

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

<b>The JC/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00067397	<b>2</b> Total pages filed:  30	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Nora L.	MI	<b>OFFICE USE ONLY</b>
	NICKNAME	LAST Longoria	SUFFIX	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE			Date Hand-delivered or Date Postmarked
	<b>REDACTED PER 254.0313, GOV'T CODE</b>			Receipt #      Amount
				Date Processed
				Date Imaged
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Darrell L.	MI	
	NICKNAME	LAST Barger	SUFFIX	
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
	<b>REDACTED PER 254.0313, GOV'T CODE</b>			
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(361)	866-8000		
<b>8</b> REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
<b>9</b> PERIOD COVERED	Month    Day    Year	THROUGH	Month    Day    Year	
	07/01/2023		12/31/2023	
<b>10</b> ELECTION	ELECTION DATE		ELECTION TYPE	
	Month    Day    Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other
	03/05/2024	<input type="checkbox"/> General	<input type="checkbox"/> Special	
<b>11</b> OFFICE	OFFICE HELD (if any) Court Of Appeals, Justice Place 2 District 13	<b>12</b> OFFICE SOUGHT (if known) Court Of Appeals, Justice Place 2 District 13		

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

2 of 30

**13** C / OH NAME Longoria, Nora L. (The Honorable) **14** Filer ID (Ethics Commission Filers)  
00067397

**15** NOTICE FROM POLITICAL COMMITTEE(S)  
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

Additional Pages

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>16</b> CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	55,826.35
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	13,091.48
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	147,299.84
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17** AFFIDAVIT

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

The Honorable Nora L. Longoria  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

# SUBTOTALS - JC/OH

<b>18 FILER NAME</b> Longoria, Nora L. (The Honorable)	<b>19 Filer ID</b> (Ethics Commission Filers) 00067397
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<b>20 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 53,030.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,796.35
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 13,091.48
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 173.85
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 108.54

