

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00085732	2 Total pages filed: 26
3 COMMITTEE NAME Edinburg AFT COPE		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/16/2024	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1508 S Sugar STE A Edinburg, TX 78539		
	5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Mr. Javier <hr/> NICKNAME LAST SUFFIX Olivarez		
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1508 S Sugar STE A Edinburg, TX 78539		
	7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1508 S Sugar. Ste. A Edinburg, TX 78539		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 318-3238		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year Month Day Year 07/01/2023 THROUGH 12/31/2023		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

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

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	98.04
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	1.47
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,210.64
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

16 AFFIDAVIT

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

Mr. Javier Olivarez

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - GPAC

17 COMMITTEE NAME Edinburg AFT COPE		18 Filer ID (Ethics Commission Filers) 00085732
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 98.04
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1.47
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.06

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/8 Rpt: 4/26
2 FILER NAME Edinburg AFT COPE		3 Filer ID (Ethics Commission Filers) 00085732
4 Date 07/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALCALA, MICHELLE (Ms.) <hr/> 6 Contributor address; City; State; Zip Code EDINBURG, TX 78541	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) TEACHER		9 Employer (See Instructions) EDINBURG CISD
Date 08/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALCALA, MICHELLE (Ms.) <hr/> Contributor address; City; State; Zip Code EDINBURG, TX 78541	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALCALA, MICHELLE (Ms.) <hr/> Contributor address; City; State; Zip Code EDINBURG, TX 78541	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 10/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALCALA, MICHELLE (Ms.) <hr/> Contributor address; City; State; Zip Code EDINBURG, TX 78541	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 11/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALCALA, MICHELLE (Ms.) <hr/> Contributor address; City; State; Zip Code EDINBURG, TX 78541	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/8 Rpt: 5/26
2 FILER NAME Edinburg AFT COPE		3 Filer ID (Ethics Commission Filers) 00085732
4 Date 12/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALCALA, MICHELLE (Ms.) <hr/> 6 Contributor address; City; State; Zip Code EDINBURG, TX 78541	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) TEACHER		9 Employer (See Instructions) EDINBURG CISD
Date 07/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTU, IVAN (Mr.) <hr/> Contributor address; City; State; Zip Code EDINBURG, TX 78541	Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 08/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTU, IVAN (Mr.) <hr/> Contributor address; City; State; Zip Code EDINBURG, TX 78541	Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTU, IVAN (Mr.) <hr/> Contributor address; City; State; Zip Code EDINBURG, TX 78541	Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 10/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTU, IVAN (Mr.) <hr/> Contributor address; City; State; Zip Code EDINBURG, TX 78541	Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Edinburg AFT COPE		3 Filer ID (Ethics Commission Filers) 00085732
4 Date 11/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTU, IVAN (Mr.) <hr/> 6 Contributor address; City; State; Zip Code EDINBURG, TX 78541	7 Amount of Contribution (\$) \$2.08
8 Principal occupation / Job title (See Instructions) TEACHER		9 Employer (See Instructions) EDINBURG CISD
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTU, IVAN (Mr.) <hr/> Contributor address; City; State; Zip Code EDINBURG, TX 78541	Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COLLINS, MICHELLE (Ms.) <hr/> Contributor address; City; State; Zip Code ELSA, TX 78543-2873	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 07/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FAUBION, ERIKA (Ms.) <hr/> Contributor address; City; State; Zip Code EDINBURG, TX 78541-1300	Amount of Contribution (\$) \$3.08
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 08/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FAUBION, ERIKA (Ms.) <hr/> Contributor address; City; State; Zip Code EDINBURG, TX 78541-1300	Amount of Contribution (\$) \$3.08
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/8 Rpt: 7/26
2 FILER NAME Edinburg AFT COPE		3 Filer ID (Ethics Commission Filers) 00085732
4 Date 09/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FAUBION, ERIKA (Ms.) 6 Contributor address; City; State; Zip Code EDINBURG, TX 78541-1300	7 Amount of Contribution (\$) \$3.08
8 Principal occupation / Job title (See Instructions) TEACHER		9 Employer (See Instructions) EDINBURG CISD
