FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00083772 27 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Nereida NAME Date Received **ELECTRONICALLY FILED** 02/05/2024 NICKNAME LAST **SUFFIX** Lopez-Singleterry CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 2001 W Nolana MAILING Receipt # Amount **ADDRESS** Suite A McAllen, TX 78504 Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Noelia NAME NICKNAME LAST **SUFFIX** Lopez **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER** 2001 W Nolana **ADDRESS** Suite A (Residence or Business) McAllen, TX 78504 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 540-8376 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 X appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2024 01/25/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other

11 OFFICE

03/05/2024

OFFICE HELD (if any)

District Judge Hidalgo

General

Special

12 OFFICE SOUGHT (if known)

District Judge District 476

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 27

13 C / OH NAME	Lopez-Singleterry, No	ereida	14 Filer ID 00083772	(Ethics Comn	nission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	res made by political of the candidate's or offic n only if they receive no	eholder's kno	wledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	20		
		COMMITTEE CAMPAIGN TREASURER ADDRES	55		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER THANES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00
	2. TOTAL POLIT	ICAL CONTRIBUTIONS		\$	0.00
EXPENDITURE	·	PLEDGES, LOANS, OR GUARANTEES OF LOAN ZED POLITICAL EXPENDITURES	S)		
TOTALS	J. TOTAL ONTLIN	ZED I GEITIGAL EN ENDITONES		\$	0.00
		ICAL EXPENDITURES		\$	72,071.11
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	44,999.09
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	195,000.00
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.			
		Nereid	a Lopez-Singleterry		
		Signature of	Candidate or Officeho	older	
AFFIX NO	TARY STAMP / SEAL AB	DVE			
Sworn to and subso	cribed before me, by the s	aid	, this the		_ day
of	, 20, to co	ertify which, witness my hand and seal of office.			
Signature of office	er administering oath	Printed name of officer administering oath	Title of office	er administerin	g oath
-	•	-			

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			JVERS	3 of 27
18 FILER NA		19 Filer ID	(Ethics Co	ommission Filers)
	ngleterry, Nereida LE SUBTOTALS	00083772	Γ	
	SCHEDULE		SUB	TOTAL AMOUNT
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4. X	SCHEDULE E(J): LOANS (JUDICIAL)		\$	40,000.00
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	62,913.48
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	9,157.63
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	
			•	

	LOANS (J	UDICIAL)			SCHEDULE E(J)		
	The Instruction	n Guide explains how to complete this f	orm.	1 Total pages Schedule E(J): Sch: 1/1 Rpt: 4/27			
2	FILER NAME Lopez-Singleterr	y, Nereida		3 Filer ID 000837	(Ethics Commission Filers)		
4	TOTAL OF UN	ITEMIZED LOANS		<u> </u>	\$		
5	Date of loan 01/04/2024	7 Name of lender Out-of-state PA Texas National Bank	C (ID#:)	9 Loan Amount (\$) \$40,000.00		
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate		
	No	Edinburg, TX 78539			11 Maturity Date 12/27/2025		
12	Lender's Principal	Occupation	13 Lender's Job Title				
14	Lender's Employer	/Law Firm	15 Law Firm of lender's spous	se (if any)			
16	16 If lender is child, law firm of parent(s) (if any)						
17	Description of Coll X None	ateral	18 Check if personal funds were deposited into political account (See Instructions)				
19	GUARANTOR INFORMATION	20 Name of guarantor	22 Amount Guarant				
	X not applicable	21 Guarantor address; City; State;	Zip Code				
23	Guarantor's Princip	pal Occupation	24 Guarantor's Job Title				
25	Guarantor's Emplo	yer/Law Firm	26 Law Firm of guarantor's spouse (if any)				
27	If guarantor is child	d, law firm of parent(s) (if any)					