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 1/17 Rpt: 4/30
<b>2</b> FILER NAME Longoria, Nora L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067397
<b>4</b> Date 09/25/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams & Graham LLP <hr/> <b>6</b> Contributor address; City; State; Zip Code  Harlingen, TX 78551	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar & Zabarte, LLC <hr/> Contributor address; City; State; Zip Code  Brownsville, TX 78520	Amount of Contribution (\$)  \$250.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amador, Ariel (Ms.) <hr/> Contributor address; City; State; Zip Code  Weslaco, TX 78599	Amount of Contribution (\$)  \$5,000.00
Contributor's Principal Occupation Self Employed		Contributor's Job Title Self Employed
Contributor's employer/law firm The Flavor Compound		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A(J)1: Sch: 2/17 Rpt: 5/30
2 FILER NAME Longoria, Nora L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067397
4 Date 10/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson Lehrman Barre Maraist	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code  Corpus Chrisit, TX 78404	
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)		
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong, Ronald (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Brownsville, TX 78521	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm The Armstrong Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker Botts Amicus Fund	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code  Houston, TX 77002	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A(J)1: Sch: 3/17 Rpt: 6/30
2 FILER NAME Longoria, Nora L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067397
4 Date 10/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Rolando (Mr.)	7 Amount of Contribution (\$)  \$100.00
	6 Contributor address; City; State; Zip Code  Corpus Christi, TX 78413	
8 Contributor's Principal Occupation Insurance Agent		9 Contributor's Job Title Insurance Agent
10 Contributor's employer/law firm Insurance Agent		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brunkenhoefer, Blake	Amount of Contribution (\$)  \$2,500.00
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78401	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Brunkenhoefer PC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caldwell, Joshua	Amount of Contribution (\$)  \$250.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78216	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Davis & Santos PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 4/17 Rpt: 7/30
<b>2</b> FILER NAME Longoria, Nora L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067397
<b>4</b> Date 10/18/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carrigan & Anderson PLLC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78401	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carrigan & Anderson PLLC <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78401	Amount of Contribution (\$)  \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chapa, Paul (Mr.) <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78414	Amount of Contribution (\$)  \$500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Linebarger Goggan Blair & Samson, LLP:		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 5/17 Rpt: 8/30
<b>2</b> FILER NAME Longoria, Nora L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067397
<b>4</b> Date 09/28/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colvin Saenz Rodriguez & Kennamer LLP	<b>7</b> Amount of Contribution (\$) \$1,000.00
	<b>6</b> Contributor address; City; State; Zip Code  Brownsville, TX 78522	
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cowen , Michael (Mr.)	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code  San Antonio, TX 78201	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Cowen Rodriguez Peacock		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, Carlos (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Beeville, TX 78102	
Contributor's Principal Occupation Corporate Sales		Contributor's Job Title Corporate Sales
Contributor's employer/law firm Nine Energy Service		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 6/17 Rpt: 9/30
<b>2</b> FILER NAME Longoria, Nora L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067397
<b>4</b> Date 11/16/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davila, Mario (Mr.)	<b>7</b> Amount of Contribution (\$)  \$1,000.00
	<b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78502	
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Law Office of Mario Davila		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Elizondo, Dolly (Ms.)	Amount of Contribution (\$)  \$300.00
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Contributor's Principal Occupation Real Estate Broker		Contributor's Job Title Real Estate Broker
Contributor's employer/law firm Self Employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fair, Larry (Mr.)	Amount of Contribution (\$)  \$300.00
	Contributor address; City; State; Zip Code  Mission, TX 78572	
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 7/17 Rpt: 10/30
<b>2</b> FILER NAME Longoria, Nora L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067397
<b>4</b> Date 10/18/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fancher Neblett LLP <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78401	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 09/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gamez, Erin (Ms.) <hr/> Contributor address; City; State; Zip Code  Brownsville, TX 78526	Amount of Contribution (\$)  \$1,500.00
Contributor's Principal Occupation Texas State Representative		Contributor's Job Title Texas State Representative
Contributor's employer/law firm Texas State Representative		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Ricardo (Mr.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Law Firm of Ricardo Garcia		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A(J)1: Sch: 8/17 Rpt: 11/30
2 FILER NAME Longoria, Nora L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067397
4 Date 10/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales Jr., Rudy (Mr.)	7 Amount of Contribution (\$)  \$500.00
	6 Contributor address; City; State; Zip Code  Corpus Christi, TX 78401	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Hilliard Law		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hannam, Kenneth (Mr.)	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78413	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Law Office of Kenneth Hannam		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartline Barger LLP	Amount of Contribution (\$)  \$2,500.00
	Contributor address; City; State; Zip Code  Dallas, TX 75231	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A(J)1: Sch: 9/17 Rpt: 12/30
2 FILER NAME Longoria, Nora L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067397
4 Date 10/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henkel III, C.M. (Mr.)	7 Amount of Contribution (\$)  \$100.00
