JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

Т	ne JC/OH Instruction	Guide explains how to complete this	(sion Filers)	2 Total pages filed:	
			00083772		56	
3	CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST		MI	OFFICE USE ONLY	
	NAME	Nereida	a		Date Received	
					ELECTRONICALLY FILED	
					02/26/2024	
		NICKNAME LAST	Circulate and	SUFFIX	02/20/2024	
		Lopez-	Singleterry			
4	CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #	; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked	
	OFFICEHOLDER MAILING	2001 W Nolana				
	ADDRESS	Suite A			Receipt # Amount	
	Change of Address	McAllen, TX 78504				
					Date Processed	
					Date Imaged	
5	CAMPAIGN	MS / MRS / MR FIRST			MI	
	TREASURER NAME	Ms. Noelia				
		NICKNAME LAST			SUFFIX	
		Lopez				
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLE		/ SUITE #; CITY;	STATE; ZIP CODE	
ľ	TREASURER	2001 W Nolana	-ASE), AFI	/ SOITE #, CITT,	STATE, ZIF CODE	
	ADDRESS					
	(Residence or Business)	Suite A				
		McAllen, TX 78504				
Ŀ	0414041011					
Ľ	CAMPAIGN TREASURER	AREA CODE PHONE NUMB	ER EXTENSION			
	PHONE	(956) 540-8376				
F	DEDODT					
8	REPORT TYPE	January 15 30th d	ay before election	Runoff	15th day after campaign treasurer	
					appointment (officeholder only)	
		July 15 X 8th da	y before election	Exceeded modified	Final Report (Attach C/OH-FR)	
				reporting limit	_	
9	PERIOD	Month Day Year		Month Day	Year	
	COVERED	01/26/2024	THROUGH	02/24/202	4	
10	ELECTION	ELECTION DATE		ELECTION TYPE		
		Month Day Year	X Primary	Runoff	Other	
		03/05/2024				
			General	Special		
L						
11	OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT		
		District Judge District 476th. Hidal	go	District Judge Dis	strict 476	
\vdash						
1						
	GO TO PAGE 2					
L						
Fo	Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.9000c47f					

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 56

I

13 C / OH NAME	Lopez-Singleterry, No	ereida	14 Filer ID	(Ethics Cor	nmission Filers)
			00083772		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without d officeholders are required to report this informatio	the candidate's or offic	eholder's kr	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS(OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE	, ,	\$	0.00
		ICAL CONTRIBUTIONS		\$	19,050.00
EXPENDITURE		PLEDGES, LOANS, OR GUARANTEES OF LOAN IZED POLITICAL EXPENDITURES	S)		
TOTALS				\$	0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	196,791.27
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L	AST DAY OF THE	\$	41,298.20
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	355,000.00
17 AFFIDAVIT					
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.			
		Nereid	a Lopez-Singleterry		
			f Candidate or Officeho	lder	
AFFIX NO	TARY STAMP / SEAL AB	OVE			
Sworn to and subs	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 offi	cer administering oath	Printed name of officer administering oath	Title of office	er administe	ring oath
orms provided by Te	exas Ethics Commission	www.ethics.state.tx.us		Version \	/3.5.1.9000c47

FORM JC/OH COVER SHEET PG 3 3 of 56

					0 01 00
	ER NAN Dez-Sir	(Ethics (Commission Filers)		
20 SCI NAI	HEDUL	SU	BTOTAL AMOUNT		
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	11,050.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	8,000.00
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.	Х	SCHEDULE E(J): LOANS (JUDICIAL)		\$	170,000.00
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	179,251.09
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		\$	17,540.18
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	\$	
1					

SUBTOTALS - JC/OH

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 1/3 Rpt: 4/56	
2 FILER NAME			3 Filer ID (Ethics Commission F	-ilers)
Lopez-Single	eterry, Nereida	00083772	-	
4 Date	e 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)	
01/29/2024	Ciarolia, Maureen			\$300.00
	6 Contributor address; City; State; Zip Code			
	McAllen, TX 78504			
8 Contributor's I	Principal Occupation	9 Contributor's Job Title	•	
business ow	ner	self employed		
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)	
business ow	ner			
12 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/29/2024	Garza, Irma (Mrs.)			\$250.00
	Contributor address; City; State; Zip Code		1	
	McAllen, TX 78501			
	Principal Occupation	Contributor's Job Title		
self employe		self employed		
	employer/law firm	Law firm of contributor's sp	oouse (if any)	
self employe				
If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
01/29/2024	Law Office of Artemio de La Fuente		\$2	2,500.00
	Contributor address; City; State; Zip Code			
	McAllen, TX 78501			
Contributor's I	Principal Occupation	Contributor's Job Title		
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)	
lf contributor i	a child low firm of poront(a) (if any)			
	s a child, law firm of parent(s) (if any)			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 2/3 Rpt: 5/56
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Lopez-Single	eterry, Nereida	00083772	
4 Date	te 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)
02/17/2024	Law Office of Rodolfo Rudy Ruiz		\$1,000.00
	6 Contributor address; City; State; Zip Code		
	Edinburg, TX 78539		
8 Contributor's I	Principal Occupation	9 Contributor's Job Title	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	bouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/17/2024	Nava, Raul		\$1,000.00
	Contributor address; City; State; Zip Code		
O sustaile standa	McAllen, TX 78504	O and all and a last Title	
	Principal Occupation	Contributor's Job Title	
Business Ov		OWNEr	
Business ow	employer/law firm mer	Law firm of contributor's sp	Jouse (il ally)
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
01/29/2024	Rivas, Sylvia (Mrs.))	\$1,000.00
	Contributor address; City; State; Zip Code		
	McAllen, TX 78505		
Contributor's I	I Principal Occupation	Contributor's Job Title	
business ow	ner	self employed	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
business ow	ner		
If contributor is	s a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission www.ethic	cs.state.tx.us	Version V3.5.1.9000c471
i onno provided			version vs.s.t.30000471

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 **1** Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. Sch: 3/3 Rpt: 6/56 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Lopez-Singleterry, Nereida 00083772 4 Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 7 02/06/2024 \$5,000.00 Saenz, Jorge 6 Contributor address; City; State; Zip Code Weslaco, TX 78596 Contributor's Principal Occupation 9 Contributor's Job Title 8 self employed self employed 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) business owner 12 If contributor is a child, law firm of parent(s) (if any)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/2 Rpt: 7/56					
2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
	leterry, Nereida	00083772					
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$				
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution				
02/04/2024	Gonzalez, Noelia		contribution (\$) description \$2,000.001 Women's Event				
	7 Contributor address; City; State; Zip Code						
	Mission, TX 78503		Check if travel outside of Texas. Complete Schedule T.				
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)				
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)				
Business O	wner	Self Employed					
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)				
Business O	wner						
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1					
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution				
02/04/2024	— • —		contribution (\$) description				
	Contributor address; City; State; Zip Code	۰۰۰۰۰۰ \$2,500.00 I Women's Event					
			1				
	McAllen, TX 78504		Check if travel outside of Texas. Complete Schedule T.				
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON					
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
Business O		Self Employed	(FOR JODICIAL) (See instituctions)				
	-						
	employer/law firm (FOR JUDICIAL)	Law IIIII of contribute	or's spouse (if any) (FOR JUDICIAL)				
Business O	-						
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date	Full name of contributor 🔲 out-of-state PAC (ID#:)	Amount of In-kind contribution				
02/15/2024			contribution (\$) description				
	Contributor address; City; State; Zip Code		\$1,500.00 I Event				
	Mercedes, TX 78572		Check if travel outside of Texas. Complete Schedule T.				
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
	· · · · ·						
If contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 2/2 Rpt: 8/56			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Lopez-Singleterry, Nereida			00083772		
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution contribution (\$) description		
02/02/2024	Main on Mane		\$500.001		
	7 Contributor address; City; State; Zip Code		1		
	McAllen, TX 78501		Check if travel outside of Texas. Complete Schedule T.		
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution		
02/17/2024	Saenz, Karla		contribution (\$) description		
	Contributor address; City; State; Zip Code		\$1,500.00 Meet and Greet		
	Weslaco, TX 78596		Check if travel outside of Texas. Complete Schedule T.		
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)		
	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
Business O		Self Employed Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)		
Business O	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

LOANS (J	UDICIAL)			SCHEDULE E(J)
The Instruction	on Guide explains how to complete this f		ges Schedule E(J): 6 Rpt: 9/56	
2 FILER NAME Lopez-Singleter	ry, Nereida		3 Filer ID000837	(Ethics Commission Filers) 72
⁴ TOTAL OF UN	4 TOTAL OF UNITEMIZED LOANS			
5 Date of loan 02/08/2024	7 Name of lender out-of-state PA Texas National Bank	C (ID#:)	9 Loan Amount (\$) \$25,000.00
6 Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate
No	Edinburg, TX 78539			11 Maturity Date 02/06/2026
12 Lender's Principal	Occupation	13 Lender's Job Title		
14 Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	e (if any)	
16 If lender is child, la	aw firm of parent(s) (if any)			
17 Description of Col	lateral	18 Check if personal funds we	re depositec	l into political account (See Instructions)
19 GUARANTOR INFORMATION	20 Name of guarantor	1		22 Amount Guaranteed (\$)
X not applicable	21 Guarantor address; City; State;	Zip Code		
23 Guarantor's Princi	pal Occupation	24 Guarantor's Job Title		I
25 Guarantor's Emplo	oyer/Law Firm	26 Law Firm of guarantor's sp	ouse (if any)	
27 If guarantor is chil	d, law firm of parent(s) (if any)	I		