Date 10/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FAUBION, ERIKA (Ms.) Contributor address; City; State; Zip Code EDINBURG, TX 78541-1300	Amount of Contribution (\$) \$3.08
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 11/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FAUBION, ERIKA (Ms.) Contributor address; City; State; Zip Code EDINBURG, TX 78541-1300	Amount of Contribution (\$) \$3.08
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FAUBION, ERIKA (Ms.) Contributor address; City; State; Zip Code EDINBURG, TX 78541-1300	Amount of Contribution (\$) \$3.08
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 07/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARZA, DELORES (Ms.) Contributor address; City; State; Zip Code WESLACO, TX 78599-4640	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/8 Rpt: 8/26
2 FILER NAME Edinburg AFT COPE		3 Filer ID (Ethics Commission Filers) 00085732
4 Date 08/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARZA, DELORES (Ms.) <hr/> 6 Contributor address; City; State; Zip Code WESLACO, TX 78599-4640	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) TEACHER		9 Employer (See Instructions) EDINBURG CISD
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARZA, DELORES (Ms.) <hr/> Contributor address; City; State; Zip Code WESLACO, TX 78599-4640	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 10/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARZA, DELORES (Ms.) <hr/> Contributor address; City; State; Zip Code WESLACO, TX 78599-4640	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 11/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARZA, DELORES (Ms.) <hr/> Contributor address; City; State; Zip Code WESLACO, TX 78599-4640	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARZA, DELORES (Ms.) <hr/> Contributor address; City; State; Zip Code WESLACO, TX 78599-4640	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/8 Rpt: 9/26
2 FILER NAME Edinburg AFT COPE		3 Filer ID (Ethics Commission Filers) 00085732
4 Date 07/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, MARSHA (Ms.)	7 Amount of Contribution (\$) \$1.00
	6 Contributor address; City; State; Zip Code EDINBURG, TX 78539	
8 Principal occupation / Job title (See Instructions) RETIRED TEACHER		9 Employer (See Instructions) EDINBURG CISD
Date 08/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, MARSHA (Ms.)	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code EDINBURG, TX 78539	
Principal occupation / Job title (See Instructions) RETIRED TEACHER		Employer (See Instructions) EDINBURG CISD
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, MARSHA (Ms.)	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code EDINBURG, TX 78539	
Principal occupation / Job title (See Instructions) RETIRED TEACHER		Employer (See Instructions) EDINBURG CISD
Date 10/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, MARSHA (Ms.)	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code EDINBURG, TX 78539	
Principal occupation / Job title (See Instructions) RETIRED TEACHER		Employer (See Instructions) EDINBURG CISD
Date 11/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, MARSHA (Ms.)	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code EDINBURG, TX 78539	
Principal occupation / Job title (See Instructions) RETIRED TEACHER		Employer (See Instructions) EDINBURG CISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/8 Rpt: 10/26
2 FILER NAME Edinburg AFT COPE		3 Filer ID (Ethics Commission Filers) 00085732
4 Date 12/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, MARSHA (Ms.) <hr/> 6 Contributor address; City; State; Zip Code EDINBURG, TX 78539	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) RETIRED TEACHER		9 Employer (See Instructions) EDINBURG CISD
Date 08/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTINEZ, ISABEL (Mrs.) <hr/> Contributor address; City; State; Zip Code EDINBURG, TX 78541-1533	Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 07/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VIDAL, OLGA (Ms.) <hr/> Contributor address; City; State; Zip Code EDINBURG, TX 78540-2192	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 08/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VIDAL, OLGA (Ms.) <hr/> Contributor address; City; State; Zip Code EDINBURG, TX 78540-2192	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VIDAL, OLGA (Ms.) <hr/> Contributor address; City; State; Zip Code EDINBURG, TX 78540-2192	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/8 Rpt: 11/26
2 FILER NAME Edinburg AFT COPE		3 Filer ID (Ethics Commission Filers) 00085732
4 Date 10/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VIDAL, OLGA (Ms.)	7 Amount of Contribution (\$) \$1.00
6 Contributor address; City; State; Zip Code EDINBURG, TX 78540-2192		
8 Principal occupation / Job title (See Instructions) TEACHER		9 Employer (See Instructions) EDINBURG CISD
Date 11/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VIDAL, OLGA (Ms.)	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code EDINBURG, TX 78540-2192		
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VIDAL, OLGA (Ms.)	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code EDINBURG, TX 78540-2192		
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD

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.

