le				
	\$1,125.00		3123 S Closner	State,	210 000					
	Ψ1,125.00									
			Edinburg, TX 78539							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the to Event Expense	p of this sche	edule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete ONLY if direct	- (Candidate/Officeholder name	C	Dffice soug	ht		Office held		
	expenditure to benefit C/OI									
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan F Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printin Legal Services Salarie The Instruction Guide explains how to	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:	ILER NAME		3 Filer ID (Ethics Commission Filers)					
	Sch: 18/45 Rpt: 32/65	opez-Singleterry, Nereida		00083772					
4	Date 12/14/2023	ayee name Iower Shack							
6	Amount (\$) \$145.72	ayee address; City; State; Zip 123 S Closner dinburg, TX 78539	Code						
8	PURPOSE OF EXPENDITURE	OF Strengt Expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office s	bught	Office held					
	Date	ayee name							
	12/28/2023	lower Shack							
	Amount (\$) \$219.15	ayee address; City; State; Zip 123 S Closner dinburg, TX 78539	Code						
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule) vent Expense		utside of Texas. Complete Schedule T. TX, officeholder living expense Ə					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office s	bught	Office held					
	Date	ayee name							
	07/21/2023	uentes, Priscilla (Mrs.)							
	Amount (\$) \$50.00	ayee address; City; State; Zip 513 Shasta Ave. Apt. 4	Code						
		IcAllen, TX 78504							
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule) alaries/Wages/Contract Labor		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name Office s	bught	Office held					

EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	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:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 19/45 Rpt: 33/65	Lopez-Singleterry, Nereida	00083772					
4	Date 08/15/2023	5 Payee name Fuentes, Priscilla (Mrs.)						
6	Amount (\$) \$192.78	7 Payee address; City; State; Zip Code 2513 Shasta Ave. Apt. 4 McAllen, TX 78504						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event expense						
9	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
	Date	Payee name						
	08/15/2023	Fuentes, Priscilla (Mrs.)						
	Amount (\$) \$205.80	Payee address; City; State; Zip Code 2513 Shasta Ave. Apt. 4 McAllen, TX 78504						
	PURPOSE OF EXPENDITURE	tside of Texas. Complete Schedule T. "X, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	ght Office held					
	Date	Payee name						
08/18/2023 Girls scouts of greater south texas								
	Amount (\$) Payee address; City; State; Zip Code \$2,600.00 5317 N McColl							
	McAllen , TX 78504							
	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 Contribution 						
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held					

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		/ - al Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	· · · ·			2	Filer ID (Ethics Commission Filers)			
1	Sch: 20/45 Rpt: 34/65	2	Lopez-Singleterry, Nereida							
4	Date	5	Payee name							
	09/29/2023		Gutierrez, Oscar							
6	Amount (\$)	7	7 Payee address; City; State; Zip Code							
	\$3,000.00		400 W 12th. St.							
		San Juan , TX 78516								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description					
		[``	Salaries/Wages/Contract Labor	cuulc)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		-				, officeholder living expense			
					contract labo	r				
9	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
	Date		Payee name							
	08/31/2023 HEB									
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$74.63		901 Trenton Rd.							
		McAllen, TX 78501								
	PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF									
	EXPENDITURE		Event Expense	2			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
					Event expense					
Complete ONLY if direct			Candidate/Officeholder name C	Office sou	ght		Office held			
	expenditure to benefit C/OH									
	Date		Payee name							
	10/23/2023 HEB									
	Amount (\$) Payee address; City; State; Zip Code									
	\$61.64 901 Trenton Rd.									
	McAllen, TX 78501									
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Event Expense				ide of Texas. Complete Schedule T.			
					Event expens		, officeholder living expense			
					Event expens	50				
	Complete ONLY if direct	Ļ	Candidate/Officeholder name	Office sou	aht		Office held			
	expenditure to benefit C/OI			2000 SOU	gint					

EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburger Fees Office Overhead/Rental E Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract The Instruction Guide explains how to complete this f	Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Labor OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 21/45 Rpt: 35/65	Lopez-Singleterry, Nereida	00083772					
4	Date 12/29/2023	5 Payee name HEB						
6	Amount (\$) \$102.21	7 Payee address; City; State; Zip Code 901 Trenton Rd. McAllen, TX 78501						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense event expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	11/06/2023	Hidalgo County Bar Association						
	Amount (\$) \$100.00							
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense fees 						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	09/20/2023	Hidalgo County Democratic Party						
	Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 3307 N McColl Rd. Ste D						
McAllen, TX 78501								
	PURPOSE OF EXPENDITURE	Candidate/Officeholder/Political Committee	ption ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense bution					
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held					

EXPENDITURE CATEGORIES FOR BOX 8(a)											
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Expense			Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense 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)		
1	Total pages Schedule F1:	2	FILER NAME	ILER NAME			3	Filer ID	(Ethics Commission Filers)		
	Sch: 22/45 Rpt: 36/65		Lopez-Singleterry, Nereida	a				00083772			
4	Date	5	Payee name								
	12/12/2023		Hidalgo County Democratic Party								
6	Amount (\$)	7	7 Payee address; City; State; Zip Code								
	\$1,500.00		3307 N McColl Rd. Ste D								
			McAllen, TX 78501								
8	PURPOSE OF	(a)	Category (See Categories listed a	the top of this sch	edule)	(b) Description					
	EXPENDITURE		Fees					side of Texas. Com			
						Filing Fees	sun, i x	K, officeholder living	rexpense		
						T ming T CCS					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held						eld			
	Date		Payee name								
	11/06/2023		Image House Media								
	Amount (\$)		Payee address; City;	State;	; Zip Co	de					
	\$348.20										
			McAllen, TX 78501								
	PURPOSE OF	(a)	Category (See Categories listed a	the top of this sch	edule)	(b) Description		ide of Texas Com	nlete Schedule T		
OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense											
			Advertising Expense								
Complete <u>ONLY</u> if direct expenditure to benefit C/O			andidate/Officeholder name	C	Dffice sou	ght		Office he	eld		
	Date		Payee name								
	12/20/2023 Jasons Deli										
	Amount (\$) Payee address; City; State; Zip Code										
	\$57.09 4100 N Col Rowe										
	401.00										
	McAllen, TX 78504										
	PURPOSE OF	(a)	Category (See Categories listed a	the top of this sch	edule)	(b) Description	ol c::*	ide of Tours O	nlata Cabadula T		
	EXPENDITURE		Food/Beverage Expense					side of Texas. Com			
	Check if Austin, TX, officeholder living expense food expense							скрепас			
-	Complete ONLY if direct	L	andidate/Officeholder name	<u>с</u>	Office sou	aht		Office he	eld		
	expenditure to benefit C/Oł		and a construction fullity					Childe He			
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	ILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 23/45 Rpt: 37/65	l	opez-Singleterry, Nereida					00083772			
4	Date 12/20/2023		Payee name Jasons Deli								
6	6 Amount (\$) 7 Payee address; City; State; Zip Code \$23.36 4100 N Col Rowe McAllen, TX 78504										
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense food expense											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ıht		Office held			
	Date	F	Payee name								
	11/22/2023	、	Jasso, Carlos								
	Amount (\$)	1	Payee address; City;	State;	; Zip Co	le					
	\$1,000.00	1	L409 S. 9th Avenue Edinburg, TX 78539								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Salaries/Wages/Contract La		edule)		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	Jht		Office held			
	Date		Payee name								
	10/11/2023	、	Jay De Flores								
	Amount (\$) \$500.00		Payee address; City; Jay 512 West 4th. Weslaco, TX 78596	State;	; Zip Co	le					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Salaries/Wages/Contract La		edule)		ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	Jht		Office held			