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

Credit Card Payment		The Instruction Guide	explains how to com	plete this form.			
1 Total pages Sche	edule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Fil	lers)
Sch: 1/21 Rpt:	: 5/27	Lopez-Singleterry, Nereida			00083772		
4 Date		5 Payee name		•			
01/16/2024		Academy					
6 Amount (\$)		7 Payee address; City;	State; Zip Cod	e			
	\$28.40	652 E. Trenton					
		Edinburg, TX 78539					
8 PURPOSE		(a) Category (See Categories listed at the top	p of this schedule)	b) Description			
OF EXPENDITURE		Advertising Expense			tside of Texas. Con		
				advertising exp	X, officeholder living Dense	g expense	
				da vordonig on	7000		
9 Complete ONLY	if direct	Candidate/Officeholder name	Office sough	nt	Office h	eld	
expenditure to be		1	3				
Date		Payee name					
01/22/2024		Alvarado, Donaciano (Mr.)					
Amount (\$)		Payee address; City;	State; Zip Cod	e			
\$5,	,000.00	PO Box 1462					
		Edcouch, TX 78538					
PURPOSE		(a) Category (See Categories listed at the top	p of this schedule)	b) Description			
OF EXPENDITURE		Salaries/Wages/Contract Labo			tside of Texas. Con		
-				Check if Austin, T	X, officeholder living	g expense	
				contract labor			
Complete ONLY	I if direct	Candidate/Officeholder name	Office sough	 nt	Office h	eld	
expenditure to be		1	3				
Date		Payee name					
01/08/2024		Alvarado, Patricia (Mrs.)					
Amount (\$)		Payee address; City;	State; Zip Cod	<u> </u>			
\$1,	,700.00	1207 Bryce Dr					
		Mission, TX 78572					
PURPOSE		(a) Category (See Categories listed at the top	p of this schedule)	b) Description			
OF EXPENDITURE		Salaries/Wages/Contract Labo		=	tside of Texas. Con		
				Check if Austin, T	X, officeholder living	g expense	
				contract labor			
Complete ONLY	if direct	Candidate/Officeholder name	Office sough	 nt	Office h	eld	
expenditure to be			55 55491		203 11		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/21 Rpt: 6/27	Lopez-Singleterry, Nereida 00083772
4	Date	5 Payee name
	01/16/2024	Bath and Body Works
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$28.22	7600 N 10 th. St
		McAllen, TX 78504
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		event expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	01/22/2024	Campano, Adriana
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	1341 Seminole Valley Dr
		Alamo, TX 78516
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Advertising expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	01/03/2024	Cantu, Javier (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,380.00	1307 W Duranta Ave
		Alamo, TX 78516
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		contract labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/Ol	1
1		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Leg	gal Services ne Instruction Guide ex	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 3/21 Rpt: 7/27	Lopez-Singlet	erry, Nereida					00083772	
4	Date	5 Payee name							
	01/10/2024	Cantu, Javier	(Mr.)						
6	Amount (\$) \$2,815.00	7 Payee address;1307 W Durar	•	State; Zip Co	ode				
	Ψ2,013.00	1307 W Darai	ita / WC						
		Alamo, TX 785	516						
8	PURPOSE OF		categories listed at the top of es/Contract Labor	this schedule)	(b)	Description Check if travel of	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE	Salaties/ Wage	55/CONTRACT LABOR			Check if Austin,	, TX,	officeholder living	
						contract labor	r		
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officel	nolder name	Office sou	<u>l</u> ught			Office he	eld
	Date	Payee name							
	01/16/2024	Cantu, Javier	(Mr.)						
	Amount (\$)	Payee address;	<i>,</i>	State; Zip Co	ode				
	\$934.00	1307 W Durar	ita Ave						
		Alamo, TX 785	516						
	PURPOSE OF		categories listed at the top of	this schedule)	(b)	Description Check if travel	outci	de of Texas. Com	plata Schadula T
	EXPENDITURE	Salaries/wage	es/Contract Labor			=		officeholder living	
						contract labor	r		
	Complete ONLY if direct	Candidate/Office	adder nome	Office sou	ıaht			Office he	old.
	expenditure to benefit C/OI		loidei Hame	Office Soc	agrit			Office fie	aru -
	Date	Payee name							
	01/22/2024	Cantu, Javier	· ,						
	Amount (\$)	Payee address;	•	State; Zip Co	ode				
	\$1,714.00	1307 W Durar	ita Ave						
		Alamo, TX 785	516		_				
	PURPOSE OF		categories listed at the top of	this schedule)	(b)	Description		d4.T C	whate Calcadida T
	EXPENDITURE	Salaries/Wage	es/Contract Labor					de of Texas. Com officeholder living	
						contract labor			, - ,
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officel	nolder name	Office sou	ught			Office he	eld
_					_		_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising Expense Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 4/21 Rpt: 8/27	Lopez-Singleterry, Nereida 00083772	
4	Date	5 Payee name	_
	01/25/2024	Cantu, Sylvia	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$500.00	7205 West Military Rd.	
		Mission, TX 78572	
8	PURPOSE		_
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		contract labor	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	experiordine to berieff C/O		
	Date	Payee name	
	01/22/2024	Cantu, Teresa (Mrs.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	7205 West Military Rd.	
		Mission, TX 78572	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		contract labor	
	Operation ONLY if the est	Organista to 10 ff and a deligation of the control	_
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
			_
	Date	Payee name	
	01/25/2024	Cantu, Victoria (Mrs.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5,000.00	1401 Encantado Circle	
		Palmview, TX 78572	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense contract labor	
		Contract (abo)	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/Ol		
			_