	6 Contributor address; City; State; Zip Code  Corpus Christi, TX 78401	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Self Employed		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hummell, Michael (Mr.)	Amount of Contribution (\$)  \$1,000.00
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78409	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Self Employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huseman Law Firm	Amount of Contribution (\$)  \$500.00
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78401	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 10/17 Rpt: 13/30
<b>2</b> FILER NAME Longoria, Nora L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067397
<b>4</b> Date 09/28/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of John Williamson ..... <b>6</b> Contributor address; City; State; Zip Code  Brownsville, TX 78520	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Shiree D. Salinas, PLLC ..... Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$2,500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of William A. Dudley PC ..... Contributor address; City; State; Zip Code  Corpus Christi, TX 78404	Amount of Contribution (\$)  \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
(Empty space for additional information)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 11/17 Rpt: 14/30
<b>2</b> FILER NAME Longoria, Nora L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067397
<b>4</b> Date 11/07/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Law Offices of Brandy Wingate Voss <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78501	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Law Offices of Ernesto Gamez Jr PC <hr/> Contributor address; City; State; Zip Code  Brownsville, TX 78520	Amount of Contribution (\$)  \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Law Offices of Michael E. Flanagan <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78501	Amount of Contribution (\$)  \$1,500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 12/17 Rpt: 15/30
<b>2</b> FILER NAME Longoria, Nora L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067397
<b>4</b> Date 10/16/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Linebarger Goggan Blair & Sampson, LLP <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78760	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Linebarger Goggan Blair & Sampson, LLP <hr/> Contributor address; City; State; Zip Code  Austin, TX 78760	Amount of Contribution (\$)  \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McKibben, Martinez, Jarvis & Wood <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78401	Amount of Contribution (\$)  \$1,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 13/17 Rpt: 16/30
<b>2</b> FILER NAME Longoria, Nora L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067397
<b>4</b> Date 07/22/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Millin & Millin PLLC <hr/> <b>6</b> Contributor address; City; State; Zip Code  McAllen, TX 78504	<b>7</b> Amount of Contribution (\$)  \$2,500.00
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moeller, Becky (Ms.) <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78412	Amount of Contribution (\$)  \$30.00
Contributor's Principal Occupation Self Employed		Contributor's Job Title Self Employed
Contributor's employer/law firm Self Employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noone, Jeanette (Ms.) <hr/> Contributor address; City; State; Zip Code  McAllen, TX 78504	Amount of Contribution (\$)  \$500.00
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 14/17 Rpt: 17/30
<b>2</b> FILER NAME Longoria, Nora L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067397
<b>4</b> Date 10/29/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orozco, Cynthia A. (Ms.)	<b>7</b> Amount of Contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Cuero, TX 77954		
<b>8</b> Contributor's Principal Occupation Professor		<b>9</b> Contributor's Job Title Professor
<b>10</b> Contributor's employer/law firm Eastern New Mexico University		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Royston Rayzor Vickery & Williams LLP	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  Corpus Christi, TX 78401		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepherd, Joseph L. (Mr.)	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code  Cuero, TX 77954		
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Joseph L. Shepherd, Attorney		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 15/17 Rpt: 18/30
<b>2</b> FILER NAME Longoria, Nora L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067397
<b>4</b> Date 10/19/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snapka, Kathryn (Ms.)	<b>7</b> Amount of Contribution (\$) \$1,000.00
<b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78403		
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm The Snapka Law Firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Green Law Firm	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Brownsville, TX 78520		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tijerina, Melissa (Ms.)	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code  Edinburg, TX 78539		
Contributor's Principal Occupation Pharmacist		Contributor's Job Title Pharmacist
Contributor's employer/law firm Pharmacist		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 16/17 Rpt: 19/30
<b>2</b> FILER NAME Longoria, Nora L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067397
<b>4</b> Date 10/04/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal and Begum PLLC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Brownsville, TX 78526	<b>7</b> Amount of Contribution (\$)  \$2,500.00
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb Cason PC <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78401	Amount of Contribution (\$)  \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welder Leshin <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78401	Amount of Contribution (\$)  \$1,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 17/17 Rpt: 20/30
<b>2</b> FILER NAME Longoria, Nora L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067397
<b>4</b> Date 10/18/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westergren, Michael J. (Mr.)	<b>7</b> Amount of Contribution (\$) \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78404		
<b>8</b> Contributor's Principal Occupation Retired Judge		<b>9</b> Contributor's Job Title Retired Judge
<b>10</b> Contributor's employer/law firm Retired Judge		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wigington Rumley Dunn & Blair	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  Corpus Christi, TX 78401		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zamir, Asim	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  Brownsville, TX 78520		
Contributor's Principal Occupation Doctor		Contributor's Job Title Doctor
Contributor's employer/law firm Self Employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 1/2 Rpt: 21/30	