LOANS (J	UDICIAL)			SCHEDULE E(J)
The Instruction	on Guide explains how to complete this f	1 Total pages Schedule E(J): Sch: 2/6 Rpt: 10/56		
2 FILER NAME Lopez-Singleter	ry, Nereida		3 Filer ID (Ethics Commission Filers) 00083772	
⁴ TOTAL OF UN	IITEMIZED LOANS			\$
5 Date of loan 02/08/2024	7 Name of lender Out-of-state PA Texas National Bank	.C (ID#:)	9 Loan Amount (\$) \$25,000.00
6 Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate
No	Edinburg, TX 78539			11 Maturity Date 02/06/2026
12 Lender's Principal	Occupation	13 Lender's Job Title		
14 Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	e (if any)	
16 If lender is child, la	aw firm of parent(s) (if any)	I		
17 Description of Col	lateral	18 Check if personal funds we	re deposited	l into political account (See Instructions)
19 GUARANTOR INFORMATION	20 Name of guarantor	I		22 Amount Guaranteed (\$)
X not applicable	21 Guarantor address; City; State;	Zip Code		
23 Guarantor's Princi	pal Occupation	24 Guarantor's Job Title		
25 Guarantor's Emplo	oyer/Law Firm	26 Law Firm of guarantor's sp	ouse (if any)	
27 If guarantor is chil	d, law firm of parent(s) (if any)	I		

LOANS (J	IUDICIAL)			SCHEDULE E(J)	
The Instruction	on Guide explains how to complete this f		ges Schedule E(J): 6 Rpt: 11/56		
2 FILER NAME Lopez-Singleter	ry, Nereida		3 Filer ID (Ethics Commission Filers) 00083772		
⁴ TOTAL OF UN	IITEMIZED LOANS			\$	
5 Date of loan 02/08/2024	7 Name of lender Image: out-of-state PA Texas National Bank	C (ID#:)	9 Loan Amount (\$) \$25,000.00	
6 Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate	
No	Edinburg, TX 78539			11 Maturity Date 02/06/2026	
12 Lender's Principal	Occupation	13 Lender's Job Title			
14 Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	e (if any)		
16 If lender is child, la	aw firm of parent(s) (if any)				
17 Description of Col	lateral	18 Check if personal funds we	re deposited	l into political account (See Instructions)	
19 GUARANTOR INFORMATION	20 Name of guarantor			22 Amount Guaranteed (\$)	
X not applicable	21 Guarantor address; City; State;	Zip Code			
23 Guarantor's Princi	pal Occupation	24 Guarantor's Job Title			
25 Guarantor's Emplo	oyer/Law Firm	26 Law Firm of guarantor's sp	ouse (if any)		
27 If guarantor is chil	d, law firm of parent(s) (if any)				

LOANS (J	IUDICIAL)			SCHEDULE E(J)		
The Instruction	on Guide explains how to complete this f	örm.	Sch: 4/	ges Schedule E(J): 6 Rpt: 12/56		
2 FILER NAME Lopez-Singleter	ry, Nereida			Filer ID (Ethics Commission Filers) 00083772		
⁴ TOTAL OF UN	ITEMIZED LOANS			\$		
5 Date of loan 02/08/2024	7 Name of lender Image: out-of-state PA Texas National Bank	.C (ID#:)	9 Loan Amount (\$) \$25,000.00		
6 Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate		
No	Edinburg, TX 78539			11 Maturity Date 02/06/2026		
12 Lender's Principal	Occupation	13 Lender's Job Title				
14 Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	e (if any)			
16 If lender is child, la	aw firm of parent(s) (if any)					
17 Description of Col	lateral	18 Check if personal funds we	ere deposited	l into political account (See Instructions)		
19 GUARANTOR INFORMATION	20 Name of guarantor	l		22 Amount Guaranteed (\$)		
X not applicable	21 Guarantor address; City; State;	Zip Code				
23 Guarantor's Princi	pal Occupation	24 Guarantor's Job Title				
25 Guarantor's Empl	oyer/Law Firm	26 Law Firm of guarantor's sp	ouse (if any)			
27 If guarantor is chil	d, law firm of parent(s) (if any)	I				

LOANS (J	IUDICIAL)			SCHEDULE E(J)		
The Instruction	on Guide explains how to complete this f	örm.		ges Schedule E(J): 6 Rpt: 13/56		
2 FILER NAME Lopez-Singleter	ry, Nereida			Filer ID (Ethics Commission Filers) 00083772		
⁴ TOTAL OF UN	IITEMIZED LOANS			\$		
5 Date of loan 02/09/2024	7 Name of lender Out-of-state PA Texas National Bank	.C (ID#:)	9 Loan Amount (\$) \$30,000.00		
6 Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate		
No	Edinburg, TX 78539			11 Maturity Date 02/08/2026		
12 Lender's Principal	Occupation	13 Lender's Job Title				
14 Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	e (if any)			
16 If lender is child, la	aw firm of parent(s) (if any)	I				
17 Description of Col	lateral	18 Check if personal funds we	re deposited	l into political account (See Instructions)		
19 GUARANTOR INFORMATION	20 Name of guarantor	l		22 Amount Guaranteed (\$)		
X not applicable	21 Guarantor address; City; State;	Zip Code				
23 Guarantor's Princi	pal Occupation	24 Guarantor's Job Title				
25 Guarantor's Empl	oyer/Law Firm	26 Law Firm of guarantor's sp	ouse (if any)			
27 If guarantor is chil	d, law firm of parent(s) (if any)					

LOANS (JUDICIAL)			SCHEDULE E(J)		
The Instruct	ion Guide explains how to complete this f	form.		iges Schedule E(J): 6 Rpt: 14/56		
2 FILER NAME Lopez-Singlete	erry, Nereida			Filer ID (Ethics Commission Filers) 00083772		
⁴ TOTAL OF U	INITEMIZED LOANS			\$		
5 Date of loan 02/21/2024	7 Name of lender Image: out-of-state PA Texas National Bank	AC (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 02/16/2026		
12 Lender's Princip	al Occupation	13 Lender's Job Title		•		
14 Lender's Employ	/er/Law Firm	15 Law Firm of lender's spous	e (if any)			
16 If lender is child	law firm of parent(s) (if any)					
17 Description of C	ollateral	18 Check if personal funds we	ere deposited	d into political account (See Instructions)		
19 GUARANTOR INFORMATION	20 Name of guarantor			22 Amount Guaranteed (\$)		
X not applicable	21 Guarantor address; City; State;	Zip Code				
23 Guarantor's Prir	cipal Occupation	24 Guarantor's Job Title				
25 Guarantor's Em	oloyer/Law Firm	26 Law Firm of guarantor's sp	ouse (if any)			
27 If guarantor is cl	nild, law firm of parent(s) (if any)					

			EXPENDITURE	CATEGO	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp	oense	Loan Repay Office Over Polling Exp Printing Exp Salaries/Wa	ment/Reimbursement head/Rental Expense ense jense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers))	
	Sch: 1/40 Rpt: 15/56		Lopez-Singleterry, Nereida					00083772		
4	Date	5	Payee name							
	02/14/2024		Aleman, Dora (Mrs.)							
6	Amount (\$)		7 Payee address; City; State; Zip Code							
	\$300.00		PO BOX 2300							
			San Juan, TX 78589							
8	PURPOSE	(a)	Category (See Categories listed at the to	op of this sch	edule)	(b) Description				
	OF EXPENDITURE		Salaries/Wages/Contract Labo		iouulo)	Check if travel		ide of Texas. Complete Schedule T.		
	EXPENDITORE							, officeholder living expense		
						contract labo	r			
_	Complete ONIL V if direct		Candidate/Officeholder name			bt.		Office hold		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Onicenoider name	(Office soug	m		Office held		
	Date		Payee name							
	02/05/2024		Alvarado, Patricia (Mrs.)							
	Amount (\$)		Payee address; City;	State	; Zip Coo	le				
	\$920.00		1207 Bryce Dr							
			Mission, TX 78572							
	PURPOSE	(a)	Category (See Categories listed at the to	op of this sch	edule)	(b) Description				
	OF EXPENDITURE		Salaries/Wages/Contract Labo					ide of Texas. Complete Schedule T.		
	-					contract labo		, officeholder living expense		
						contract labo				
	Complete ONLY if direct		Candidate/Officeholder name	(Office soug	ht		Office held		
	expenditure to benefit C/OI									
-	Date		Payee name						_	
	02/06/2024		Ambiance Events							
	Amount (\$)		Payee address; City;	State	; Zip Coo	le				
	\$282.22		820 N 10th St.	Otato	, <u> </u>					
			McAllen , TX 78501							
	PURPOSE OF	(a)	Category (See Categories listed at the to	op of this sch	iedule)	(b) Description		ide of Taura Consultate Calendula T		
	EXPENDITURE		Event Expense					ide of Texas. Complete Schedule T. , officeholder living expense		
						Event Expen		,		
						-				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	ht		Office held		
⊢									-	

			EXPENDITUR	E CATEGOR	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 2/40 Rpt: 16/56		Lopez-Singleterry, Nereida		00083772			
4	Date	5	Payee name					
	02/01/2024		Barrel House Kitchen					
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	le		
	\$800.00		1927 S Tourist Dr.					
			Edinburg, TX 78539					
8	PURPOSE	(a)	Category (See Categories listed at t	he top of this sch	edule)	(b) Description		
	OF EXPENDITURE		Event Expense					ide of Texas. Complete Schedule T.
	_/							, officeholder living expense
						event expens	se	
_			Sendidate/Officebolder.no.ma					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name		Office sou	Int		Office held
	Date		Payee name					
	01/30/2024		Barrera, Berta (Mrs.)					
	Amount (\$)		Payee address; City;	State;	; Zip Co	le		
	\$100.00		7006 South Sabino Ave.					
			Pharr, TX 78577					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at t Salaries/Wages/Contract La		edule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ht		Office held
	Date		Payee name					
	02/12/2024		Buchanas Grill					
	Amount (\$)		Payee address; City;	State:	Zip Co	le		
	\$11.63		528 N Bentsen Drive	oluic,	, 20 000			
	+==::::		020112011001121110					
			Mission, TX 78572					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at t Event Expense	he top of this sch	edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	Iht		Office held
	expenditure to benefit C/OI							