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complet	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 5/21 Rpt: 9/27	Lopez-Singleterry, Nereida	00083772
4	Date	5 Payee name	1
	01/22/2024	Cardoza, Karina (Mrs.)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,500.00	6508 N 26th. St.	
		McAllen, TX 78504	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			consulting expense
Ļ	0 1 0 0 1 1 1 1		05.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	·		
	Date	Payee name	
	01/11/2024	Carrera Communications	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,313.00	135 Paseo Del Prado	
		Edinburg, TX 78542	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			consulting expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
H	Date	Payee name	
	01/19/2024	Carrera Communications	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5,000.00	135 Paseo Del Prado	
	·		
		Edinburg, TX 78542	
	PURPOSE	-	Description
	OF	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			consulting expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experience to beliefit 6/01	•	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	plet	e this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 6/21 Rpt: 10/27	Lopez-Singleterry, Nereida		00083772
4	Date	5 Payee name		·
	01/17/2024	Casa Kevin		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$43.25	120 N 17th St		
		McAllen, TX 78501		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	b)	Description
	OF EXPENDITURE	Event Expense	[Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Į	Check if Austin, TX, officeholder living expense
				event expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
9	expenditure to benefit C/OI		111	Office field
	Date	Burner		
	01/02/2024	Payee name Chase Credit Card		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$775.00	PO BOX 6294		
		010		
		Carol Stream , IL 60197		
	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	۱ (d	Description Charlet travel outside of Tayree Complete Cabadule T
	EXPENDITURE	Loan Repayment/Reimbursement	I I	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				CC reimbursement
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	01/11/2024	Chase Credit Card		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$481.34	PO BOX 6294		
		Carol Stream , IL 60197		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Credit Card Payment	[Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE		I	Check if Austin, TX, officeholder living expense
			(credit card payment
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	ııı	Office field
_				

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Loan Repayment/Reimbursement
Polling Expense
Salaries/Wanes/Contract Labor