2 FILER NAME Longoria, Nora L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067397	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/26/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borchard, Richard (Mr.)	8 Amount of contribution (\$) \$345.94	9 In-kind contribution description Food for Campaign Event
	7 Contributor address; City; State; Zip Code  Corpus Christi, TX 78401		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) Attorney		13 Contributor's job title (FOR JUDICIAL) (See instructions) Attorney	
14 Contributor's employer/law firm (FOR JUDICIAL) Richard Borchard, Attorney		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bright, David (Mr.)	Amount of contribution (\$) \$700.36	In-kind contribution description Postage and envelopes
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78411		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) Attorney		Contributor's job title (FOR JUDICIAL) (See instructions) Attorney	
Contributor's employer/law firm (FOR JUDICIAL) Sico Hoelscher Harris		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 10/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Trey (Mr.)	Amount of contribution (\$) \$1,029.11	In-kind contribution description Food & Beverages for Campaign Event
	Contributor address; City; State; Zip Code  Brownsville, TX 78520		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) Attorney		Contributor's job title (FOR JUDICIAL) (See instructions) Attorney	
Contributor's employer/law firm (FOR JUDICIAL) Martinez & Tijerina		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 2/2 Rpt: 22/30	
2 FILER NAME Longoria, Nora L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067397	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/26/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheppard, Cynthia T	8 Amount of contribution (\$) \$720.94	9 In-kind contribution description Food & Beverage for Campaign Event
	7 Contributor address; City; State; Zip Code  Cuero, TX 77954	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) Attorney		13 Contributor's job title (FOR JUDICIAL) (See instructions) Attorney	
14 Contributor's employer/law firm (FOR JUDICIAL) Cynthia Sheppard, Attorney		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/5 Rpt: 23/30	<b>2</b> FILER NAME Longoria, Nora L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067397
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<b>4</b> Date 11/06/2023	<b>5</b> Payee name Capable Kids Foundation
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<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code 1223 E. Hackberry Ave.  McAllen, TX 78501
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/06/2023	Payee name Garza, Luciano (Mr.)
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Amount (\$) \$250.00	Payee address; City; State; Zip Code 3515 Pecan Grove Dr.  Weslaco, TX 78596
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for toy drive for Catholic Charities
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/18/2023	Payee name Hidalgo County Democratic Party
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 1210 W. Expressway 83, Unit # 7  Pharr, TX 78577
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gala Table Sponsorship
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/5 Rpt: 24/30	<b>2</b> FILER NAME Longoria, Nora L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067397
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<b>4</b> Date 08/02/2023	<b>5</b> Payee name Market Head Media
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<b>6</b> Amount (\$) \$1,650.00	<b>7</b> Payee address; City; State; Zip Code 205 Rustic Ridge Dr.  Garland, TX 75040
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Fee
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/12/2023	Payee name Market Head Media
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Amount (\$) \$1,375.00	Payee address; City; State; Zip Code 205 Rustic Ridge Dr.  Garland , TX 75040
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/03/2023	Payee name Market Head Media
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Amount (\$) \$1,564.98	Payee address; City; State; Zip Code 205 Rustic Ridge Dr.  Garland, TX 75040
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/5 Rpt: 25/30	<b>2</b> FILER NAME Longoria, Nora L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067397
<b>4</b> Date 10/04/2023	<b>5</b> Payee name Market Head Media	
<b>6</b> Amount (\$) \$1,375.00	<b>7</b> Payee address; City; State; Zip Code 205 Rustic Ridge Dr.  Garland, TX 75040	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/20/2023	Payee name Market Head Media	
Amount (\$) \$819.00	Payee address; City; State; Zip Code 205 Rustic Ridge Dr.  Garland, TX 75040	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/20/2023	Payee name Munoz, Pamela (Ms.)	
Amount (\$) \$1,332.50	Payee address; City; State; Zip Code 1023 S. Texas  Weslaco, TX 78596	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Photos
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/5 Rpt: 26/30	<b>2</b> FILER NAME Longoria, Nora L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067397
<b>4</b> Date 12/16/2023	<b>5</b> Payee name Ramirez, Joseph	
<b>6</b> Amount (\$) \$750.00	<b>7</b> Payee address; City; State; Zip Code 1741 Star Cove  Corpus Christi, TX 78412	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2023	Payee name Rodriguez, Aida (Ms.)	
Amount (\$) \$400.00	Payee address; City; State; Zip Code 1701 N. 8th St.  McAllen, TX 78501	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Hair Session for Campaign Photos	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hair Session for Campaign Photos
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2023	Payee name Romero, Desi	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 1722 N. Alamo Rd.  Alamo, TX 78516	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/5 Rpt: 27/30	<b>2</b> FILER NAME Longoria, Nora L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067397
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<b>4</b> Date 11/27/2023	<b>5</b> Payee name Texas Democratic Party
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<b>6</b> Amount (\$) \$1,875.00	<b>7</b> Payee address; City; State; Zip Code 1106 Lavaca St #100  Austin, TX 78701
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fee
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/20/2023	Payee name Villarreal, Brenda (Ms.)
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Amount (\$) \$200.00	Payee address; City; State; Zip Code 4501 Santa Fabiola  Mission, TX 78572
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Make up Session for Campaign Photos	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Make up Session for Campaign Photos
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 1/1 Rpt:	<b>2</b> FILER NAME Longoria, Nora L. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067397
<b>4</b> Date 12/31/2023	<b>5</b> Payee name Stripes	
<b>6</b> Amount (\$) 173.85	<b>7</b> Payee Address; City; State; Zip 354 Oyster Point Blvd.  South San Francisco, CA 94080	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) Stripes Online Fees 07/01/23 to 12/31/23