			EXPENDITURE CATEGO	RIES FOF	R BOX 8(a)				
	Advertising Expense Event Expense Loan Repayment/Rein Accounting/Banking Fees Office Overhead/Reint Consulting Expense Food/Beverage Expense Polling Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Printing Expense Credit Card Payment The Instruction Guide explains how to complete thing						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 3/40 Rpt: 17/56		Lopez-Singleterry, Nereida				00083772		
4	Date 02/12/2024		Payee name Buchanas Grill						
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	de				
\$8.76 528 N Bentsen Palm Drive Mission, TX 78572									
8	PURPOSE	(a)	Catagony		(b) Description				
0	OF		Category (See Categories listed at the top of this sch Event Expense	iedule)	Check if travel of	ΤX,	de of Texas. Complete Schedule T. officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held		
	Date		Payee name						
	02/13/2024		Buchanas Grill						
	Amount (\$)		Payee address; City; State;	; Zip Co	de				
	\$346.00		528 N Bentsen Palm Drive Mission, TX 78572						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Event Expense	iedule)		ΤX,	de of Texas. Complete Schedule T. officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held		
-	Date		Payee name						
	02/12/2024		Campano, Adriana						
	Amount (\$)		-	; Zip Co	de				
	\$220.00		1341 Seminole Valley Dr	·					
			Alamo, TX 78516						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Advertising Expense	iedule)		тx,	de of Texas. Complete Schedule T. officeholder living expense PNSE		
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	counting/Banking Fees Office Overhead/Rental Expense Transportation nsulting Expense Food/Beverage Expense Polling Expense Travel in Distory ntributions/ Donations Made By- Gift/Awards/Memorials Expense Printing Expense Travel Out or candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (ent								Transportation E Travel in District Travel Out of Di		
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission File	ers)
	Sch: 4/40 Rpt: 18/56			terry, Nereida						00083772	Υ.	,
4	Date	5	Payee name									
	02/21/2024		Campano, Ac	Iriana								
6	Amount (\$)	7	Payee address	; City;	State	; Zip Co	de					
	\$1,650.00		1341 Semino	le Valley Dr								
	Alamo, TX 78516											
8	PURPOSE OF	(a)	Category (See	Categories listed at th	e top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Advertising E	xpense							plete Schedule T.	
	-									officeholder living	g expense	
								Advertising E	:xpe	ense		
_												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	holder name	(Office sou	ght			Office h	eld	
	Date		Payee name									
	01/31/2024		Cantu, Javier	(Mr.)								
	Amount (\$)		Payee address	; City;	State	; Zip Co	de					
	\$1,230.00		1307 W Dura			, p						
	¢1,200.00											
			Alamo, TX 78	516								
	PURPOSE OF	(a)	Category (See	Categories listed at th	e top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Salaries/Wag	es/Contract La	lbor						plete Schedule T.	
								contract labo		officeholder living	g expense	
								contract labo	ſ			
	-											
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Office	nolder name	C	Office sou	ght			Office h	eld	
_		i –										
	Date		Payee name									
	02/06/2024		Cantu, Javier	(Mr.)								
	Amount (\$)		Payee address	; City;	State	; Zip Co	de					
	\$300.00		1307 W Dura	nta Ave								
			Alamo, TX 78	516								
	PURPOSE	(a)	Category (See	Categories listed at th	e top of this sch	nedule)	(b)	Description				
	OF			es/Contract La		,		Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		0					Check if Austin	, TX,	officeholder living	g expense	
								contract labo	r			
	Complete ONLY if direct		Candidate/Office	holder name	(Office soug	ght			Office h	eld	
	expenditure to benefit C/OI	-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide						quipment & Related Expense	
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commission Filers)	
1	Sch: 5/40 Rpt: 19/56		z-Singleterry, Nereida					00083772	()	
4	Date 02/15/2024	Payee Cantu Cantu	name I, Javier (Mr.)							
6	Amount (\$) \$680.00	1307	address; City; W Duranta Ave o, TX 78516	State;	Zip Cod	e				
8	PURPOSE OF EXPENDITURE		Ory (See Categories listed at the t ies/Wages/Contract Lab		dule) (ı, ТХ,	de of Texas. Comp officeholder living		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candid	ate/Officeholder name	Of	fice soug	nt		Office he	ld	
	Date	Payee	name							
	01/29/2024	Casa	rez, Diana (Mrs.)							
	Amount (\$) \$1,500.00	1930	e address; City; E Mile 12 N	State;	Zip Cod	e				
	PURPOSE OF EXPENDITURE	a) Categ	aco, TX 78599 ory (See Categories listed at the t ies/Wages/Contract Labo		dule) (ı, TX,	de of Texas. Comp officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candid	ate/Officeholder name	Of	fice soug	nt		Office he	ld	
	Date	Payee	name							
	01/30/2024		e Credit Card							
	Amount (\$) \$3,907.83		address; City; OX 6294	State;	Zip Cod	e				
		Carol	Stream , IL 60197							
	PURPOSE OF EXPENDITURE		ory (See Categories listed at the t t Card Payment	op of this sched	dule) (ı, ТХ,	de of Texas. Comp officeholder living Nent		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candid	ate/Officeholder name	Off	fice soug	nt		Office he	ld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Co		Travel in District Travel Out of Dis	quipment & Related Expense						
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)	
	Sch: 6/40 Rpt: 20/56		Lopez-Sing	gleterry, Nereida	ı				00083772		
4	Date	5	Payee name	è							
	01/30/2024		Chase Cre	dit Card							
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de				
	\$9,157.63		PO BOX 6	294							
			Carol Strea	am , IL 60197							
8	PURPOSE	(a)	Category (S	See Categories listed at	the top of this sch	nedule)	(b) Description				
	OF EXPENDITURE		Credit Card						ide of Texas. Com		
									, officeholder living	expense	
							credit card pa	aym	hent		
_											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	ficeholder name	C	Office sou	ght		Office he	ald	
	Date		Payee name	9							
	02/20/2024		Chase Cre	dit Card							
-	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	ho				
	\$11,602.78		PO BOX 6	-	State,	, zip co					
	φ11,002.70		FU BUX 0	294							
			Carol Strea	am , IL 60197							
	PURPOSE	(a)	Category (S	See Categories listed at	the top of this sch	nedule)	(b) Description				
	OF EXPENDITURE		Credit Card	d Payment					ide of Texas. Com		
									, officeholder living	expense	
							credit card pa	ауп	lent		
	Complete ONIL V if direct		Candidata/Of	Finabaldar nama		Office cou	~h+		Office he	Nd	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Januluale/OII	ficeholder name	(Office sou	JIIL		Once ne	elu	
_	Data	-									
	Date 02/05/2024		Payee name City of Don								
	Amount (\$)		Payee addre	-	State	; Zip Co	de				
	\$400.00		307 S. 12th	n. St							
			Donna, TX	78537							
	PURPOSE	(a)	Category (S	See Categories listed at	the top of this sch	nedule)	(b) Description				
	OF EXPENDITURE		Event Expe	ense					ide of Texas. Com		
									, officeholder living	expense	
							event expens	se			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	ficeholder name	C	Office sou	ght		Office he	eld	
		1									

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 7/40 Rpt: 21/56		Lopez-Singleterry, Nere	00083772							
4	Date 02/22/2024	5	Payee name Contreras, Indira (Mrs.)								
6	6 Amount (\$) \$195.00 City; State; Zip Code 316 E University Edinburg, TX 78539										
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories lister Event Expense	d at the top of this sch	edule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	e C	Office sou	ght		Office held			
	Date		Payee name								
	02/09/2024		Cowboy Chicken								
	Amount (\$) \$36.81		Payee address; City; 1020 W Nolana	State;	Zip Co	de					
	PURPOSE OF EXPENDITURE		McAllen , TX 78504 Category _{(See Categories lister} Food/Beverage Expense		edule)		, тх,	ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	e C	Office sou	ght		Office held			
	Date		Payee name								
	02/20/2024		Crum, Janie (Mrs.)								
	Amount (\$) \$2,000.00		Payee address; City; 322 E Gore Ave	State;	Zip Co	de					
			Pharr, TX 78577								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories lister Salaries/Wages/Contrac		edule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	e C	Office sou	ght		Office held			