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cabadula F1:	<u> </u>
1	, ,	
	Sch: 7/21 Rpt: 11/27	Lopez-Singleterry, Nereida 00083772
4	Date	5 Payee name
	01/12/2024	Chase Credit Card
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$77.90	PO BOX 6294
		Caral Stroom II 60107
		Carol Stream , IL 60197
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense credit card payment
		Credit Card payment
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to benefit 6/01	'
	Date	Payee name
	01/12/2024	Chase Credit Card
	Amount (\$)	Payee address; City; State; Zip Code
	\$402.03	PO BOX 6294
	Ψ 102.00	1 0 DON 020 1
		010
		Carol Stream , IL 60197
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		credit card payment
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/12/2024	Chase Credit Card
	Amount (\$)	Payee address; City; State; Zip Code
	\$558.89	PO BOX 6294
		Carol Stream , IL 60197
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		credit card payment
		Cieult Caiu payment
_	Complete ONU V & direct	Condidate/Office holder name Office county
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/21 Rpt: 12/27	Lopez-Singleterry, Nereida 00083772
4	Date	5 Payee name
	01/16/2024	Chase Credit Card
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$775.92	PO BOX 6294
		Carol Stream , IL 60197
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense credit card payment
		Gredit Card payment
Ļ	Complete ONLY if direct	Condidate/Office helder name Office accepts
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/17/2024	Chase Credit Card
	Amount (\$)	Payee address; City; State; Zip Code
	\$487.60	PO BOX 6294
		Carol Stream , IL 60197
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		credit card payment
		o out out a paymont
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	<u> </u>	
	Date	Payee name
	01/17/2024	Chase Credit Card
	Amount (\$)	Payee address; City; State; Zip Code
	\$520.80	PO BOX 6294
		Carol Stream , IL 60197
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		credit card payment
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to benefit 0/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
-	Total pages Cabadula E4:	<u> </u>	rc)
1	Total pages Schedule F1: Sch: 9/21 Rpt: 13/27	2 FILER NAME Lopez-Singleterry, Nereida 3 Filer ID (Ethics Commission File 00083772	rs)
4	Date	5 Payee name	
	01/08/2024	Chick Fil A	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$24.52	2709 W Nolana Ave.	
		McAllen, TX 78504	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		event expense	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	П	
	Date	Payee name	
	01/18/2024	Cordova, Yolanda (Mrs.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	1930 River Bond Drive	
		Mission, TX 78572	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		contract labor	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiditure to benefit C/Oi		
	Date	Payee name	
	01/22/2024	Cowboy Chicken	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$54.80	1020 W Nolana	
		McAllen , TX 78504	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
		Check if Austin, TX, officeholder living expense	
		food expense	
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experience to beliefit 6/01	••	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		_
	Sch: 10/21 Rpt: 14/27	Lopez-Singleterry, Nereida 00083772	
4	Date	5 Payee name	_
	01/11/2024	Dollar Tree	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$33.83	3400 W Nolana	
		McAllen, TX 78504	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		event expense	
Ļ	Operation ONLY if allowed	Open finds to 10 ff as holder manner.	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
⊨	Date		_
	Date	Payee name	
L	01/22/2024	Dollar Tree	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.65	3400 W Nolana	
L		McAllen, TX 78504	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		event expense	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	1	
	Date	Payee name	_
	01/22/2024	Dollar Tree	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.83	3400 W Nolana	
		McAllen, TX 78504	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		event expense	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
\vdash			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 11/21 Rpt: 15/27	Lopez-Singleterry, Nereida		00083772
4	Date	5 Payee name		
l	01/23/2024	Dollar Tree		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
l	\$12.18	3400 W Nolana		
l				
l		McAllen, TX 78504		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.
l				Check if Austin, TX, officeholder living expense event expense
				eveni expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
ľ	expenditure to benefit C/OI		giit	Office field
H	Date	Payee name		
l	01/25/2024	Dollar Tree		
┝	Amount (\$)	Payee address; City; State; Zip Co	da	
l	\$27.06	3400 W Nolana	ue	
l	Ψ21.00	3400 W Wolana		
l		McAllen, TX 78504		
L	DUDDOCE		(b)	5
l	PURPOSE OF	o , ((D)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Event Expense		Check if Austin, TX, officeholder living expense
l				event expense
L				
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
L	experience to benefit Gree			
l	Date	Payee name		
	01/12/2024	Five Star Embroidery		
l	Amount (\$)	Payee address; City; State; Zip Co	de	
l	\$422.18	7708 N Ware Rd.		
l				
L		McAllen, TX 78504		
l	PURPOSE OF	,	(b)	Description
l	EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l				Printing expense
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 12/21 Rpt: 16/27	Lopez-Singleterry, Nereida	00083772
4	Date	5 Payee name	
	01/17/2024	Five Star Embroidery	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$342.07	7708 N Ware Rd.	
		McAllen, TX 78504	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL		Check if Austin, TX, officeholder living expense
			printing expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/OI		Office field
_	Data		
	Date 01/03/2024	Payee name Flower Shack	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$223.60	3123 S Closner	
		- " L	
		Edinburg, TX 78539	
	PURPOSE OF	,	Description
	EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			event expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	01/16/2024	Flower Shack	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$193.56	3123 S Closner	
		Edinburg, TX 78539	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE		Check if Austin, TX, officeholder living expense
			event expense
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/OI		Office field
l			

SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
1	Sch: 13/21 Rpt: 17/27	2 FILER NAME Lopez-Singleterry, Nereida 3 Filer ID (Ethics Commission Filers) 00083772
4	Date	5 Payee name
	01/10/2024	Gaitan, Dario (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	12915 San Juan Drive
		Mercedes, TX 78570
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		contract labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/08/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.74	901 Trenton Rd.
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Modillon TV 70501
		McAllen, TX 78501
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		event expense
		event expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	
	Date	Payee name
	01/10/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$56.19	901 Trenton Rd.
		McAllen, TX 78501
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		event expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorare to benefit C/OI	1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 14/21 Rpt: 18/27	Lopez-Singleterry, Nereida 00083772	
4	Date	5 Payee name	
	01/16/2024	HEB	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$70.00	901 Trenton Rd.	
		McAllen, TX 78501	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		event expense	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
	Date	Payee name	_
	01/16/2024	Hobby Lobby	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$55.14	3300 Expressway 83 Ste 700	
		McAllen, TX 78501	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		advertising expense	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Date	Payee name	_
	01/25/2024	Jasso, Carlos	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$1,000.00	1409 S. 9th Avenue	
		Edinburg, TX 78539	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense contract labor	
		Contract tabol	
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.				
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Fi	lers)
	Sch: 15/21 Rpt: 19/27	Lopez-Singleterry, Nereida			00083772		
4	Date	5 Payee name					
	01/05/2024	Lira, Daniel					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$250.00	7203 Sabino Ave					
		Pharr , TX 78577					
8	PURPOSE OF	,	Description				
	EXPENDITURE	Salaries/Wages/Contract Labor	=		e of Texas. Com officeholder living	plete Schedule T.	
			contract lab			,,	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	İ		Office he	eld	
	expenditure to benefit C/O	1					
	Date	Payee name					
	01/22/2024	Martinez, Garett (Mr.)					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$2,000.00	2001 N Dahlia St.					
		Edinburg, TX 78539					
	PURPOSE OF	,) Description				
	EXPENDITURE	Salaries/Wages/Contract Labor	=		e of Texas. Com officeholder living	plete Schedule T. g expense	
			labor				
	Complete ONLY if direct	Candidate/Officeholder name Office sought	İ		Office he	eld	
	expenditure to benefit C/Ol	1					
	Date	Payee name					
	01/10/2024	Navarro, Ruben (Mr.)					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$300.00	425 Judean Lane					
		San Juan, TX 78589					
	PURPOSE OF	,	Description Check if tray	vel outside	e of Teyas Com	plete Schedule T.	
	EXPENDITURE	Salaries/Wages/Contract Labor			officeholder living		
			contract lab	oor			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	t		Office he	eld	
	experiulture to beliefft C/O	1					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	plete this	s form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 16/21 Rpt: 20/27	Lopez-Singleterry, Nereida			00083772	
4	Date	5 Payee name				
	01/11/2024	Nereida Lopez-Singleterry, Nereida				
6	Amount (\$)	7 Payee address; City; State; Zip Code	е			
	\$1,157.72	2001 W Nolana Ave suite A				
		McAllen, TX 78504	_			
8	PURPOSE OF	,	Desc	cription heck if travel outsid	de of Texas, Com	nlete Schedule T
	EXPENDITURE	Loan Repayment/Reimbursement		heck if Austin, TX,		
			Rein	nbursement		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	nt		Office he	eld
	<u> </u>					
	Date	Payee name				
	01/11/2024	Nereida Lopez-Singleterry, Nereida				
	Amount (\$)	Payee address; City; State; Zip Code	е			
	\$1,897.52	2001 W Nolana Ave suite A				
		McAllon TV 79504				