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials I ttee Legal Services The Instruction Gu	Expense	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 F	LER NAME				3	Filer ID (Ethics Commission Filers)				
	Sch: 24/45 Rpt: 38/65		opez-Singleterry, Nereida					00083772				
4	Date 11/27/2023		Payee name Jcpenney									
6	Amount (\$)	7 P	ayee address; City;	State	Zip Co	10						
Ū	\$113.59											
	DUDDOCE					(b) p : : ::						
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Image: Check if taxel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense event expense											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office sou	Jht		Office held				
	Date	Pa	ayee name									
	07/12/2023	La	a paloma taqueria									
	Amount (\$)	Pi	ayee address; City;	State;	Zip Co	de						
	\$1,125.00		L1 W University Dr dinburg, TX 78539									
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at th bod/Beverage Expense	e top of this sch	edule)			de of Texas. Complete Schedule T. officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office sou	ŋht		Office held				
	Date	P	ayee name		_							
	10/03/2023	Li	a paloma taqueria									
	Amount (\$)	P	ayee address; City;	State;	; Zip Co	de						
	\$4.13	3:	11 W University Dr									
		E	dinburg, TX 78539									
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at th vent Expense	e top of this sch	edule)		ı, ТХ,	de of Texas. Complete Schedule T. . officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Dffice sou	ght		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transportation Eq Food/Beverage Expense Polling Expense Travel in District y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District						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						Filer ID (Ethics Commission Filers)				
	Sch: 25/45 Rpt: 39/65		Lopez-Singleterry, Nereida	00083772								
4	Date	5	Payee name									
	12/18/2023		Lira, Daniel									
6	Amount (\$)	7	Payee address; City; S	State; Zi	ip Cod	e						
\$300.00 7203 Sabino Ave												
	Pharr , TX 78577											
8	PURPOSE OF		Category (See Categories listed at the top of th	nis schedule	e) (Description						
	EXPENDITURE		Salaries/Wages/Contract Labor					ide of Texas. Complete Schedule T. , officeholder living expense				
						contract labo		, oncentrate hving expense				
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held								Office held				
	Date		Payee name									
	10/16/2023		Little Ceasars Pizza									
	Amount (\$)		Payee address; City; S	State; Zi	ip Cod	9						
	\$21.08		1618 N 23 rd Rd.									
			McALlen, TX 78501									
	PURPOSE	(a)	Category (See Categories listed at the top of th	nis schedule	e) (b) Description						
	OF EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T.				
						Food expens		, officeholder living expense				
	Complete ONLY if direct		andidate/Officeholder name	Offic	e soug	nt		Office held				
	expenditure to benefit C/OI											
	Date		Payee name									
	07/07/2023		Mail Box Depot									
	Amount (\$)		Payee address; City; S	State; Zi	ip Cod	9						
	\$124.36		2112 W University Dr	,								
			2									
			Edinburg, TX 78539									
	PURPOSE OF		Category (See Categories listed at the top of th	nis schedule	e) (Description						
	EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T. , officeholder living expense				
						Advertising e						
-	Complete ONLY if direct	<u>ر</u>	andidate/Officeholder name	Offic	e soug	nt		Office held				
	expenditure to benefit C/OI			21110	Joug							
-												

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide expl.	Office Polling Printin Salarie	Overh J Expe g Exp es/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)				
	Sch: 26/45 Rpt: 40/65		Lopez-Singleterry, Nereida					00083772				
4	Date	5	Payee name									
	12/22/2023	Martinez, Jesse										
6	Amount (\$)	7	Payee address; City; S	tate; Zip	Cod	Э						
	\$2,500.00											
			San Juan, TX 78516									
8	PURPOSE	(a)	Category (See Categories listed at the top of th	is schedule)	(b) Description						
	OF EXPENDITURE		Salaries/Wages/Contract Labor				outsi	ide of Texas. Complete Schedule T.				
	EXPENDITORE		-					, officeholder living expense				
						contract labo	r					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		candidate/Officeholder name	Office s	ougl	nt		Office held				
	Date		Payee name									
	12/27/2023		Martinez, Selene (Mrs.)									
_	Amount (\$)		Payee address; City; S	tate; Zip	Cod	9						
	\$171.65		8301 N Ware Rd	·····, [
	\$111.00											
			McAllen, TX 78504									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of th Event Expense	is schedule)	(1		ι, TX,	ide of Texas. Complete Schedule T. , officeholder living expense				
	Complete ONLY if direct		Candidate/Officeholder name	Office s		at		Office held				
	expenditure to benefit C/OI			Once	ougi	n						
	Date	Γ	Payee name									
	09/01/2023		Mercedes tigers									
	Amount (\$)		Payee address; City; S	tate; Zip	Cod	9						
	\$250.00		1200 Florida St			-						
	+=00.00											
	Mercedes, TX 78570											
	PURPOSE OF	(a)	Category (See Categories listed at the top of th	is schedule)	(b) Description						
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Co	mmittee				ide of Texas. Complete Schedule T. , officeholder living expense				
				, minutee		Contribution						
	Complete ONLY if direct		andidate/Officeholder name	Office s	ougl	nt		Office held				
	expenditure to benefit C/OI	Н										