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains	Office Ov Polling Ex Printing E Salaries/V	erhea kpense xpens Nages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	· · · · ·				3	Filer ID (Ethics Commission Filers)		
-	Sch: 8/40 Rpt: 22/56	2	Lopez-Singleterry, Nereida				J	00083772		
4	Date	5	Payee name							
	02/01/2024		De Sanchez							
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	ode					
	\$120.00		1308 N 15th. St.							
			McAllen, TX 78501							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hodulo)	(b)	Description				
	OF	Ľ	Event Expense	neuule)	l`́		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE					Check if Austin	, TX,	, officeholder living expense		
						event expense	se			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ught			Office held		
⊨	Date		Payee name							
	02/09/2024		Decibel Communications							
_	Amount (\$)		Payee address; City; State	; Zip Co	nde					
	\$30,000.00		2016 Orchid Ave	, zip ot	Juc					
	400,000.00									
			McAllen, TX 78504							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sci	hedule)	(b)	Description				
	EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T.		
					Check if Austin, TX, officeholder living expense Advertising Expense					
							.vhr			
_	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ught.			Office held		
	expenditure to benefit C/OI		andidate/Oncentitier hame	Onice Soc	iyin			Once held		
_		-								
	Date		Payee name							
	02/09/2024		Decibel Communications							
	Amount (\$)			e; Zip Co	ode					
	\$25,000.00		2016 Orchid Ave							
			McAllen, TX 78504							
	PURPOSE	(a)	Category (See Categories listed at the top of this sci	hedule)	(b)	Description				
	OF EXPENDITURE		Event Expense					ide of Texas. Complete Schedule T.		
	EXPENDITORE							, officeholder living expense		
						Event Expension	se			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens	se	Loan Repa Office Over Polling Exp Printing Exp Salaries/Wa	ment/Reimbursement head/Rental Expense ense gense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 9/40 Rpt: 23/56		Lopez-Singleterry, Nereida					00083772
4	Date	5	Payee name					
	02/12/2024		Decibel Communications					
6	Amount (\$)	7	Payee address; City;	State;	Zip Coo	le		
	\$6,250.00		2016 Orchid Ave					
			McAllen, TX 78504					
_					r			
8	PURPOSE OF	(a)	Category (See Categories listed at the top of	of this schee	dule)	b) Description	:	ide of Taura - Operative Ophendula T
	EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T. , officeholder living expense
						Advertising E		
						, avertiening E	-//p	
9	Complete <u>ONLY</u> if direct		andidate/Officeholder name	0	ffice souc	ht		Office held
9	expenditure to benefit C/OF		anduale/Onicenoider name	0	nice soug	in the second seco		Onice neid
	Date		Payee name					
	02/21/2024		Delgado, Graciela (Mrs.)					
	Amount (\$)		Payee address; City;	State:	Zip Coo	le		
	\$400.00		10311 E Monte Cristo Rd.	,				
	\$ 100100							
			Edinburg, TX 78542					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Salaries/Wages/Contract Labor	of this sche	dule)			ide of Texas. Complete Schedule T. , officeholder living expense
						contract labo	r	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	ffice soug	ht		Office held
	Date		Payee name					
	02/20/2024		Dollar General					
-	Amount (\$)	-	Payee address; City;	State:	Zip Coo	e		
	\$41.25		1200 Dove Ave	otato,	2.0 000			
			McAllen, TX 78504		i			
	PURPOSE OF	(a)	Category (See Categories listed at the top of	of this schee	dule)	b) Description		
	EXPENDITURE		Event Expense				n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		andidate/Officeholder name	Of	ffice soug	ht		Office held

		EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	ent Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	Sch: 10/40 Rpt: 24/56	opez-Singleterry, Nereida		00083772
4	Date 01/26/2024	ayee name ollar Tree		
6	Amount (\$) \$14.88	ayee address; City; Stat 400 W Nolana cAllen, TX 78504	e; Zip Code	
8	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this s vent Expense	Check if tr	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held
	Date	ayee name		
	02/01/2024	ollar Tree		
	Amount (\$) \$16.24	ayee address; City; Stat 400 W Nolana	e; Zip Code	
		cAllen, TX 78504		
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this s vent Expense	Check if tr	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held
	Date	ayee name		
	02/01/2024	ollar Tree		
	Amount (\$) \$25.71	ayee address; City; Stat 400 W Nolana	e; Zip Code	
		cAllen, TX 78504		
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this s vent Expense	Check if tr	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Con Credit Card Payment			Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T y - Gift/Awards/Memorials Expense Printing Expense T			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 11/40 Rpt: 25/56		Lopez-Singleterry, Nereida					00083772	
4	Date 02/20/2024		Payee name Farias, Leonel (Mr.)						
6	Amount (\$)	7	Payee address; City;	State:	; Zip Coo	de			
	\$1,000.00 217 Austin St. Weslaco, TX 78596								
8	PURPOSE	(a)				(b) Description			
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. (b) Description Check if Austin, TX, officeholder living expense contract labor									
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
	Date		Payee name						
02/05/2024 Feldman's									
	Amount (\$)		Payee address; City;	State:	; Zip Coo	le			
	\$38.23 3500 Pecan Blvd. McAllen, TX 78504								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Event Expense	of this sch	iedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense event expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	Jht		Office held	
	Date		Payee name						
	02/12/2024		Feldman's						
	Amount (\$) \$22.93		Payee address; City; 3500 Pecan Blvd.	State;	; Zip Coo	le			
			McAllen, TX 78504						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Event Expense	of this sch	edule)		ı, ТХ,	de of Texas. Complete Schedule T. . officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	(Office soug	Jht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe nmittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2					3	Filer ID (Ethics Commission Filers)			
-	Sch: 12/40 Rpt: 26/56		Lopez-Singleterry, Nereida				ľ	00083772			
4	Date	5	Payee name								
	01/30/2024	Five Star Embroidery									
6	Amount (\$)	7	Payee address; City;	State;	Zip Coo	le					
	\$423.26		7708 N Ware Rd.								
			McAllen, TX 78504								
8	PURPOSE	(a)				b) Description					
ľ	OF	(a)	Category (See Categories listed at the top Printing Expense	p of this sche	edule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE							, officeholder living expense			
						printing expe	printing expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	ht		Office held			
	Date		Payee name								
	02/09/2024		Five Star Embroidery								
	Amount (\$)		Payee address; City;	State:	Zip Coo	le					
	\$519.19		7708 N Ware Rd.	otato,	2.0 000						
	4010.10		rroo n wale na.								
			McAllen, TX 78504								
	PURPOSE	(a)	Category (See Categories listed at the top	p of this sch	edule)	b) Description					
	OF EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T.			
						Advertising E		, officeholder living expense			
						Advertising L	-^p				
_	Complete ONLY if direct		Candidate/Officeholder name		Office soug	ght Office held					
	expenditure to benefit C/OI					in the second seco		Once neu			
_		_									
	Date		Payee name								
	02/20/2024		Five Star Embroidery								
	Amount (\$)		Payee address; City;	State;	Zip Coo	le					
	\$83.44		7708 N Ware Rd.								
			McAllen, TX 78504								
	PURPOSE	(a)	Category (See Categories listed at the top	p of this sche	edule)	b) Description					
	OF EXPENDITURE		Printing Expense					ide of Texas. Complete Schedule T.			
	EXPENDITORE							, officeholder living expense			
						printing expe	nse	2			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	ht		Office held			
		1									

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expens Fees Food/Beverag Gift/Awards/M nittee Legal Services	e Expense I e Expense I emorials Expense I	Loan Repayme Office Overhea Polling Expens Printing Expen Salaries/Wage	ent/Reimbursement ad/Rental Expense se se s/Contract Labor		Travel in District Travel Out of Dist	uipment & Related Expense
1	Total pages Schedule F1:	ILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 13/40 Rpt: 27/56	opez-Singleterry, Ne				00083772		
4	Date 02/08/2024							
6	Amount (\$)	Payee address; City	r State	Zip Code				
Ū	\$325.00							
8	PURPOSE OF EXPENDITURE	Category (See Categories I Event Expense	isted at the top of this sched	lule) (b)			le of Texas. Comp officeholder living	
					event expens			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder na	ame Off	fice sought			Office he	ld
	Date	ayee name						
	02/20/2024	Galan, Sandra (Mrs.)						
	Amount (\$)	ayee address; City	; State;	Zip Code				
	\$1,000.00	2915 Santawan Driv	e	·				
		Aercedes, TX 78570						
	PURPOSE OF EXPENDITURE	Category (See Categories I Galaries/Wages/Contr		lule) (b)		n, TX,	le of Texas. Comp officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	ndidate/Officeholder na	ame Off	fice sought			Office he	ld
	Date	ayee name						
	02/15/2024	Garcia, Guadalupe						
	Amount (\$) \$300.00	ayee address; City .05 S Kansas Ave	r; State;	Zip Code				
		Veslaco, TX 78596						
	PURPOSE OF EXPENDITURE	Category (See Categories I Galaries/Wages/Cont	•	_{lule)} (b)		n, TX,	le of Texas. Comp officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder na	ame Off	fice sought			Office he	ld