	DUDDOCE	McAllen, TX 78504				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	Desc	cription heck if travel outsid	de of Texas. Com	plete Schedule T.
	EXPENDITURE	Loan Nepaymeno Neimbursement	\Box	heck if Austin, TX,		
			Rein	nbursement		
	2 2					
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	nt		Office he	eia
	Date					
	Date 01/17/2024	Payee name Public Research Group				
	Amount (\$)	•	2			
	\$2,112.64	Payee address; City; State; Zip Code 1104 Upas Ave	-			
	+-, :					
		McAllen, TX 78501				
-	PURPOSE		b) Desc	cription		
	OF EXPENDITURE	Consulting Expense		heck if travel outsid	de of Texas. Com	plete Schedule T.
	EXPENDITORE			heck if Austin, TX,		g expense
			cons	sulting exper	is e	
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	nt		Office he	-ld
	expenditure to benefit C/O				Office He	51 4
\vdash						
I						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 17/21 Rpt: 21/27	Lopez-Singleterry, Nereida 00083772
4	Date	5 Payee name
l	01/22/2024	Public Research Group
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$5,119.05	1104 Upas Ave
l		
		McAllen, TX 78501
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		consulting expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experientare to benefit G/OI	
	Date	Payee name
l	01/19/2024	Rios, Rogelio (Mr.)
Г	Amount (\$)	Payee address; City; State; Zip Code
l	\$300.00	820 S 17th. St.
		Edinburg, TX 78539
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense contract labor
		Contract labor
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	D-4-	
l	Date 01/18/2024	Payee name Deblado, Miguel (Mr.)
		Robledo, Miguel (Mr.)
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$5,000.00	6598 N 26th. St.
l		
		McAllen, TX 78504
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		consulting expense
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
I		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	nplete	this form.
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	Sch: 18/21 Rpt: 22/27	Lopez-Singleterry, Nereida		00083772
4	Date	5 Payee name		
Ļ	01/17/2024	SAM'S CLUB		
6	Amount (\$) \$235.54	7 Payee address; City; State; Zip Code 7601 N Trenton St.	le	
	ֆ 2 35.54	7001 N Henton St.		
		McAllen, TX 78504		
8	PURPOSE		(h) D	escription
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(,,)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
			ac	dvertising expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ıht	Office held
ľ	expenditure to benefit C/OI		,,,,,	Cinec Hold
-	Date	Payee name		
	01/17/2024	SAM'S CLUB		
	Amount (\$)	Payee address; City; State; Zip Code	le	
	\$120.03	7601 N Trenton St.		
		McAllen, TX 78504		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b	(b) De	escription
	EXPENDITURE	Advertising Expense	F	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			ac	dvertising expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/Oi	1		
	Date	Payee name		
	01/25/2024	SAM'S CLUB		
	Amount (\$) \$27.73	Payee address; City; State; Zip Code 7601 N Trenton St.	ie	
	Ψ21.13	7001 N Hemon St.		
		McAllen, TX 78504		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	(b) De	escription
	OF EXPENDITURE	Advertising Expense	F	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			L ao	dvertising expense
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	1		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/21 Rpt: 23/27	Lopez-Singleterry, Nereida 00083772
4	Date	5 Payee name
	01/11/2024	Salinas, Peter (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,800.00	601 E Van Week St.
		Edinburg, TX 78541
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense advertising expense
		duvertising expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	01/10/2024	Sanchez, Victor
┢	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	3002 San Gabriel St.
		San Juan , TX 78589
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		contract labor
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	01/17/2024	Silva, Galilea (Miss)
	Amount (\$)	Payee address; City; State; Zip Code
	\$160.00	2104 Fullerton Ave
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		printing expense
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