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Offic Polli Print Sala	ce Overh ing Expe ting Exp aries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME		3	Filer ID (Ethics Commission Filers)						
	Sch: 27/45 Rpt: 41/65		Lopez-Singleterry, Nereida 00083772									
4	Date	5	Payee name									
	07/12/2023	OG Marketing										
6	Amount (\$)	7	Payee address; City; S	State; Zip	o Cod	е						
	\$1,125.00		311 W University Dr									
	Edinburg, TX 78539											
8	PURPOSE	(a)	Category (See Categories listed at the top of the	his schedule)	(b) Description						
	OF EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T.				
								, officeholder living expense				
						Advertising e	expe	ense				
9	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held											
	Date		Payee name									
	07/17/2023		Office Depot									
	Amount (\$)		Payee address; City; S	State; Zip	Cod	e						
	\$225.15		5115 N 10th. St.									
	\$220.10											
			McAllen, TX 78504									
	PURPOSE OF	(a)	Category (See Categories listed at the top of the	his schedule)		b) Description	outoi	ide of Texas. Complete Schedule T.				
	EXPENDITURE		Advertising Expense					, officeholder living expense				
						advertising e						
						Ū	•					
	Complete ONLY if direct	(Candidate/Officeholder name	Office	e soug	nt		Office held				
	expenditure to benefit C/OI	Н			0							
	Date		Payee name									
	12/22/2023		Ozuna, Marissa									
				Ctata: 7in	Cad	-						
	Amount (\$)			State; Zip) Coa	е						
	\$10,000.00		2014 Joy Drive									
			Donna, TX 78537									
	PURPOSE OF	(a)	Category (See Categories listed at the top of t	his schedule)	(b) Description						
	EXPENDITURE		Salaries/Wages/Contract Labor					ide of Texas. Complete Schedule T.				
						contract labo		, officeholder living expense				
						contractitable	•					
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name	Office		at		Office held				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			Once	e soug	п		Onice neid				

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	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 (Ethics Commission Filers)								
	Sch: 28/45 Rpt: 42/65	Lopez-Singleterry, Nereida	00083772								
4	Date 08/28/2023	5 Payee name Palenque Group									
6	5 Amount (\$) 7 Payee address; City; State; Zip Code \$365.50 2200 s 10th McAllen, TX 78503										
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Image: Check if Check if Check if Check if Check if Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	08/17/2023	Print Shop RGV									
	Amount (\$) \$5,920.00	Payee address; City; State; Zip Code 3906 S Jackson Rd.									
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense								
		Printing exper									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	12/08/2023	Printee's									
	Amount (\$) \$734.00	Payee address;City;State;Zip Code200 E Interstate 2 Ste J2									
		Pharr, TX 78577									
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense I SE								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Trans Food/Beverage Expense Polling Expense Trave y - Gift/Awards/Memorials Expense Printing Expense Trave						Transportation E Travel in District Travel Out of Di				
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics Commissio	n Filers)
	Sch: 29/45 Rpt: 43/65		Lopez-Sinç	gleterry, Nereida	a					00083772		
4	Date	5	Payee name	9								
	08/22/2023	Progreso Police Dept.										
6	Amount (\$)	7 Payee address; City; State; Zip Code										
	\$500.00 810 N Business Farm											
			Progreso, 1	TX 78579								
8	PURPOSE	(a)	Category (See Categories listed a	et the top of this sch	hedule)	(b) De	escription				
				ons/Donations N					outsi	de of Texas. Corr	plete Schedule T.	
	EXPENDITURE			/Officeholder/Po		nittee			, TX,	officeholder living	g expense	
							Do	onation				
											-	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Ott	ficeholder name	(Office sou	3ht			Office h	eld	
	Date	Ē	Payee name	<u> </u>	—							
	09/07/2023		Rio Grande	e Ballet								
Amount (\$) Payee address; City; State; Zip Code												
	\$200.00 5240 N 10th											
			McAllen , T	X 78504								
	PURPOSE	(a)	Category (S	See Categories listed a	at the top of this sch	hedule)	(b) De	escription				
	OF EXPENDITURE		Contributions/Donations Made By									
	EXPLINITIONE		Candidate/	/Officeholder/Po	olitical Comm	nittee		l .	, TX,	officeholder living	g expense	
							Do	onation				
		L					• .			C #5		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Oπ	ficeholder name	C	Office sou	ght			Office h	eld	
		—										
	Date		Payee name									
	12/05/2023	\vdash	Rio Outdoo									
	Amount (\$)		Payee addre	-	State	e; Zip Co	de					
	\$4,700.00		1217 S Clo	sner								
			Edinburg, T	ГХ 78539								
	PURPOSE OF	(a)		See Categories listed a	at the top of this sch	hedule)	(b) De	escription			- · · · <u>-</u>	
	EXPENDITURE		Advertising	, Expense			H			de of Texas. Com officeholder living	plete Schedule T.	
							Ц ad	lvertising ex			Jexpense	
									· •			
	Complete ONLY if direct	Ļ	Candidate/Of	ficeholder name	(Office sou	aht			Office h	eld	
	expenditure to benefit C/OF		Junaidate			Onice ere,	3			•		