			EX	PENDITURE CAT	EGOR	RIES FOR	во	X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event E Fees Food/Be Gift/Awa Imittee Legal Se	kpense everage Expense Irds/Memorials Expense	9	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	ymen rhead pense pense ages/	t/Reimbursement /Rental Expense e Contract Labor		Travel in District Travel Out of Dis	quipmen	ixpense t & Related Expense v not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethic	s Commission Filers)
	Sch: 14/40 Rpt: 28/56						00083772					
4	Date 02/12/2024		Payee name Garcia, Juan									
6	Amount (\$) \$1,000.00		Payee address; 1901 S 24th. Ave Edinburg, TX 785	City; 39	State;	Zip Co	de					
8	PURPOSE OF EXPENDITURE		Category _{(See Categ} Salaries/Wages/C		this sche	edule)			, TX,	le of Texas. Com officeholder living		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	er name	0	office sou	ght			Office he	eld	
	Date		Payee name									
	02/22/2024		Garcia, Reymund	o (Mr.)								
	Amount (\$) \$750.00		Payee address; 141 Palmetto	City;	State;	Zip Co	de					
	DUDDOOF	_	Mercedes, TX 78				()->					
	PURPOSE OF EXPENDITURE		Category _{(See Categ} Salaries/Wages/C		this sche	edule)			, TX,	le of Texas. Com officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	er name	0	office sou	ght			Office he	eld	
	Date		Payee name			_				-		
	02/20/2024		Gomez, Rosalind	a (Mrs.)								
	Amount (\$) \$2,000.00	I	Payee address; 7600 South Blanc	City; a Lanes	State;	Zip Co	de					
			Pharr, TX 78577			i						
	PURPOSE OF EXPENDITURE		Category _{(See Categ} Salaries/Wages/C		this sche	edule)			, TX,	le of Texas. Com officeholder living		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officehold	er name	0	office sou	ght			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			Fees Office Overhead/Rental Expense Transmit Food/Beverage Expense Polling Expense Transmit By - Gift/Awards/Memorials Expense Printing Expense Transmit				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 15/40 Rpt: 29/56		Lopez-Singleterry, I	Nereida				00083772
4	Date	5	Payee name					
	01/26/2024	Gonzalez, Alicia (Mrs.)						
6	Amount (\$)	7	Payee address; C	City; State	; Zip Co	de		
	\$500.00		145 S Republic St.					
			Weslaco, TX 78599)				
8	PURPOSE		Category (See Categori		nedule)	(b) Description		
	OF EXPENDITURE		Salaries/Wages/Co	ntract Labor				side of Texas. Complete Schedule T.
	-					contract labo		, officeholder living expense
						CUITACTIADO	1	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder	name C	Office sou	ght		Office held
	Date		Payee name					
	02/21/2024		Gonzalez, Noelda (Mrs.)				
	Amount (\$)		Payee address; C	City; State	; Zip Co	de		
	\$1,000.00		520 Coco Drive	-				
			Weslaco, TX 78599)				
	PURPOSE OF	(a)	Category (See Categorie	es listed at the top of this sch	nedule)	(b) Description		
	EXPENDITURE		Salaries/Wages/Co	ntract Labor				ide of Texas. Complete Schedule T. , officeholder living expense
						contract labo		, oncenduer wing expense
						contract labo		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder	name C	Office sou	ght		Office held
	Date		Payee name				_	
	02/07/2024		Gonzalez, Roxanne	e (Mrs.)				
	Amount (\$)		Payee address; C	City; State	; Zip Co	de		
	\$2,000.00		11423 N Mile 4 W					
			Weslaco, TX 78589)				
	PURPOSE OF		Category (See Categorie	•	nedule)	(b) Description		
	EXPENDITURE		Salaries/Wages/Co	ntract Labor				side of Texas. Complete Schedule T.
						contract labo		x, officeholder living expense
						contract idbu	1	
	Complete ONL V if direct	Ļ	andidate/Officeholder	name (Office sou	abt		Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI					ym		
-								

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	ILER NAME		3 Filer ID (Ethics Commission Filers)			
	Sch: 16/40 Rpt: 30/56	opez-Singleterry, Nereida	00083772				
4	Date 01/26/2024	ayee name EB					
6	Amount (\$) \$149.04	ayee address; City; State 01 Trenton Rd. IcAllen, TX 78501	e; Zip Code				
8	B PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Image: Category Content in the image: Categories listed at the top of this schedule) Image: Category Content in the image: Categories listed at the top of this schedule) Image: Category Content in the image: Categories listed at the top of this schedule) Image: Category Content in the image: Categories listed at the top of this schedule) Image: Categories listed at the top of this schedule) Image: Categories listed at the top of this schedule) Image: Categories listed at the top of this schedule) Image: Categories listed at the top of this schedule) Image: Categories listed at the top of this schedule Image: Categories listed at the top of this schedule) Image: Categories listed at the top of this schedule) Image: Categories listed at the top of this schedule Image: Categories listed at the top of this schedule) Image: Categories listed at the top of this schedule) Image: Categories listed at the top of this schedule Image: Categories listed at the top of this schedule) Image: Categories listed at the top of this schedule) Image: Categories listed at the top of this schedule Image: Categories listed at the top of top of the top of to						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held			
	Date	ayee name					
02/05/2024 HEB							
	Amount (\$) \$47.97	ayee address; City; State 01 Trenton Rd. IcAllen, TX 78501	e; Zip Code				
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this so vent Expense	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense S E			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held			
	Date	ayee name					
	02/14/2024	EB					
	Amount (\$) \$68.80	ayee address; City; State 01 Trenton Rd.	e; Zip Code				
		IcAllen, TX 78501					
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this so vent Expense	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense S E			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbur: Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	pense Transportation Equipment & Related Expense Travel in District Travel Out of District abor OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 17/40 Rpt: 31/56	Lopez-Singleterry, Nereida	00083772				
4	Date 02/06/2024	Payee name Hernandez, Hector (Mr.)					
6	Amount (\$)	Payee address; City; State; Zip Code					
\$150.00 Since a state, 210 Code Mission, TX 78572							
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Descrip	tion				
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) EXPENDITURE (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	02/20/2024	Hernandez, Hector (Mr.)					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$500.00	2917 Crisantema St. Mission, TX 78542					
	PURPOSE OF EXPENDITURE		k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	02/01/2024	Hobby Lobby					
	Amount (\$) \$15.09	Payee address;City;State;Zip Code3300 Expressway 83 Ste 700					
		McAllen, TX 78501					
	PURPOSE OF EXPENDITURE		tion x if travel outside of Texas. Complete Schedule T. x if Austin, TX, officeholder living expense expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains F	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME		-	3	Filer ID (Ethics Commission Filers)	
	Sch: 18/40 Rpt: 32/56		Lopez-Singleterry, Nereida 00083772					
4	Date 02/02/2024		Payee name Hobby Lobby					
6	Amount (\$) 7 Payee address; City; State; Zip Code \$39.15 3300 Expressway 83 Ste 700 McAllen, TX 78501							
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Image: Check if Austin, TX, officeholder living expense event expense Check if Austin, TX, officeholder living expense event expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C)ffice sou	ht		Office held	
	Date		Payee name					
	02/21/2024		Jasso, Carlos					
	Amount (\$) \$1,000.00		1409 S. 9th Avenue	Zip Co	le			
	PURPOSE OF EXPENDITURE	(a)	Edinburg, TX 78539 Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)		n, TX,	de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ht		Office held	
	Date		Payee name					
	02/20/2024		KOKO'S UPTOWN					
	Amount (\$) \$33.38		Payee address; City; State; 6100 N10th.St.	Zip Co	le			
			McAllen, TX 78504					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)		n, TX,	de of Texas. Complete Schedule T. officeholder living expense	
ļ	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name C)ffice sou	ht		Office held	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loa Fees Offi Food/Beverage Expense Pol y - Gift/Awards/Memorials Expense Prir			Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Distri	ipment & Related Expense	
1	Total pages Schedule F1:	2 F		•		•	3	Filer ID	(Ethics Commission Filers)	
-	Sch: 19/40 Rpt: 33/56						ľ	00083772		
4	Date 01/30/2024		5 Payee name Karla's Jewelry							
6	Amount (\$) \$125.00	4	7 Payee address; City; State; Zip Code 4915 N 10th. St. McAllen, TX 78504							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense event expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholde	er name d	Office sou	ht		Office held	1	
	Date	P	ayee name							
	02/01/2024	ĸ	Karla's Jewelry							
	Amount (\$) Payee address; City; State; Zip Code \$127.74 4915 N 10th. St. McAllen, TX 78504									
	PURPOSE OF EXPENDITURE	(a) C				n, TX,	side of Texas. Complete Schedule T. <, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought H				ht		Office held	ł	
	Date Payee name									
	02/07/2024	ĸ	arla's Jewelry							
	Amount (\$)Payee address;City;State;Zip Code\$50.004915 N 10th. St.									
	McAllen, TX 78504									
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Expense										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholde	r name (Dffice sou	ht		Office held	1	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E			oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 20/40 Rpt: 34/56		Lopez-Singleterry, Nereida					00083772		
4	Date 02/09/2024		5 Payee name Karla's Jewelry							
6	Amount (\$) \$50.00		7 Payee address; City; State; Zip Code 4915 N 10th. St. McAllen, TX 78504							
8	PURPOSE OF EXPENDITURE	Event Evense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	0)ffice souç	ht		Office held		
	Date		Payee name							
	02/07/2024		Kohl's							
	Amount (\$) Payee address; City; State; Zip Code \$20.56 7900 N 10th.St. McAllen, TX 78504									
PURPOSE OF EXPENDITURE						, тх,	de of Texas. Complete Schedule T. officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought H				ht		Office held		
	Date Payee name									
	02/20/2024		Krystal Balloons							
	Amount (\$) \$162.37		Payee address; City; 1412 Pike Blvd.	State;	Zip Coo	le				
			Weslaco, TX 78596							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Event Expense	this sche	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	0	Office soug	ht		Office held		