g Expense Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 20/21 Rpt: 24/27	Lopez-Singleterry, Nereida 00083772	
4	Date	5 Payee name	
	01/03/2024	Solis, Roel (Mr.)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$400.00	24187 N Sunflower Rd.	
		Edinburg, TX 78539	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
l		Check if Austin, TX, officeholder living expense contract labor	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
F	Date	Payee name	=
l	01/19/2024	Texas National Bank	
┝	Amount (\$)	Payee address; City; State; Zip Code	_
l	\$385.08	4908 S Jackson Rd.	
	,		
		Edinburg, TX 78539	
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
l	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		banking fees	
L	Operation ONLY if the est	One distance (Office health are nown	_
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
⊨	<u> </u>		_
	Date	Payee name Texas National Bank	
	01/03/2024		_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$93.41	4908 S Jackson Rd.	
l		E I' TV 70500	
		Edinburg, TX 78539	_
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/(Banking) Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		banking fees	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/Ol	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	ll Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/21 Rpt: 25/27	Lopez-Singleterry, Nereida 00083772
4	Date	5 Payee name
	01/22/2024	Vargas, Alexander
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,000.00	1917 S 33rd. St.
		McAllen, TX 78503
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/11/2024	WALMART
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.00	1600 S Texas Blvd/
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense event expense
		event expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/22/2024	southern roots flowers
	Amount (\$)	Payee address; City; State; Zip Code
	\$460.06	1407 N Main St.
		McAllen, TX 78501
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		event expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Awards al Committee Legal Serv	s/Memorials Expense ices	Printing Expense Ti Salaries/Wages/Contract Labor O	ravel in District ravel Out of District THER (enter a category not listed above)		
ldash	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F4:				3 Filer ID (Ethics Commission Filers)		
	Sch: 1/1 Rpt: 26/27	Lopez-Singleterry, I			00083772		
	CREDIT CARD		ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES	\$		
	ISSUER	Chase	e Bank	CHARGED TO A CREDIT			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
		\$9,157.63	01/08/2024				
7	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
l				3607 S. L LN			
l		Brand Boosters					
				McAllen, TX 78503			
8	PURPOSE OF	(a) Category		(b) Description			
	EXPENDITURE	(See Categories listed at the top Printing Expense	or this schedule)	printing expense			
	X Political						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, TX,	, officeholder living expense		
	Complete ONLY if direct	Candidate/Officeholder	name Of	ffice sought	Office held		
ex	xpenditure to benefit C/OH						

	OUTSTAN	IDING LOANS	SCHEDULE L	
	The Instruction	on Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 1/1 Rpt: 27/27	
2	FILER NAME Lopez-Singleter	ry, Nereida	3 Filer ID (Ethics Commission Filers) 00083772	
	LENDER INFORMATION	4 Name of lender Texas National Bank	<u>'</u>	
		5 Lender address; City; State; Zip Code		
	GUARANTOR	Edinburg, TX 78539 6 Name of guarantor		
	INFORMATION			
	X not applicable	7 Guarantor address; City; State; Zip Code		