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food Gift/A mittee Lega	t Expense /Beverage Expense .wards/Memorials Exp Services Instruction Guid		Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pense ages/	e /Contract Labor		Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment & F	Related Expense
1	Total pages Schedule F1:	2			•		·		3	Filer ID	(Ethics C	ommission Filers)
-	Sch: 30/45 Rpt: 44/65		_opez-Singlete	rry, Nereida						00083772		
4	Date 12/18/2023		Payee name Rios, Cristina									
6	Amount (\$)		Payee address;	City;	State:	Zip Co	do					
U	\$175.00											
8	PURPOSE	(a) (enerice listed at the t	on of this sele	odulo)	(b)	Description				
	 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 									le T.		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeho	older name	C	Office sou	ght			Office he	eld	
	Date	F	Payee name									
	08/18/2023	6	Rios, Rogelio (I	۸r.)								
	Amount (\$)	F	Payee address;	City;	State;	Zip Co	de					
	\$550.00		300 N 28th. St. McAllen, TX 78	501								
	PURPOSE OF EXPENDITURE		Category _{(See Ca} Salaries/Wages			edule)			, TX,	de of Texas. Com officeholder livinç		le T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeho	older name	C	Office sou	ght			Office he	eld	
	Date	F	Payee name									
	11/09/2023		Rios, Rogelio (I	۸r.)								
	Amount (\$) \$120.00		Payee address; 320 S 17th. St.	City;	State;	Zip Co	de					
		E	Edinburg, TX 7	3539								
	PURPOSE OF EXPENDITURE		Category _{(See Ca} Salaries/Wages			edule)			, TX,	de of Texas. Com officeholder living JNS		le T.
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeho	lder name	C	Office sou	ght			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Git/Awards/Memorials Expense Printing Expense 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)								
1	Total pages Schedule F1:	· · · · ·	3 Filer ID (Ethics Commission Filers)								
	Sch: 31/45 Rpt: 45/65	Lopez-Singleterry, Nereida	00083772								
4	Date 12/15/2023	Payee name Rios, Rogelio (Mr.)									
6	6 Amount (\$) \$475.00 For payee address; City; State; Zip Code 820 S 17th. St. Edinburg, TX 78539										
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense contract labor										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	12/21/2023	Rios, Rogelio (Mr.)									
	Amount (\$) Payee address; City; State; Zip Code \$426.00 820 S 17th. St. Edinburg, TX 78539										
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	09/15/2023	Robledo, Miguel (Mr.)									
	Amount (\$) \$500.00	Payee address;City;State;Zip Code6598 N 26th. St.									
		McAllen, TX 78504									
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description (b) Description Check if travel outside of Texas. Complete Schedule T. (c) Consulting Expense Check if Austin, TX, officeholder living expense (c) Consulting expense Consulting expense										
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen ittee Legal Services The Instruction Guide e		Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 F	ILER NAME				3	Filer ID (Ethics Commission Filers)				
	Sch: 32/45 Rpt: 46/65		opez-Singleterry, Nereida					00083772				
4	Date 11/10/2023		ayee name Robledo, Miguel (Mr.)									
6	6 Amount (\$) 7 Payee address; City; State; Zip Code \$5,000.00 6598 N 26th. St. McAllen, TX 78504 McAllen, TX 78504 McAllen, TX 78504											
 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense consulting expense 								, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	0	office sou	ht		Office held				
	Date	F	ayee name									
	11/29/2023	F	Robledo, Miguel (Mr.)									
	Amount (\$) \$5,000.00	6	ayee address; City; 598 N 26th. St.	State;	Zip Co	le						
	PURPOSE OF EXPENDITURE	(a) (IcAllen, TX 78504 ategory (See Categories listed at the top of Consulting Expense	of this sche	edule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense NSE				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held DH						Office held				
	Date	F	ayee name									
	12/12/2023	F	Robledo, Miguel (Mr.)									
	Amount (\$) \$7,500.00		ayee address; City; 598 N 26th. St.	State;	Zip Co	le						
		Ν	IcAllen, TX 78504									
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top o Consulting Expense	of this sche	edule)			ide of Texas. Complete Schedule T. , officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	0	office sou	ht		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide expla	Office C Polling Printing Salaries	Overhe Expen Exper S/Wage	nse es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME		-		3	Filer ID (Ethics Commission Filers)				
	Sch: 33/45 Rpt: 47/65		Lopez-Singleterry, Nereida					00083772				
4	Date	5	Payee name									
	09/01/2023		Rocha, Sarah									
6	Amount (\$)	7		ate; Zip C	Code							
\$300.00 3533 Cessna Ave.												
	Edinburg, TX 78542											
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this	s schedule)	(b) Description						
	EXPENDITURE		Salaries/Wages/Contract Labor					ide of Texas. Complete Schedule T. , officeholder living expense				
						contract labo						
								5				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office so	bught	t		Office held				
	Date		Payee name									
	09/08/2023		SAM'S CLUB									
	Amount (\$)		Payee address; City; St	ate; Zip C	Code							
	\$90.51		7601 N Trenton St.									
			McAllen, TX 78504									
	PURPOSE	(2)			(h	Description						
	OF	(a)	Category (See Categories listed at the top of this Event Expense	s schedule)		Description Check if travel	outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE		Event Expense					, officeholder living expense				
						Event						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	bught	t		Office held				
-	Date		Payee name									
	09/22/2023		SAM'S CLUB									
	Amount (\$)			ate; Zip C	aho ²							
	\$64.15		7601 N Trenton St.	αιε, Ζιρ (Jue							
	404.10		rooi n henton St.									
			McAllen, TX 78504									
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	s schedule)	(b) Description						
	EXPENDITURE		Event Expense					ide of Texas. Complete Schedule T. , officeholder living expense				
						Event expension						
-	Complete ONLY if direct	<u></u>	Candidate/Officeholder name	Office so	Juah	t		Office held				
	expenditure to benefit C/OI			2	- 3.1	-						