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)						
	Sch: 21/40 Rpt: 35/56	Lopez-Singleterry, Nereida	00083772						
4	Date 02/05/2024	5 Payee name LA Imports							
6	Amount (\$) \$48.71	7 Payee address; City; State; Zip Code 616 S Main St McAllen, TX 78501							
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense event expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/29/2024	La Taquiza Restaurant							
	Amount (\$) \$250.94	Payee address;City;State; Zip Code319 Sugar Rd.							
		Edinburg, TX 78539							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense SE						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/12/2024	Martinez, Jesse							
	Amount (\$) \$2,450.00	Payee address;City;State;Zip Code400 E Minnesota Rd							
		San Juan, TX 78516							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense S E						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Con Credit Card Payment			Event ExpenseLoan Repayment/ReimbursementFeesOffice Overhead/Rental ExpenseFood/Beverage ExpensePolling ExpenseGift/Awards/Memorials ExpensePrinting Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 22/40 Rpt: 36/56		Lopez-Singleterry, Nereida					00083772	
4	Date	5	Payee name						
	02/13/2024		McAllen Chamber of Commerce						
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le			
	\$2,160.00		1200 Ash Ave						
			McAllen, TX 78501						
8	PURPOSE	(a)	Category (See Categories listed at the top of	this sched	dule)	b) Description			
	OF EXPENDITURE		Printing Expense		,			ide of Texas. Complete Schedule T.	
								, officeholder living expense	
						printing expe	ense	2	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Of	ffice soug	ht		Office held	
	Date		Payee name						
	01/26/2024		Moreno, Javier (Mr.)						
	Amount (\$)		Payee address; City;	State:	Zip Co	le			
	\$500.00								
	+000100								
			San Juan, TX 78589						
	PURPOSE	(a)	Category (See Categories listed at the top of	this sched	dule)	b) Description			
OF Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense									
						contract labo		, officenolder living expense	
						contract labo	"		
	Osmalata ONII X if dina at					L-4			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	U	ffice soug	nı		Office held	
_	Data	1							
	Date		Payee name						
	02/21/2024		Moreno, Javier (Mr.)						
Amount (\$) Payee address; City; State; Zip Code									
	\$500.00		503 Jacobo St.						
	San Juan, TX 78589								
	PURPOSE	(a)	Category (See Categories listed at the top of	this sched	dule)	b) Description			
	OF EXPENDITURE		Salaries/Wages/Contract Labor		,			ide of Texas. Complete Schedule T.	
	EXPENDITORE							, officeholder living expense	
						contract labo	r		
	Complete ONLY if direct		Candidate/Officeholder name	Of	ffice soug	ht		Office held	
	expenditure to benefit C/OI	1							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Exp Salaries/W	erhead pense (pense /ages/	e 'Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 23/40 Rpt: 37/56		Lopez-Singleterry, Nereida					00083772		
4	Date	5	Payee name							
	02/12/2024		My place Restaurant							
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de					
	\$222.26		405 E University Dr							
		Edinburg, TX 78539								
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Event Expense					de of Texas. Complete Schedule T. , officeholder living expense		
event expense										
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ght			Office held		
	Date		Payee name							
	02/22/2024		Nieves, Guillermo (Mr.)							
	Amount (\$)		Payee address; City; State	; Zip Co	de					
	\$500.00		4420 Vivian St.							
			Edinburg, TX 78541							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Salaries/Wages/Contract Labor					de of Texas. Complete Schedule T.		
					Check if Austin, TX, officeholder living expense contract labor					
							I			
_	Complete ONLY if direct		Candidate/Officeholder name	Office sou	aht			Office held		
	expenditure to benefit C/OI				gin			Onice neta		
-	Date		Payee name							
	02/07/2024		Ocana , Francisca (Mrs.)							
	Amount (\$)			; Zip Co	de					
	\$500.00		3617 Yvette Drive	, <u> </u>						
			Pharr , TX 78577							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description	oute ¹	do of Toyas, Complete Schodule T		
	EXPENDITURE		Salaries/Wages/Contract Labor					de of Texas. Complete Schedule T. , officeholder living expense		
						contract labo				
-	Complete ONLY if direct	L(Candidate/Officeholder name	Office sou	ght			Office held		
	expenditure to benefit C/Oł				5					
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	ayment/Reimbursement erhead/Rental Expense spense xpense Vages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 24/40 Rpt: 38/56		Lopez-Singleterry, Nereida				00083772				
4	Date	5	Payee name								
	02/05/2024		Office Depot								
6	Amount (\$)	7	Payee address; City; State	; Zip Co	ode						
	\$37.05		5115 N 10th. St.								
			McAllen, TX 78504								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description						
	OF		Event Expense	icuaic)		outsi	de of Texas. Complete Schedule T.				
	EXPENDITURE				Check if Austin	, TX,	officeholder living expense				
event expense											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office sou	ight		Office held				
	Date		Payee name								
	02/02/2024		Olvera, Aaron (Mr.)								
	Amount (\$)		Payee address; City; State	; Zip Co	ode						
	\$350.00	I	2300 E 19th St.	, ,							
	\$000100		2000 2 2001 00								
			Mission, TX 78572								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Event Expense	nedule)		, тх,	de of Texas. Complete Schedule T. officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office sou	l Ight		Office held				
	Date		Payee name								
	02/05/2024		Omega Dollar								
	Amount (\$)		5	; Zip Co	2do						
	\$19.67		Payee address; City; State 101 N 16th St.	, ziμ cu	Jue						
	\$19.07		101 N 1011 St.								
			McAllen, TX 78501								
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description						
	OF EXPENDITURE		Event Expense			, TX,	de of Texas. Complete Schedule T. officeholder living expense				
-	Complete ONLY if direct		andidate/Officeholder name	Office sou	l Iaht		Office held				
	expenditure to benefit C/Oł				-9-1 -						
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)								
	Sch: 25/40 Rpt: 39/56	Lopez-Singleterry, Nereida	00083772								
4	Date 01/26/2024	5 Payee name Party City									
6	Amount (\$) \$41.14	7 Payee address; City; State; Zip Code 712 E. Frontage Rd McAllen, TX 78501									
8	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	02/16/2024	Party City									
	Amount (\$) \$74.69	Payee address; City; State; Zip Code 712 E. Frontage Rd									
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	02/01/2024	Printee's									
	Amount (\$) \$745.00	Payee address;City;State;Zip Code200 E Interstate 2 Ste J2									
		Pharr, TX 78577									
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense S E								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe mittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 26/40 Rpt: 40/56		Lopez-Singleterry, Nereida					00083772			
4	Date 02/21/2024		Payee name Printee's								
6	Amount (\$) \$552.50		Payee address; City; 200 E Interstate 2 Ste J2 Pharr, TX 78577	State	; Zip Coo	de					
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Printing Expense	o of this sch	nedule)		avel outs ustin, TX	side of Texas. Com K, officeholder living C			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(Office sou	ght		Office he	eld		
	Date		Payee name								
	02/05/2024		Progress Times								
	Amount (\$) \$3,100.00		Payee address; City; 1217 N Conway Ave.	State;	; Zip Coo	de					
			Mission, TX 78572			<u></u>					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Advertising Expense	o of this sch	nedule)		avel outs ustin, TX	ide of Texas. Com c, officeholder living ense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(Office sou	ght		Office he	eld		
	Date		Payee name								
	02/02/2024		Public Research Group								
	Amount (\$) \$5,321.65		Payee address; City; 1104 Upas Ave	State;	; Zip Coo	de					
			McAllen, TX 78501								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Consulting Expense	o of this sch	nedule)		avel outs ustin, TX	ide of Texas. Com K, officeholder living NSE			
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	(Dffice sou	ght		Office he	eld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Averhaed/Rental Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 27/40 Rpt: 41/56	Lopez-Singleterry, Nereida	00083772								
4	Date	Payee name									
	02/06/2024	Public Research Group									
6	Amount (\$)	Payee address; City; State; Zip Code									
	\$2,000.00	1104 Upas Ave									
		McAllen, TX 78501									
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description									
	OF EXPENDITURE		outside of Texas. Complete Schedule T.								
Check if Austin, 1X, officenoider living expense											
	Consulting Expense										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	_										
	Date	Payee name									
	02/21/2024	Public Research Group									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$5,439.90	1104 Upas Ave									
		McAllen, TX 78501									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense KPENSE								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	02/22/2024	Rangel, Esmeralda (Mrs.)									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$500.00	427 Oakwood Drive									
		Alamo, TX 78516									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense D								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fe Fo Gif nmittee Le	ent Expense es od/Beverage Expens t/Awards/Memorials I gal Services ne Instruction Gu	Expense	Office Ove Polling Exp Printing Ex Salaries/W	rhead/Re bense pense 'ages/Co	Reimbursement ental Expense ontract Labor this form.		Transportation E Travel in District Travel Out of Dis	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 28/40 Rpt: 42/56		Lopez-Singlet	erry, Nereida						00083772	
4	Date	5	Payee name								
	02/20/2024		Rincon, Gloria	a (Mrs.)							
6	Amount (\$)	7	Payee address;	City;	State	; Zip Co	de				
	\$2,200.00		609 Melba Ca	rter St.							
		Mission, TX 78572									
8	PURPOSE OF	(a)	Category (See C			nedule)	(b) D	escription			
	EXPENDITURE		Salaries/Wage	es/Contract La	lbor						plete Schedule T.
Check if Austin, TX, officeholder living expense contract labor											
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Office	holder name	C	Office sou	ght			Office h	əld
	Date		Payee name								
	02/02/2024		Rios, Rogelio	(Mr.)							
	Amount (\$)		Payee address;	City;	State	; Zip Co	de				
	\$490.00		820 S 17th. St	t.							
			Edinburg, TX	78539							
	PURPOSE OF EXPENDITURE	(a)	Category _{(See C} Salaries/Wage			nedule)			, TX,	de of Texas. Com officeholder living	plete Schedule T. g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Office	holder name	(Office sou	ght			Office h	əld
	Date		Payee name								
	02/09/2024		Rios, Rogelio	(Mr.)							
	Amount (\$)		Payee address;	City;	State	; Zip Co	de				
	\$380.00		820 S 17th. S	-		· •					
			Edinburg, TX	78539							
	PURPOSE	(a)	Category (See (Categories listed at th	e top of this sch	nedule)	(b) D	escription			
	OF EXPENDITURE		Salaries/Wage	es/Contract La	bor			4	, тх,	de of Texas. Com officeholder living	plete Schedule T. g expense
-	Complete ONLY if direct	L(Candidate/Office	holder name	(Office sou	ght			Office h	eld
	expenditure to benefit C/OI					22 000				2	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-		Office Ove Polling Ex Printing Ex Salaries/W	rhead/Ren bense pense ages/Cont	mbursement tal Expense ract Labor his form.		Travel in District Travel Out of Dis	quipment & Related Exp	
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission	n Filers)
	Sch: 29/40 Rpt: 43/56		Lopez-Singleterry, Nere	ida				I	00083772		,
4	Date 02/02/2024		Payee name Rodriguez, Alicia								
6	Amount (\$) \$1,200.00		Payee address; City; 145 S Republic St Weslaco, TX 78599	State;	Zip Co	de					
8	PURPOSE OF EXPENDITURE		Category (See Categories liste Salaries/Wages/Contra		edule)		Check if Austin,		le of Texas. Com officeholder living	plete Schedule T. J expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder nam	e C	Office sou	ght			Office he	eld	
	Date		Payee name								
	02/22/2024		Rodriguez, Brenda (Mrs	5.)							
	Amount (\$) \$1,000.00		Payee address; City; 312 Campo Verde Circl		Zip Co	de					
	PURPOSE OF EXPENDITURE	(a)	San Juan, TX 78589 Category _{(See Categories liste} Salaries/Wages/Contra		edule)			, TX,	le of Texas. Com officeholder living	plete Schedule T. J expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder nam	e C	Office sou	ght			Office he	eld	
	Date		Payee name								
	02/22/2024		Rodriguez, Rodolfo (Mr)							
	Amount (\$) \$1,000.00		Payee address; City; 310 N Texas Blvd.	State;	Zip Co	de					
			Weslaco, TX 78596								
	PURPOSE OF EXPENDITURE		Category (See Categories liste Salaries/Wages/Contrat		edule)			, TX,	le of Texas. Com officeholder living	plete Schedule T. J expense	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder nam	e C	Office sou	ght			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex mittee Legal Services The Instruction Guid		Office Ove Polling Ex Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 30/40 Rpt: 44/56		Lopez-Singleterry, Nereida					00083772			
4	Date 02/20/2024		Payee name SAM'S CLUB								
6	Amount (\$) \$205.07		Payee address; City; 7601 N Trenton St. McAllen, TX 78504	State;	; Zip Co	de					
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Event Expense	top of this sch	iedule)		η, TX,	de of Texas. Complete Schedule T. officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held			
	Date		Payee name								
	02/13/2024		Salinas, Peter (Mr.)								
	Amount (\$) \$1,800.00		Payee address; City; 601 E Van Week St. Edinburg, TX 78541	State;	; Zip Co	de					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Advertising Expense	top of this sch	iedule)		n, TX,	de of Texas. Complete Schedule T. officeholder living expense ENSE			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held			
	Date		Payee name								
	02/22/2024		Salinas, Peter (Mr.)								
	Amount (\$) \$1,000.00		Payee address; City; 601 E Van Week St.	State;	; Zip Co	de					
			Edinburg, TX 78541								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Advertising Expense	top of this sch	iedule)			de of Texas. Complete Schedule T. , officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food Gift/ nmittee Lega	It Expense //Beverage Expense Awards/Memorials Ex I Services I Instruction Guid		Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Lab	ense bor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME					:	3	Filer ID	(Ethics Commission Filers)	
	Sch: 31/40 Rpt: 45/56		Lopez-Singlete	rry, Nereida						00083772		
4	Date	5	Payee name									
	02/15/2024		Salinas, Peter (Mr.)								
6	Amount (\$)	7	Payee address;	City;	State;	; Zip Co	le					
	\$2,500.00		601 E Van Wee	ek St.								
Edinburg, TX 78541												
8	PURPOSE OF		Category (See Ca		top of this sch	edule)	(b) Description					
	EXPENDITURE		Advertising Exp	ense						e of Texas. Comp		
Check if Austin, TX, officeholder living expense advertising expense												
								ing on	poi			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeh	older name	C	Dffice sou	ıht			Office he	ld	
	Date		Payee name									
	02/20/2024		Sanchez, Stepl	nanie (Mrs.)								
	Amount (\$)		Payee address;	City;	State;	; Zip Co	le					
	\$2,000.00		2011 Villegas A	ve								
			Pharr , TX 785	77								
	PURPOSE OF EXPENDITURE		Category (See Ca Salaries/Wages			edule)		f travel ou f Austin, 1		e of Texas. Comp officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeho	older name	C	Office sou	ıht			Office he	ld	
	Date		Payee name									-
	02/05/2024		Sanchez, Victo	r								
	Amount (\$)		Payee address;	City;	State	Zip Co	le					_
	\$882.00		3002 San Gabr	-		· · · ·						
			San Juan , TX	78589								
	PURPOSE OF EXPENDITURE		Category (See Ca Salaries/Wages			edule)		f travel ou f Austin, 1		e of Texas. Comp officeholder living	olete Schedule T. expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeho	older name	C	Dffice sou	Jht			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel out of District Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a catego The Instruction Guide explains how to complete this form.						quipment & Related Expense			
1	Total pages Schedule F1:	-ILER NAME				3 1	Filer ID	(Ethics Commission Filers)			
	Sch: 32/40 Rpt: 46/56	_opez-Singleterry, N	ereida			(00083772	· · ·			
4	Date 02/15/2024	Payee name Sanchez, Victor									
6	Amount (\$) \$441.00	Payee address; Ci 3002 San Gabriel St San Juan , TX 78589		Zip Code							
8	PURPOSE OF EXPENDITURE	Category _{(See Categories} Salaries/Wages/Con	listed at the top of this schedu tract Labor	ule) (b)		, TX, o	e of Texas. Comp officeholder living	plete Schedule T. expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder r	ame Offi	ice sought			Office he	ld			
	Date	Payee name									
	01/30/2024	Siempre Natural									
	Amount (\$) \$36.30	Payee address; Ci 7501 N Tenth St. McAllen, TX 78501	y; State; 2	Zip Code							
	PURPOSE OF EXPENDITURE	Category (See Categories	listed at the top of this schedu	ule) (b)		, TX, o	e of Texas. Comp officeholder living	plete Schedule T. expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder r	ame Offi	ice sought			Office he	ld			
	Date	Payee name									
	02/22/2024	Singleterry, Hortenci	a (Mrs.)								
	Amount (\$) \$400.00	Payee address; Cir 441 Stone Oak Drive		Zip Code							
		Alamo, TX 78516									
	PURPOSE OF EXPENDITURE	Category (See Categories Salaries/Wages/Con	listed at the top of this schedu tract Labor	_{ule)} (b)		, TX, o	e of Texas. Comp officeholder living	olete Schedule T. expense			
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder r	ame Offi	ice sought			Office he	ld			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Fees Food/Beverage Exp Gift/Awards/Memori Legal Services The Instruction	als Expense	Office Ove Polling Exp Printing Ex Salaries/W	rhead/ bense pense ages/0	Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers)
-	Sch: 33/40 Rpt: 47/56			- leterry, Nereid	a				Ĵ	00083772	(
4	Date 01/30/2024		Payee name Solis, Roel	(Mr.)							
6	Amount (\$) \$1,413.00	7 Payee address; City; State; Zip Code \$1,413.00 Edinburg, TX 78539									
8	PURPOSE OF EXPENDITURE			ee Categories listed a ages/Contract		iedule)	[[, тх,	de of Texas. Com officeholder living	plete Schedule T. I expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholder name	C	Office sou	ght			Office he	eld
	Date		Payee name								
	02/07/2024		Solis, Roel	(Mr.)							
	Amount (\$) \$654.00		Payee addre 24187 N Su Edinburg, T	inflower Rd.	State;	; Zip Co	de				
	PURPOSE OF EXPENDITURE			ee Categories listed a ages/Contract		edule)	I		, TX,	de of Texas. Com officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholder name	C	Office sou	ght			Office he	eld
	Date		Payee name								
	02/21/2024		Solis, Roel	(Mr.)							
	Amount (\$) \$500.00		Payee addre 24187 N St		State	; Zip Co	de				
			Edinburg, T	X 78539							
	PURPOSE OF EXPENDITURE			ee Categories listed a ages/Contract		iedule)			, тх,	de of Texas. Com officeholder living	plete Schedule T. I expense
ļ	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offi	ceholder name	(Dffice sou	ght			Office he	əld