1 Total pages Schedule F1: Sch: 1/13 Rpt: 12/26	2 FILER NAME Edinburg AFT COPE	3 Filer ID (Ethics Commission Filers) 00085732
4 Date 07/28/2023	5 Payee name ALCALA, MICHELLE (Ms.)	
6 Amount (\$) \$0.07 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3404 SAHARA DR APT 2 EDINBURG, TX 78541	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/30/2023	Candidate/Officeholder name ALCALA, MICHELLE (Ms.)	
Amount (\$) \$0.07 <input type="checkbox"/> Expenditure from corporate funds	Office sought 3404 SAHARA DR APT 2 EDINBURG, TX 78541	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/28/2023	Candidate/Officeholder name ALCALA, MICHELLE (Ms.)	
Amount (\$) \$0.07 <input type="checkbox"/> Expenditure from corporate funds	Office sought 3404 SAHARA DR APT 2 EDINBURG, TX 78541	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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.

1 Total pages Schedule F1: Sch: 2/13 Rpt: 13/26	2 FILER NAME Edinburg AFT COPE	3 Filer ID (Ethics Commission Filers) 00085732
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4 Date 10/28/2023	5 Payee name ALCALA, MICHELLE (Ms.)
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6 Amount (\$) \$0.07 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3404 SAHARA DR APT 2 EDINBURG, TX 78541
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE FEES
---------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/29/2023	Payee name ALCALA, MICHELLE (Ms.)
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Amount (\$) \$0.07 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3404 SAHARA DR APT 2 EDINBURG, TX 78541
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE FEES
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/28/2023	Payee name ALCALA, MICHELLE (Ms.)
--------------------	--------------------------------------

Amount (\$) \$0.07 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3404 SAHARA DR APT 2 EDINBURG, TX 78541
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE FEES
------------------------	--	---

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.

1 Total pages Schedule F1: Sch: 3/13 Rpt: 14/26	2 FILER NAME Edinburg AFT COPE	3 Filer ID (Ethics Commission Filers) 00085732
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4 Date 07/28/2023	5 Payee name CANTU, IVAN (Mr.)
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6 Amount (\$) \$0.03 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3205 LA PUERTA AVE EDINBURG, TX 78541-4397
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE FEES
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/30/2023	Payee name CANTU, IVAN (Mr.)
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Amount (\$) \$0.03 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3205 LA PUERTA AVE EDINBURG, TX 78541-4397
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE FEES
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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 09/28/2023	Payee name CANTU, IVAN (Mr.)
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Amount (\$) \$0.03 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3205 LA PUERTA AVE EDINBURG, TX 78541-4397
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE FEES
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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.

1 Total pages Schedule F1: Sch: 4/13 Rpt: 15/26	2 FILER NAME Edinburg AFT COPE	3 Filer ID (Ethics Commission Filers) 00085732
4 Date 10/28/2023	5 Payee name CANTU, IVAN (Mr.)	
6 Amount (\$) \$0.03 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3205 LA PUERTA AVE EDINBURG, TX 78541-4397	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/29/2023	Candidate/Officeholder name CANTU, IVAN (Mr.)	
Amount (\$) \$0.03 <input type="checkbox"/> Expenditure from corporate funds	Office sought 3205 LA PUERTA AVE EDINBURG, TX 78541-4397	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/28/2023	Candidate/Officeholder name CANTU, IVAN (Mr.)	
Amount (\$) \$0.03 <input type="checkbox"/> Expenditure from corporate funds	Office sought 3205 LA PUERTA AVE EDINBURG, TX 78541-4397	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/28/2023	Candidate/Officeholder name CANTU, IVAN (Mr.)	
Amount (\$) \$0.03 <input type="checkbox"/> Expenditure from corporate funds	Office sought 3205 LA PUERTA AVE EDINBURG, TX 78541-4397	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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.

1 Total pages Schedule F1: Sch: 5/13 Rpt: 16/26	2 FILER NAME Edinburg AFT COPE	3 Filer ID (Ethics Commission Filers) 00085732
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4 Date 12/30/2023	5 Payee name COLLINS, MICHELLE (Ms.)
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6 Amount (\$) \$0.19 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. BOX 2873 ELSA, TX 78543-2873
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE FEES
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/28/2023	Payee name FAUBION, ERIKA (Ms.)
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Amount (\$) \$0.04 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 540 BARTON DR EDINBURG, TX 78541-1300
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE FEES
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/30/2023	Payee name FAUBION, ERIKA (Ms.)
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Amount (\$) \$0.04 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 540 BARTON DR EDINBURG, TX 78541-1300
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE FEES
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Complete ONLY 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.