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp ee Legal Services The Instruction Guide		Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FIL	ER NAME				3	Filer ID (Ethics Commission Filers)				
	Sch: 34/45 Rpt: 48/65		pez-Singleterry, Nereida					00083772				
4	Date 12/01/2023		yee name M'S CLUB									
6	Amount (\$) \$150.47	76	yee address; City; 01 N Trenton St. :Allen, TX 78504	State;	; Zip Co	le						
8	PURPOSE OF EXPENDITURE		tegory (See Categories listed at the to ent Expense	op of this sch	edule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	C	Office sou	ıht		Office held				
	Date	Pa	yee name									
	12/14/2023	SA	M'S CLUB									
	Amount (\$) \$151.20	76	yee address; City; 01 N Trenton St. :Allen, TX 78504	State;	; Zip Co	le						
	PURPOSE OF EXPENDITURE		tegory (See Categories listed at the to ent Expense	op of this sch	edule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	C	Dffice sou	Jht		Office held				
	Date	Pa	yee name									
	12/15/2023		M'S CLUB									
	Amount (\$) \$235.08		yee address; City; 01 N Trenton St.	State;	; Zip Co	le						
		Мо	Allen, TX 78504									
	PURPOSE OF EXPENDITURE		tegory (See Categories listed at the to ent Expense	op of this sch	edule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF		didate/Officeholder name	C	Dffice sou	ıht		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Fees Offic Food/Beverage Expense Pollin Gift/Awards/Memorials Expense Printi Legal Services Salar The Instruction Guide explains how to	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:	ILER NAME		3 Filer ID (Ethics Commission Filers)								
	Sch: 35/45 Rpt: 49/65	opez-Singleterry, Nereida		00083772								
4	Date 12/19/2023	Payee name GAM'S CLUB										
6	\$143.96 7601 N Trenton St. McAllen, TX 78504											
8	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		outside of Texas. Complete Schedule T. TX, officeholder living expense E								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Indidate/Officeholder name Office	sought	Office held								
	Date	Payee name										
	12/20/2023	SAM'S CLUB										
	Amount (\$) \$50.52	Payee address; City; State; Zip 1601 N Trenton St. AcAllen, TX 78504	Code									
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		outside of Texas. Complete Schedule T. TX, officeholder living expense C								
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name Office	sought	Office held								
	Date	ayee name										
	12/26/2023	SAM'S CLUB										
	Amount (\$) \$50.02	Payee address; City; State; Zip 1601 N Trenton St.	Code									
		/IcAllen, TX 78504										
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		outside of Texas. Complete Schedule T. TX, officeholder living expense C								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Indidate/Officeholder name Office	sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expens Fees Food/Bevera Gift/Awards/N	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel in District Travel Out of District OTHER (enter a category not listed above)	e								
1	Total pages Schedule F1:	ILER NAME				3	Filer ID (Ethics Commission Fi	lers)				
	Sch: 36/45 Rpt: 50/65	opez-Singleterry, Ne	ereida				00083772					
4	Date	ayee name				<u> </u>						
	12/26/2023	PECS										
6	6 Amount (\$) 7 Payee address; City; State; Zip Code \$240.79 7700 N 10th. St. McAllen, TX 78504 McAllen, TX 78504											
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense event expense												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder n	ame O	office sought			Office held					
	Date	ayee name										
	09/11/2023	alinas, Peter (Mr.)										
	Amount (\$) \$1,800.00	ayee address; Cit 01 E Van Week St. dinburg, TX 78541	/; State;	Zip Code								
	PURPOSE OF EXPENDITURE	ategory _{(See Categories} dvertising Expense	listed at the top of this sche	edule) (b)			de of Texas. Complete Schedule T. officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder n	ame O	office sought			Office held					
	Date	ayee name										
	10/12/2023	alinas, Peter (Mr.)										
	Amount (\$) \$1,800.00	ayee address; Cit 01 E Van Week St.	y; State;	Zip Code								
		dinburg, TX 78541		<u>.</u>								
	PURPOSE OF EXPENDITURE	ategory _{(See Categories} dvertising Expense	listed at the top of this sche	edule) (b			de of Texas. Complete Schedule T. officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder n	ame O	office sought	:		Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee Legal Servic	ige Expense Memorials Expense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)				
	Sch: 37/45 Rpt: 51/65		Lopez-Singleterry, N	ereida				00083772				
4	Date 11/10/2023		Payee name Salinas, Peter (Mr.)									
6	Amount (\$) \$1,800.00		Payee address; Ci 601 E Van Week St.	ty; State;	Zip Coo	le						
			Edinburg, TX 78541									
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Image: Check if Austin, TX, officeholder living expense Image: Advertising Expense Image: Check if Austin, TX, officeholder living expense Image: Advertising Expense Image: Check if Austin, TX, officeholder living expense												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder r	name C	Office sou	ht		Office held				
	Date		Payee name									
	12/11/2023		Salinas, Peter (Mr.)									
	Amount (\$)		Payee address; Ci	ty; State;	Zip Co	le						
	\$1,800.00		601 E Van Week St. Edinburg, TX 78541									
	PURPOSE OF EXPENDITURE		Category (See Categories Advertising Expense		edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense PNSE				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder r	name C	Office sou	ht		Office held				
	Date		Payee name									
	11/09/2023		Sarabia, Joe (Mr.)									
	Amount (\$) \$300.00		Payee address; Ci 7705 N FM 1015	ty; State;	Zip Coo	le						
			Mercedes, TX 78570)								
	PURPOSE OF EXPENDITURE		Category _{(See Categories} Salaries/Wages/Con		edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense gns				
ļ	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder r	name C	Office soug	ht		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens mittee Legal Services The Instruction Guide ex		Office Over Polling Exp Printing Ex Salaries/W	rhead ense pense ages/	e 'Contract Labor		Transportation E Travel in District Travel Out of Dis			
1	Total pages Schedule F1:	2	FILER NAME			•		3	Filer ID	(Ethics Commission Filers)		
-	Sch: 38/45 Rpt: 52/65		Lopez-Singleterry, Nereida						00083772	(
4	Date	5	Payee name									
	12/05/2023		Solis, Alejandro									
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	de						
	\$1,000.00		2417 N. Sunflower Road									
	Edinburg, TX 78542											
			Edinburg, 1X 78542									
8	PURPOSE OF		Category (See Categories listed at the top o	of this sch	edule)	(b)	Description					
	EXPENDITURE		Salaries/Wages/Contract Labor						de of Texas. Com officeholder living	plete Schedule T.		
							contract labor			j expense		
			contract rabor									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sought Office held									
	Date		Payee name									
	12/12/2023		Solis, Roel (Mr.)									
	Amount (\$)		Payee address; City;	State;	Zip Co	de						
	\$1,560.00		24187 N Sunflower Rd.									
			Edinburg, TX 78539									
	PURPOSE	(a)	Category (See Categories listed at the top o	of this sch	edule)	(b)	Description					
	OF EXPENDITURE		Salaries/Wages/Contract Labor							plete Schedule T.		
						Check if Austin, TX, officeholder living expense contract labor						
	Complete ONLY if direct		andidate/Officeholder name		Office soug	nht			Office he	2ld		
	expenditure to benefit C/OI				51100 0008	<i></i>						
-	Date		Payee name									
	07/21/2023		Texas National Bank									
	Amount (\$)		Payee address; City;	State	; Zip Coo							
	\$367.56		4908 S Jackson Rd.	State,	, 20 00							
	\$507.50											
			Edinburg, TX 78539									
	PURPOSE	(a)	Category (See Categories listed at the top o	of this sch	edule)	(b)	Description					
	OF EXPENDITURE		Accounting/Banking							plete Schedule T.		
									officeholder living	j expense		
							Banking loan	μa	yment			
_	Complete ONLV if direct	Ļ	andidate/Officeholder name		Office soug	tht			Office he	ald		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			C	שייים ביוונים אוונים	JIIL			Unice he	Ju		

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expr	Lo Of Po ense Pri Sa	oan Repay ffice Overh olling Expe rinting Exp alaries/Wa	nent/Reimbursement ead/Rental Expense nse ense ges/Contract Labor		Travel in District Travel Out of Distric	ipment & Related Expense			
1	Total pages Schedule F1:	2 F		•		·	3	Filer ID ((Ethics Commission Filers)			
	Sch: 39/45 Rpt: 53/65		opez-Singleterry, Nereida					00083772				
4	Date 07/28/2023		ayee name exas National Bank									
6	Amount (\$) \$40.74											
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ioan payment Check if Austin, TX, officeholder living expense												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	Offic	ce soug	nt		Office held	1			
	Date	Р	ayee name									
	08/01/2023	Т	exas National Bank									
	Amount (\$) \$87.18	4	ayee address; City; 908 S Jackson Rd. dinburg, TX 78539	State; Z	Zip Cod	2						
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the to ccounting/Banking	p of this schedule	le) (ı, ТХ,	de of Texas. Comple officeholder living ex				
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	Offic	ce soug	nt		Office held	1			
	Date	Р	ayee name									
	08/18/2023		exas National Bank									
	Amount (\$) \$385.57		ayee address; City; 908 S Jackson Rd.	State; Z	Zip Cod	2						
		E	dinburg, TX 78539									
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the to ccounting/Banking	p of this schedul	le) (ı, ТХ,	de of Texas. Comple officeholder living ex				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	Offic	ce sougl	nt		Office held	1			