	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 The Instruction Guide explains	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor	Transportation Travel in Distri Travel Out of E						
1 Total pages Schedule F1: 2 FILER NAMI	Ξ			3 Filer ID	(Ethics Commission Filers)					
Sch: 34/40 Rpt: 48/56 Lopez-Sing	leterry, Nereida			00083772						
4 Date 5 Payee name										
01/30/2024 Speedy Me	morial Foundation									
6 Amount (\$) 7 Payee addre	ss; City; State;	; Zip Cod	9							
\$750.00 PO BOX 48	893									
McAllen, T	K 78502									
8 PURPOSE (a) Category (S	ee Categories listed at the top of this sch	nedule) (b) Description							
OF Contributio	ns/Donations Made By			outside of Texas. Co						
Candidate/	Officeholder/Political Comm	nittee		n, TX, officeholder livi	ng expense					
contribution										
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held										
expenditure to benefit C/OH	cenoider name C	Jince soug	11	Office	neid					
Data -										
Date Payee name										
02/22/2024 Starbucks										
Amount (\$) Payee addre		; Zip Cod	9							
\$15.88 3509 N ten	th St									
McAllen, T	K 78501									
OF	ee Categories listed at the top of this sch	nedule) (b) Description							
EXPENDITURE Food/Beve	age Expense			outside of Texas. Co n, TX, officeholder livi						
			food expense		ing exherise					
Complete <u>ONLY</u> if direct Candidate/Off	ceholder name C	Jffice soug	าt	Office I	held					
expenditure to benefit C/OH		-								
Date Payee name										
02/21/2024 Tamez, Os										
Amount (\$) Payee addre	ss; City; State;	; Zip Cod	9							
\$2,500.00 2819 Luxur										
	-									
Edinburg, 1	X 78542									
PURPOSE (a) Category (S	ee Categories listed at the top of this sch	nedule) (b) Description							
OF Salaries/W	ages/Contract Labor			outside of Texas. Co						
				n, TX, officeholder livi	ng expense					
			contract labo	1						
Complete ONLY if direct Condidete/Off	iceholder name C	Office soug	at	Office I	held					
Complete <u>ONLY</u> if direct Candidate/Off expenditure to benefit C/OH		Since Soug	n	Unice I						