1 Total pages Schedule F1: Sch: 6/13 Rpt: 17/26	2 FILER NAME Edinburg AFT COPE	3 Filer ID (Ethics Commission Filers) 00085732
4 Date 09/28/2023	5 Payee name FAUBION, ERIKA (Ms.)	
6 Amount (\$) \$0.04 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 540 BARTON DR EDINBURG, TX 78541-1300	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/28/2023	Candidate/Officeholder name FAUBION, ERIKA (Ms.)	
Amount (\$) \$0.04 <input type="checkbox"/> Expenditure from corporate funds	Office sought 540 BARTON DR EDINBURG, TX 78541-1300	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/29/2023	Candidate/Officeholder name FAUBION, ERIKA (Ms.)	
Amount (\$) \$0.04 <input type="checkbox"/> Expenditure from corporate funds	Office sought 540 BARTON DR EDINBURG, TX 78541-1300	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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.

1 Total pages Schedule F1: Sch: 7/13 Rpt: 18/26	2 FILER NAME Edinburg AFT COPE	3 Filer ID (Ethics Commission Filers) 00085732
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4 Date 12/28/2023	5 Payee name FAUBION, ERIKA (Ms.)
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6 Amount (\$) \$0.04 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 540 BARTON DR EDINBURG, TX 78541-1300
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE FEES
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/28/2023	Payee name GARZA, DELORES (Ms.)
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Amount (\$) \$0.04 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1312 W MILE 10 N WESLACO, TX 78599-4640
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE FEES
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/30/2023	Payee name GARZA, DELORES (Ms.)
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Amount (\$) \$0.04 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1312 W MILE 10 N WESLACO, TX 78599-4640
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE FEES
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Complete ONLY 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.

1 Total pages Schedule F1: Sch: 8/13 Rpt: 19/26	2 FILER NAME Edinburg AFT COPE	3 Filer ID (Ethics Commission Filers) 00085732
4 Date 09/28/2023	5 Payee name GARZA, DELORES (Ms.)	
6 Amount (\$) \$0.04 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1312 W MILE 10 N WESLACO, TX 78599-4640	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/28/2023	Candidate/Officeholder name GARZA, DELORES (Ms.)	
Amount (\$) \$0.04 <input type="checkbox"/> Expenditure from corporate funds	Office sought 1312 W MILE 10 N WESLACO, TX 78599-4640	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE FEES
Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/29/2023	Candidate/Officeholder name GARZA, DELORES (Ms.)	
Amount (\$) \$0.04 <input type="checkbox"/> Expenditure from corporate funds	Office sought 1312 W MILE 10 N WESLACO, TX 78599-4640	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE FEES
Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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.

1 Total pages Schedule F1: Sch: 9/13 Rpt: 20/26	2 FILER NAME Edinburg AFT COPE	3 Filer ID (Ethics Commission Filers) 00085732
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4 Date 12/28/2023	5 Payee name GARZA, DELORES (Ms.)
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6 Amount (\$) \$0.04 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1312 W MILE 10 N WESLACO, TX 78599-4640
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE FEES
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/28/2023	Payee name GONZALEZ, MARSHA (Ms.)
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Amount (\$) \$0.01 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 603 PEBBLE CREEK APT 4 EDINBURG, TX 78539-2324
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE FEES
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/30/2023	Payee name GONZALEZ, MARSHA (Ms.)
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Amount (\$) \$0.01 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 603 PEBBLE CREEK APT 4 EDINBURG, TX 78539-2324
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE FEES
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Complete ONLY 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.

1 Total pages Schedule F1: Sch: 10/13 Rpt: 21/26	2 FILER NAME Edinburg AFT COPE	3 Filer ID (Ethics Commission Filers) 00085732
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4 Date 09/28/2023	5 Payee name GONZALEZ, MARSHA (Ms.)
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6 Amount (\$) \$0.01 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 603 PEBBLE CREEK APT 4 EDINBURG, TX 78539-2324
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE FEES
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/28/2023	Payee name GONZALEZ, MARSHA (Ms.)
--------------------	--------------------------------------

Amount (\$) \$0.01 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 603 PEBBLE CREEK APT 4 EDINBURG, TX 78539-2324
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE FEES
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/29/2023	Payee name GONZALEZ, MARSHA (Ms.)
--------------------	--------------------------------------

Amount (\$) \$0.01 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 603 PEBBLE CREEK APT 4 EDINBURG, TX 78539-2324
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE FEES
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Complete ONLY 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.