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp ittee Legal Services The Instruction Guide	oense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Distric	ipment & Related Expense			
1	Total pages Schedule F1:	2 F	ILER NAME				3	Filer ID ((Ethics Commission Filers)			
	Sch: 40/45 Rpt: 54/65		opez-Singleterry, Nereida					00083772				
4	Date 08/25/2023		ayee name exas National Bank									
6	Amount (\$) \$126.30											
8	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the tr ccounting/Banking	op of this sched	dule)		ı, ТХ,	de of Texas. Comple officeholder living e:				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	Of	ffice souç	ht		Office held	1			
	Date	P	ayee name									
	09/01/2023	Т	exas National Bank									
	Amount (\$) \$96.52	4	ayee address; City; 908 S Jackson Rd. dinburg, TX 78539	State;	Zip Coo	le						
	PURPOSE OF EXPENDITURE	(a) C	ategory (See Categories listed at the tr ccounting/Banking	op of this sched	dule)			de of Texas. Comple officeholder living e:				
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	Of	ffice soug	ht		Office held	1			
	Date	P	ayee name									
	09/22/2023	Т	exas National Bank									
	Amount (\$) \$511.90		ayee address; City; 908 S Jackson Rd.	State;	Zip Coo	le						
		E	dinburg, TX 78539									
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the tr ccounting/Banking	op of this sched	dule)			de of Texas. Comple officeholder living e:				
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	Of	ffice soug	ht		Office held	1			

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Legal Services	e Expense emorials Expense	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)				
	Sch: 41/45 Rpt: 55/65		Lopez-Singleterry, Ne	reida				00083772				
4	Date	5	Payee name									
	10/06/2023		Texas National Bank									
6	Amount (\$)	7	Payee address; City	; State;	Zip Co	le			_			
	\$96.53		4908 S Jackson Rd.									
	Edinburg, TX 78539											
8	PURPOSE	(a)	Category (See Categories li	sted at the top of this sch	edule)	(b) Description			_			
	OF EXPENDITURE		Accounting/Banking		ŕ			side of Texas. Complete Schedule T.				
	EXIENDITORE						n, TX,	c, officeholder living expense				
						bank fees						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder na	ime C	Office sou	jht		Office held				
	Date		Payee name									
	10/27/2023		Texas National Bank									
	Amount (\$)		Payee address; City	; State;	Zip Co	le			_			
	\$40.74	\$40.74 4908 S Jackson Rd.										
			Edinburg, TX 78539									
	PURPOSE	(a)	Category (See Categories li	sted at the top of this sch	edule)	(b) Description						
	OF EXPENDITURE		Accounting/Banking					side of Texas. Complete Schedule T.				
	-					Check if Austin, TX, officeholder living expense						
						loan paymen	L					
	Complete ONLY if direct		andidate/Officeholder na			uht		Office held	_			
	expenditure to benefit C/Oł	0										
_	Date		Payee name						_			
	10/20/2023		Texas National Bank									
	Amount (\$)		Payee address; City	· State:	Zip Co	10			_			
	\$454.64		4908 S Jackson Rd.	, State,	2ip 00							
	Q-0-10-1		4500 0 0000000000000000									
			Edinburg, TX 78539									
	PURPOSE	(a)	Category (See Categories li	sted at the top of this sch	edule)	(b) Description						
	OF EXPENDITURE		Accounting/Banking					side of Texas. Complete Schedule T.				
								c, officeholder living expense				
						loan paymen	L					
	Complete ONLY if direct	Ļ	Candidate/Officeholder na		Office sou	iht		Office held	_			
	expenditure to benefit C/OF					jin						
-									_			

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Coi	nmittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	e xpense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)		
	Sch: 42/45 Rpt: 56/65		Lopez-Sing	jleterry, Nereida					00083772			
4	Date	5	Payee name	9				I				
	11/03/2023		Texas Nati	onal Bank								
6	Amount (\$)	7	Payee addre	ess; City;	State;	; Zip Co	le					
	\$93.41		4908 S Jac	kson Rd.								
	Edinburg, TX 78539											
8	PURPOSE	(a)	Category (s	See Categories listed at the	e top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Accounting						de of Texas. Com			
							loan paymen		officeholder living	expense		
							ioan paymen	L				
9	Complete ONLY if direct		Candidate/Of	iceholder name		Office sou	Iht		Office he	eld		
	expenditure to benefit C/OI	Η										
	Date		Payee name	;								
	11/24/2023		Texas Nati	onal Bank								
	Amount (\$)		Payee addre	ess; City;	State;	; Zip Co	le					
	\$511.87	4908 S Jackson Rd.										
			Edinburg,									
	PURPOSE OF	(a)		See Categories listed at the	e top of this sch	edule)	(b) Description	outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE		Accounting	Danking					officeholder living			
							loan paymen	t				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	C	Office sou	Jht		Office he	eld		
		_										
	Date		Payee name									
	12/01/2023		Texas Nati	onal Bank								
	Amount (\$)		Payee addre	-	State;	; Zip Co	le					
	\$96.52		4908 S Jac	kson Rd.								
			Edinburg, 7	FX 78539								
	PURPOSE OF	(a)		See Categories listed at the	e top of this sch	edule)	(b) Description		da a(Taura - Oam			
	EXPENDITURE		Accounting	/Banking					de of Texas. Com officeholder living			
							fees					
	Complete <u>ONLY</u> if direct		Candidate/Off	ïceholder name	C	Office sou	Iht		Office he	eld		
	expenditure to benefit C/OI	-										

EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Legal Services	e Expense emorials Expense	Office Ove Polling Ex Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Rela Travel in District Travel Out of District OTHER (enter a category not liste				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Com	nission Filers)			
	Sch: 43/45 Rpt: 57/65		Lopez-Singleterry, Ne	reida				00083772	,			
4	Date	5	Payee name									
	12/22/2023		Texas National Bank									
6	Amount (\$)	7	Payee address; City	State;	; Zip Co	de						
	\$495.38		4908 S Jackson Rd.									
	Edinburg, TX 78539											
8	PURPOSE OF	(a)	Category (See Categories lis	sted at the top of this sch	edule)	(b) Description						
	EXPENDITURE		Accounting/Banking					ide of Texas. Complete Schedule T				
						bank fees	I, IX,	, officeholder living expense				
						bank iees						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder na	me C	Office sou	ght		Office held				
	Date		Payee name									
	12/04/2023		Villegas, Mark									
	Amount (\$)		Payee address; City	State;	; Zip Co	de						
	\$100.00 1108 Rio Blanco St											
			San Juan, TX 78516									
	PURPOSE	(a)	Category (See Categories lis	sted at the top of this sch	(elube)	(b) Description						
	OF		Salaries/Wages/Contr		icuaic)		outsi	ide of Texas. Complete Schedule T				
	EXPENDITURE		0			Check if Austin	I, TX	, officeholder living expense				
						labor						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder na	me C	Office sou	ght		Office held				
	Date		Payee name									
	12/01/2023		WALMART									
	Amount (\$)		Payee address; City	State:	; Zip Co	de						
	\$114.14		1600 S Texas Blvd/	· ·····,	,							
	+											
			Weslaco, TX 78596		i							
	PURPOSE OF	(a)	Category (See Categories lis	sted at the top of this sch	iedule)	(b) Description						
	EXPENDITURE		Event Expense					ide of Texas. Complete Schedule T				
						event expens		, officeholder living expense				
						event expens						
-	Complete ONLY if direct	L	Candidate/Officeholder na	me C	Office sou	nht		Office held				
	expenditure to benefit C/OI				5 mcc 300	gin						
-												

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens mittee Legal Services The Instruction Guide ex		Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)				
	Sch: 44/45 Rpt: 58/65		Lopez-Singleterry, Nereida					00083772				
4	Date	5	Payee name									
	12/08/2023		WALMART									
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	de						
	\$42.86											
	Weslaco, TX 78596											
8	PURPOSE	(a)	Category (See Categories listed at the top of	of this sche	edule)	(b) Description						
	OF EXPENDITURE		Event Expense		,			ide of Texas. Complete Schedule T.				
								, officeholder living expense				
						event expens	se					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	C	Office soug	jht		Office held				
	Date		Payee name									
	12/04/2023		Walgreens									
_	Amount (\$)	<u> </u>	Payee address; City;	State:	Zip Coo	1e						
	\$32.70		701 E Nolana Ave	otato,	, 20							
	432.10											
			McAllen, TX 78504									
	PURPOSE OF EXPENDITURE							ide of Texas. Complete Schedule T. , officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name		Office soug	int		Office held				
	Date		Payee name									
	12/05/2023		Weslaco Chamber of Commerce	e								
	Amount (\$)		Payee address; City;	State;	; Zip Coo	de						
	\$100.00		275 S kansas Ave									
			Weslaco, TX 78596									
	PURPOSE	(a)	Category (See Categories listed at the top of	of this sche	edule)	(b) Description						
	OF EXPENDITURE		Event Expense				I, TX	ide of Texas. Complete Schedule T. , officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	С	Office sou	Jht		Office held				
	,											

EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Fees Food/Beverage Exper Gift/Awards/Memorials Legal Services The Instruction G	nse s Expense	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Travel in District Travel Out of Distr	uipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)		
	Sch: 45/45 Rpt: 59/65		Lopez-Sinç	gleterry, Nereida	ι				00083772			
4	Date	5	Payee name	<u>}</u>								
	12/19/2023		Weslaco C	rime Stoppers								
6	Amount (\$)	7 Payee address; City; State; Zip Code										
	\$200.00 901 N Airport Ave											
	Weslaco, TX 78596											
8	PURPOSE	(a)	Category (See Categories listed at	the ten of this set	eodule)	(b) Description					
	OF	`		ns/Donations Ma		leuule)		outsi	ide of Texas. Compl	ete Schedule T.		
	EXPENDITURE			Officeholder/Pol		nittee			, officeholder living e	expense		
	contribution toy drive											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	ficeholder name		Office souç	jht		Office held	d		
	Date	Γ	Payee name	— —								
	08/16/2023		cobalt digit	al marketing								
	Amount (\$)	┢	Payee addre	ess; City;	State	; Zip Coo	le					
	\$2,706.25	\$2,706.25 5415 N Mccoll Rd. Ste. 109										
			McAllen, T	X 78504								
	PURPOSE OF EXPENDITURE	(a)	Category _{(s} Advertising	Gee Categories listed at 3 Expense	the top of this sch	iedule)		n, TX,	ide of Texas. Compl , officeholder living e ENSE			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held							d			
	Date	Γ	Payee name									
	12/21/2023		la joya poli	ce dept.								
	Amount (\$)	┢	Payee addre	ess; City;	State	; Zip Coo	le					
	\$150.00		•	ressway 83								
				-								
			La Joya , T			r						
	PURPOSE OF	(a)		See Categories listed at		redule)	(b) Description	outsi	ide of Texas. Compl	oto Schedule T		
	EXPENDITURE			ns/Donations Ma Officeholder/Pol		nittee			, officeholder living e			
			Gundidate,	Oniocholaciti e.		littee	toy drive con					
							-					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	ficeholder name		Office souç	ht		Office held	d		

EXPENDITUR	ES MADE BY CRED	DIT CARD	SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made I Candidate/Officeholder/Politie	Event Expense Fees Food/Beverage Expense By - Gift/Awards/Memorials cal Committee Legal Services		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 F4: Sch: 1/6 Rpt: 60/65	2 FILER NAME Lopez-Singleterry, Nereida		3 Filer ID (Ethics Commission Filers) 00083772
	ZED EXPENDITURES CHA	RGED TO A CREDIT CARD	\$
5 Date 11/09/2023	6 Payee name Brand Boosters		
7 Amount (\$) \$1,407.25	8 Payee address; City; 3607 S. L LN McAllen, TX 78503	State; Zip Code	
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Printing Expense	Check if travel	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense CNSE
11 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name DH	Office sought	Office held
Date 12/04/2023	Payee name Brand Boosters		
Amount (\$) \$5,910.15	Payee address; City; 3607 S. L LN McAllen, TX 78503	State; Zip Code	
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Printing Expense	Check if travel	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense CNSC
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name DH	Office sought	Office held
Forms provided by Texas I	-thics Commission	ww.ethics.state.tx.us	Version V3.5.1.0bfcfb67