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

**SCHEDULE K**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/2 Rpt: 29/30
<b>2</b> FILER NAME Longoria, Nora L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067397
<b>4</b> Date 07/17/2023	<b>5</b> Name of person from whom amount is received Lone Star National Bank <hr/> <b>6</b> Address of person from whom amount is received; City; State; Zip Code  Pharr, TX 78577	<b>8</b> Amount (\$)  \$12.21
<b>7</b> Purpose for which amount is received Interest Earned <input type="checkbox"/> Check if political contribution returned to filer		
Date 08/17/2023	Name of person from whom amount is received Lone Star National Bank <hr/> Address of person from whom amount is received; City; State; Zip Code  Pharr, TX 78577	Amount (\$)  \$16.66
Purpose for which amount is received Interest Earned <input type="checkbox"/> Check if political contribution returned to filer		
Date 09/17/2023	Name of person from whom amount is received Lone Star National Bank <hr/> Address of person from whom amount is received; City; State; Zip Code  Pharr, TX 78577	Amount (\$)  \$17.15
Purpose for which amount is received Interest Earned <input type="checkbox"/> Check if political contribution returned to filer		
Date 11/18/2023	Name of person from whom amount is received Lone Star National Bank <hr/> Address of person from whom amount is received; City; State; Zip Code  Pharr, TX 78577	Amount (\$)  \$23.41
Purpose for which amount is received Interest Earned <input type="checkbox"/> Check if political contribution returned to filer		
Date 10/17/2023	Name of person from whom amount is received Lone Star National Bank <hr/> Address of person from whom amount is received; City; State; Zip Code  Pharr, TX 78577	Amount (\$)  \$18.36
Purpose for which amount is received Interest Earned <input type="checkbox"/> Check if political contribution returned to filer		

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

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 2/2 Rpt: 30/30
<b>2</b> FILER NAME Longoria, Nora L. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067397
<b>4</b> Date 12/17/2023	<b>5</b> Name of person from whom amount is received Lone Star National Bank	<b>8</b> Amount (\$) \$20.75
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  Pharr, TX 78577	
	<b>7</b> Purpose for which amount is received Interest Earned	<input type="checkbox"/> Check if political contribution returned to filer