1 Total pages Schedule F1: Sch: 11/13 Rpt: 22/26	2 FILER NAME Edinburg AFT COPE	3 Filer ID (Ethics Commission Filers) 00085732
4 Date 12/28/2023	5 Payee name GONZALEZ, MARSHA (Ms.)	
6 Amount (\$) \$0.01 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 603 PEBBLE CREEK APT 4 EDINBURG, TX 78539-2324	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2023	Candidate/Officeholder name MARTINEZ, ISABEL (Mrs.)	
Amount (\$) \$0.08 <input type="checkbox"/> Expenditure from corporate funds	Office sought 2011 DAMASCO AVE EDINBURG, TX 78541-1533	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/28/2023	Candidate/Officeholder name VIDAL, OLGA (Ms.)	
Amount (\$) \$0.01 <input type="checkbox"/> Expenditure from corporate funds	Office sought P.O. BOX 2192 EDINBURG, TX 78540-2192	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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.

1 Total pages Schedule F1: Sch: 12/13 Rpt: 23/26	2 FILER NAME Edinburg AFT COPE	3 Filer ID (Ethics Commission Filers) 00085732
4 Date 08/30/2023	5 Payee name VIDAL, OLGA (Ms.)	
6 Amount (\$) \$0.01 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. BOX 2192 EDINBURG, TX 78540-2192	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/28/2023	Candidate/Officeholder name VIDAL, OLGA (Ms.)	
Amount (\$) \$0.01 <input type="checkbox"/> Expenditure from corporate funds	Office sought P.O. BOX 2192 EDINBURG, TX 78540-2192	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/28/2023	Candidate/Officeholder name VIDAL, OLGA (Ms.)	
Amount (\$) \$0.01 <input type="checkbox"/> Expenditure from corporate funds	Office sought P.O. BOX 2192 EDINBURG, TX 78540-2192	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/28/2023	Candidate/Officeholder name VIDAL, OLGA (Ms.)	
Amount (\$) \$0.01 <input type="checkbox"/> Expenditure from corporate funds	Office sought P.O. BOX 2192 EDINBURG, TX 78540-2192	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/13 Rpt: 24/26	2 FILER NAME Edinburg AFT COPE	3 Filer ID (Ethics Commission Filers) 00085732
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4 Date 11/29/2023	5 Payee name VIDAL, OLGA (Ms.)
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6 Amount (\$) \$0.01 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. BOX 2192 EDINBURG, TX 78540-2192
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE FEES
---------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/28/2023	Payee name VIDAL, OLGA (Ms.)
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Amount (\$) \$0.01 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. BOX 2192 EDINBURG, TX 78540-2192
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SERVICE FEES
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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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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/2 Rpt: 25/26
2 FILER NAME Edinburg AFT COPE		3 Filer ID (Ethics Commission Filers) 00085732
4 Date 07/31/2023	5 Name of person from whom amount is received Bank Of America <hr/> 6 Address of person from whom amount is received; City; State; Zip Code Edinburg, TX 78539	8 Amount (\$) \$0.01
7 Purpose for which amount is received INTEREST <input type="checkbox"/> Check if political contribution returned to filer		
Date 08/31/2023	Name of person from whom amount is received Bank Of America <hr/> Address of person from whom amount is received; City; State; Zip Code Edinburg, TX 78539	Amount (\$) \$0.01
Purpose for which amount is received INTEREST <input type="checkbox"/> Check if political contribution returned to filer		
Date 09/29/2023	Name of person from whom amount is received Bank Of America <hr/> Address of person from whom amount is received; City; State; Zip Code Edinburg, TX 78539	Amount (\$) \$0.01
Purpose for which amount is received INTEREST <input type="checkbox"/> Check if political contribution returned to filer		
Date 10/31/2023	Name of person from whom amount is received Bank Of America <hr/> Address of person from whom amount is received; City; State; Zip Code Edinburg, TX 78539	Amount (\$) \$0.01
Purpose for which amount is received INTEREST <input type="checkbox"/> Check if political contribution returned to filer		
Date 11/30/2023	Name of person from whom amount is received Bank Of America <hr/> Address of person from whom amount is received; City; State; Zip Code Edinburg, TX 78539	Amount (\$) \$0.01
Purpose for which amount is received INTEREST <input type="checkbox"/> Check if political contribution returned to filer		

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

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 2/2 Rpt: 26/26
2 FILER NAME Edinburg AFT COPE		3 Filer ID (Ethics Commission Filers) 00085732
4 Date 12/29/2023	5 Name of person from whom amount is received Bank Of America	8 Amount (\$) \$0.01
	6 Address of person from whom amount is received; City; State; Zip Code Edinburg, TX 78539	
	7 Purpose for which amount is received INTEREST	<input type="checkbox"/> Check if political contribution returned to filer