	EXPENDITURE	ES MADE BY CRE	DIT CA	RD		SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politice	Event Expense Fees Food/Beverage Ex Gift/Awards/Memor	ials Expense	Loan Repayn Office Overhe Polling Exper Printing Expe Salaries/Wag	ent/Reimbursement ad/Rental Expense se nse es/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	Total pages Schedule F4: Sch: 2/6 Rpt: 61/65	2 FILER NAME Lopez-Singleterry, Nereid	da			3 Filer ID (Ethics Commission Filers) 00083772
4	TOTAL OF UNITEMIZ	ZED EXPENDITURES CH	IARGED TO	O A CRED	T CARD	\$
5	Date 09/01/2023	6 Payee name COSTCO				·
7	Amount (\$) \$288.50	 8 Payee address; City; 1501 West Kelly Ave. Pharr, TX 78577 	Stat	e; Zip Code		
9	TYPE OF EXPENDITURE	X Political		Non-Politic	al	
10	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed Event Expense	at the top of this s	chedule) (b		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense S E
11	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	!	Office sough	t	Office held
	Date 12/09/2023	Payee name META Ads Facebook				
	Amount (\$) \$520.80	Payee address; City; One Hacker Way Menlo Park, CA 94025	Stat	e; Zip Code		
F	TYPE OF EXPENDITURE	X Political		Non-Politic	al	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed Advertising Expense	at the top of this s	chedule) (b		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense EXPENSE
F	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	!	Office sough	t	Office held
E	rms provided by Texas E	thics Commission	www.ethics	state ty us		Version V3.5.1.0bfcfb6

	EXPENDITURE	ES MADE BY CR	EDIT CAI	RD		SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage / - Gift/Awards/Mer I Committee Legal Services		Loan Repayme Office Overhead Polling Expense Printing Expense Salaries/Wages	ht/Reimbursement d/Rental Expense e /Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F4: Sch: 3/6 Rpt: 62/65	2 FILER NAME Lopez-Singleterry, Ner	eida			3 Filer ID (Ethics Commission Filers) 00083772
4	TOTAL OF UNITEMIZ	ZED EXPENDITURES C	HARGED TO	A CREDIT	CARD	\$
5	Date 08/27/2023	6 Payee name Palenque Group				
7	Amount (\$) \$365.50	8 Payee address; City; 2200 s 10th McAllen, TX 78503	State	e; Zip Code		
9	TYPE OF EXPENDITURE	X Political		Non-Political		
10) PURPOSE OF EXPENDITURE	(a) Category (See Categories list Event Expense	ed at the top of this sc	hedule) (b)		l outside of Texas. Complete Schedule T. in, TX, officeholder living expense IS E
11	Complete <u>ONLY</u> if direct expenditure to benefit C/O	I Candidate/Officeholder nar H	ne	Office sought		Office held
	Date 11/28/2023	Payee name Print Shop RGV				
	Amount (\$) \$54.13	Payee address; City; 3906 S Jackson Rd.	State	e; Zip Code		
		Edinburg, TX 78539				
L	TYPE OF EXPENDITURE	X Political		Non-Political		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories list Printing Expense	ed at the top of this sc	hedule) (b)		l outside of Texas. Complete Schedule T. in, TX, officeholder living expense ENSE
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder nan H	ne	Office sought		Office held

	EXPENDITURE	ES MADE BY CRE	EDIT CARD		SCHEDULE F4
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage E: / - Gift/Awards/Memo I Committee Legal Services	kpense Office Polling prials Expense Printing	Repayment/Reimbursement Overhead/Rental Expense Expense g Expense es/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F4: Sch: 4/6 Rpt: 63/65	2 FILER NAME Lopez-Singleterry, Nere	ida		3 Filer ID (Ethics Commission Filers) 00083772
4	TOTAL OF UNITEMIZ	ZED EXPENDITURES CH	HARGED TO A CF	REDIT CARD	\$
5	Date 11/28/2023	6 Payee name Print Shop RGV			•
7	Amount (\$) \$775.00	8 Payee address; City; 3906 S Jackson Rd. Edinburg, TX 78539	State; Zip	Code	
9	TYPE OF EXPENDITURE	X Political	Non-P	Political	
10) PURPOSE OF EXPENDITURE	(a) Category (See Categories lister Printing Expense	d at the top of this schedule)		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense ENSE
11	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	e Office s	ought	Office held
	Date 12/21/2023	Payee name SAM'S CLUB			
	Amount (\$) \$558.89	Payee address; City; 7601 N Trenton St.	State; Zip	Code	
┝	TYPE OF	McAllen, TX 78504			
L	EXPENDITURE	X Political		Political	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed Event Expense	d at the top of this schedule)		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense ISE
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	e Office s	ought	Office held

EXPENDITUR	ES MADE BY CREDIT	CARD	SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic	Event Expense Fees Food/Beverage Expense by - Gift/Awards/Memorials Exp al Committee Legal Services	CATEGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor e explains how to complete this form.	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 F4: Sch: 5/6 Rpt: 64/65	2 FILER NAME Lopez-Singleterry, Nereida		3 Filer ID (Ethics Commission Filers) 00083772
⁴ TOTAL OF UNITEMI	ZED EXPENDITURES CHARG	ED TO A CREDIT CARD	\$
5 Date 12/21/2023	6 Payee name SAM'S CLUB		
7 Amount (\$) \$402.03	8 Payee address; City; 7601 N Trenton St. McAllen, TX 78504	State; Zip Code	
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to Event Expense	Check if trave	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense S E
11 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name H	Office sought	Office held
Date 12/19/2023	Payee name SAM'S CLUB		
Amount (\$) \$77.90	Payee address; City; 7601 N Trenton St. McAllen, TX 78504	State; Zip Code	
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to Event Expense	Check if trave	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense SE
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name H	Office sought	Office held
Forms provided by Texas E	Thics Commission	v.ethics.state.tx.us	Version V3.5.1.0bfcfb67

EXPENDITUR	ES MADE BY CREDI	T CARD	SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex al Committee Legal Services	CATEGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Re explains how to complete this form.	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 F4: Sch: 6/6 Rpt: 65/65	2 FILER NAME Lopez-Singleterry, Nereida		3 Filer ID (Ethics Commission Filers) 00083772
⁴ TOTAL OF UNITEMI	ZED EXPENDITURES CHAR	GED TO A CREDIT CARD	\$
5 Date 12/19/2023	6 Payee name SAM'S CLUB		
7 Amount (\$) \$775.92	8 Payee address; City; 7601 N Trenton St. McAllen, TX 78504	State; Zip Code	
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Event Expense	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense S E
11 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name H	Office sought	Office held
Date 12/19/2023	Payee name SAM'S CLUB		
Amount (\$) \$487.60	Payee address; City; 7601 N Trenton St. McAllen, TX 78504	State; Zip Code	
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Event Expense	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense SE
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name	Office sought	Office held
	Ethics Commission www	w.ethics.state.tx.us	Version V3.5.1.0bfcfb67