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

		EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME 3	Filer ID (Ethics Commission Filers)					
	Sch: 35/40 Rpt: 49/56	Lopez-Singleterry, Nereida	00083772					
4	Date 01/31/2024	Payee name Texas Citrus Fiesta						
6	Amount (\$)							
0	\$150.00	Payee address; City; State; Zip Code 1201 E. 8th St.						
		Mission, TX 78572						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense event expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	02/01/2024	Texas National Bank						
	Amount (\$) \$239.77	Payee address; City; State; Zip Code 4908 S Jackson Rd. Edinburg, TX 78539						
	PURPOSE OF EXPENDITURE	A) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outs	side of Texas. Complete Schedule T. X, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	02/05/2024	Texas National Bank						
	Amount (\$) \$184.35	unt (\$) Payee address; City; State; Zip Code						
		Edinburg, TX 78539						
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

		EXPENDITURE CATEGOR	IES FOR BO	DX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Ti Food/Beverage Expense Polling Expense Ti By - Gift/Awards/Memorials Expense Printing Expense Ti			Transporta Travel in D Travel Out	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	ILER NAME			3 Filer ID	(Ethics Commission Filers)			
	Sch: 36/40 Rpt: 50/56	opez-Singleterry, Nereida			000837	72			
4	Date 02/16/2024	Payee name Texas National Bank							
6	Amount (\$)		Zin Code						
	\$29.80	 Payee address; City; State; Zip Code 4908 S Jackson Rd. Edinburg, TX 78539 							
8	PURPOSE		(b)	Description					
U	OF	 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense bank fees 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Of	ffice sought		Offic	e held			
	Date	Payee name							
	01/26/2024	he Monitor							
	Amount (\$) Payee address; City; State; Zip Code								
	\$5,900.00	400 E Nolana Ave. IcAllen, TX 78504							
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description 									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Of	ffice sought		Offic	e held			
	Date	'ayee name							
	02/05/2024	The Secret Garden							
	Amount (\$) \$438.41	Payee address; City; State; 300 N 10th St.	Zip Code						
		IcAllen, TX 78504	i						
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schere Event Expense	_{dule)} (b)		TX, officeholder	Complete Schedule T. living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Of	ffice sought		Offic	e held			

				EXPENDITUR	E CATEGOR	RIES FOR	BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 37/40 Rpt: 51/56			eterry, Nereida					00083772	
4	Date	5	Payee name							
	01/29/2024		University D	raft House						
6	Amount (\$)	7	Payee addres	s; City;	State;	; Zip Coo	le			
	\$18.86		100 W US F	lighway 83						
			McAllen, TX	78501						
8	PURPOSE	(a)	Category (Se	e Categories listed at th	e top of this sch	(eluber	(b) Description			
	OF	Ľ		age Expense		iedule)		outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITURE						Check if Austin	n, TX,	, officeholder living	expense
							food expense	e		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	C	Office soug	ıht		Office he	eld
	Date		Payee name							
	02/12/2024		Upper Valle	/ Mail Services						
-	Amount (\$)		Payee addres	s; City;	State:	; Zip Coo	le			
	\$8,545.42		1418 Beech		o tato,	, <u></u> p oot				
	φ0,0+0.+ <u>2</u>		1410 Decen	////						
			McAllen, TX	78501						
PURPOSE (a) Category (See Categories listed OF Advertising Expense				e top of this sch	nedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertising Expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	eholder name	C	Office soug	Jht		Office he	ld
	Date		Payee name							
	02/13/2024		Upper Valle	/ Mail Services						
	Amount (\$)		Payee addres	s; City;	State:	; Zip Coo	le			
	\$4,197.54		1418 Beech							
			McAllen, TX	78501						
	PURPOSE OF	(a)		e Categories listed at th	e top of this sch	nedule)	(b) Description			
	EXPENDITURE		Advertising	Expense					ide of Texas. Com	
							Advertising E		, officeholder living	expense
								-740		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Offic	ceholder name	C	Office soug	Jht		Office he	eld
-										

			EX	PENDITURE CAT	EGORIES	FOR E	SOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment			Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T By - Gift/Awards/Memorials Expense Printing Expense T			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2		•				3	Filer ID	(Ethics Commission Filers)
-	Sch: 38/40 Rpt: 52/56		Lopez-Singleterry, Nereida 00083772							(,
4	Date 02/20/2024		Payee name Valladares, Bertha (Mrs.)							
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 6030 N Mile 6 1/2 Weslaco, TX 78599								
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contract labor 								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	ler name	Office	sough	t		Office he	eld
	Date		Payee name							
	02/05/2024		Vento-Reyes, No	rma (Mrs.)						
	Amount (\$) \$100.00		Payee address; 3457 PFC Pedro	Martinez	State; Zip	Code				
	PURPOSE OF EXPENDITURE	(a)	Mercedes, TX 78 Category _{(See Categ} Salaries/Wages/(ories listed at the top of	this schedule)	(b		n, TX,	de of Texas. Com officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	ler name	Office	sough	t		Office he	eld
	Date		Payee name							
	01/26/2024		WALMART							
	Amount (\$) \$43.75		Payee address; 1600 S Texas Blv		State; Zip	Code				
			Weslaco, TX 785							
	PURPOSE OF EXPENDITURE		Category _{(See Categ} Event Expense	ories listed at the top of	this schedule)	(b		ı, TX,	de of Texas. Com officeholder living	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officehold	ler name	Office	sough	t		Office he	eld

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 39/40 Rpt: 53/56	Lopez-Singleterry, Nereida	00083772						
4	Date 02/08/2024	Payee name WALMART							
6	Amount (\$) \$123.77								
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense event expense							
9	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								
	Date 02/09/2024	Payee name WALMART							
	Amount (\$) Payee address; City; State; Zip Code \$21.78 1600 S Texas Blvd/ Weslaco, TX 78596								
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense event expense									
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/09/2024	WALMART							
	Amount (\$) Payee address; City; State; Zip Code \$155.69 1600 S Texas Blvd/								
		Weslaco, TX 78596							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense S C						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense By - Gift/Awards/Memorials Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 40/40 Rpt: 54/56	Lopez-Sing	gleterry, Nereida					00083772	
4	Date	5 Payee name					1		
	01/29/2024		hamber of Commer	ce					
6	Amount (\$) \$150.00	7 Payee address; City; State; Zip Code							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense event expense									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ficeholder name	Offi	ice sought			Office he	eld
	Date	Payee name	e						
	01/29/2024	Williams, C	Christina (Mrs.)						
	Amount (\$) \$253.30	McAllen, T	th St. Ste. 120 X 78504		Zip Code				
	PURPOSE OF EXPENDITURE	(a) Category (a) Event Exp	See Categories listed at the top ense	p of this schedu	_{ile)} (b)		η, TX,	de of Texas. Comp officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ficeholder name	Offi	ice sought			Office he	eld

EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/- Gift/Award	erage Expense s/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Transportation Equipme Travel in District Travel Out of District OTHER (enter a catego	nt & Related I		
	The Inst	ruction Guide explains h	now to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)	
Sch: 1/1 Rpt: 55/56	Lopez-Singleterry,	Nereida		00083772			
4 CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZE				
ISSUER	Chas	e Bank	EXPENDITURES CHARGED TO A CREE CARD	от \$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid			
	\$3,907.83	01/29/2024					
7 PAYEE	(a) Payee name	1	(b) Payee address;	City,	State,	Zip Code	
	Brand Boosters		3607 S. L LN				
			McAllen, TX 78503				
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)	printing expense				
X Political	Printing Expense						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living exp	ense		
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder	name O	ffice sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid			
	\$11,602.78	01/29/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Durand Datastana		3607 S. L LN				
	Brand Boosters						
			McAllen, TX 78503				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
	Printing Expense	or this serieduley	printing expense				
X Political							
Non-Political		of Texas. Complete Schedule		TX, officeholder living exp	ense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name O	ffice sought	Office held			
	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid			
	\$2,029.57	02/21/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			100 W US HWY 83	0.0,	etato,	p 0000	
	Draft House						
			McAllen, TX 78501				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)	event expense				
X Political	Event Expense						
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held			
expenditure to benefit C/OH							

OUTSTAN	IDING LOANS	SCHEDULE L
	on Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 1/1 Rpt: 56/56
2 FILER NAME Lopez-Singleter	ry, Nereida	3 Filer ID (Ethics Commission Filers) 00083772
LENDER INFORMATION	 4 Name of lender Texas National Bank 5 Lender address; City; State; Zip Code 	
	Edinburg, TX 78539	
GUARANTOR INFORMATION	6 Name of guarantor	
X not applicable	7 Guarantor address; City; State; Zip Code	