FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00083772 56 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Nereida NAME Date Received **ELECTRONICALLY FILED** 07/15/2024 NICKNAME LAST **SUFFIX** Lopez-Singleterry CANDIDATE / Date Hand-delivered or Date Postmarked ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Noelia NAME NICKNAME LAST **SUFFIX** Lopez **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); STATE: ZIP CODE APT / SUITE #; CITY; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 540-8376 **PHONE** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 02/25/2024 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 476th. Hidalgo District Judge District 476th

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

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13 C / OH NAME	Lopez-Singleterry, N	ereida	14 Filer ID 00083772	(Ethics Comr	nission Filers)	
This box is for notice of political contributions accepted or political expenditures made by political expenditures made by political expenditures made without the candidate's or officential expenditures made by political expenditures made without the candidate's or officential expension ex					wledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
ш	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS			
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$	0.00	
		ICAL CONTRIBUTIONS		\$	33,000.00	
EXPENDITURE	,	PLEDGES, LOANS, OR GUARANTEES OF LOANS IZED POLITICAL EXPENDITURES	S)			
TOTALS	o. Your Edwin Elv	LED TOLLING TEXT ENDITORIES		\$	0.00	
		ICAL EXPENDITURES		\$	105,908.70	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L ERIOD	AST DAY OF THE	\$	40,397.04	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE LAST DAY	\$	435,000.00	
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.				
		Nereida	a Lopez-Singleterry			
			Candidate or Officeho			
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subso	cribed before me, by the s	aid	, this the		_ day	
		ertify which, witness my hand and seal of office.				
Signature of office	er administering oath	Printed name of officer administering oath	Title of office	er administerir	ng oath	

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

				JVER	3 of 56
	ER NAM	(Ethics C	ommission Filers)		
		E SUBTOTALS SCHEDULE		SUE	BTOTAL AMOUNT
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	33,000.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.	X	SCHEDULE E(J): LOANS (JUDICIAL)		\$	435,000.00
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	96,021.70
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	9,887.00
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 I TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CO	NTRIBUTIC	ONS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains how to	complete this f	orm.	1	es Schedule A(J)1 Rpt: 4/56	:
2	FILER NAME Lopez-Single	eterry, Nereida			3 Filer ID 0008377	(Ethics Commission 22	on Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 7 A.I.M.Z. Development LLC 6 Contributor address; City; State; Zip Code McAllen, TX 78504		7 Amount o	f Contribution (\$)	\$5,000.00		
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oouse (if any)		
12	If contributor is	s a child, law firm of parent(s) (if any)		<u> </u>			
	Date 04/26/2024	Full name of contributor Begum Law Group Contributor address; City; State;	out-of-state PAC (ID#:_)	Amount o	f Contribution (\$)	\$2,500.00
	Contributor's I	McAllen, TX 78501 Principal Occupation		Contributor's Job Title			
	Contributor's e	employer/law firm		Law firm of contributor's sp	oouse (if any)		
	If contributor is	s a child, law firm of parent(s) (if any)					
	Date 05/10/2024	Full name of contributor Hernandez Law Firm PC Contributor address; City; State; Ednburg, TX 78539	out-of-state PAC (ID#:_		Amount o	of Contribution (\$)	\$2,500.00
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Contributor's e	employer/law firm		Law firm of contributor's sp	oouse (if any)		
	If contributor is	s a child, law firm of parent(s) (if any)					

	MONET	ARY POLITICAL CONT	TRIBUTIC	ONS		SCHEDULE A	A(J)1
	The Instruction Guide explains how to complete this form.				1	ges Schedule A(J)1 6 Rpt: 5/56	:
2	FILER NAME Lopez-Single	eterry, Nereida			3 Filer ID 000837	(Ethics Commission 772	on Filers)
4			7 Amount	of Contribution (\$)	\$500.00		
8	Contributor's F	rincipal Occupation		9 Contributor's Job Title			
	attorney			attorney			
10	Contributor's 6	employer/law firm .aw Firm		11 Law firm of contributor's sp	oouse (if any))	
12	If contributor is	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor out-	of-state PAC (ID#:_)	Amount	of Contribution (\$)	
03/28/2024 Nunez, Elisabet (Mrs.) Contributor address; City; State; Zip Code Pharr, TX 78577				``	\$500.00		
	Contributor's F	I Principal Occupation		Contributor's Job Title	1		
	self employe	ed		self employed			
	Contributor's	employer/law firm		Law firm of contributor's sp	ouse (if any)	1	
	business ow	ner					
	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 (\$)	
	05/06/2024	Omar Ochoa Law Firm Contributor address; City; State; Zip McAllen, TX 78501	Code				\$2,500.00
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oouse (if any))	
	If contributor is	s a child, law firm of parent(s) (if any)					

	MONET	ARY POLITICAL CONTRIBUTI	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 3/6 Rpt: 6/56	
2	FILER NAME Lopez-Single	eterry, Nereida		3 Filer ID (Ethics Commission Filers) 00083772
4	Date 5 Full name of contributor out-of-state PAC (ID#:		7 Amount of Contribution (\$) \$2,500.00	
8	Contributor's I	Principal Occupation	9 Contributor's Job Title	
	attorney		attorney	
10	Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
12	If contributor is	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-of-state PAC (ID#	<i>t</i> :)	Amount of Contribution (\$)
05/22/2024 Ramon Worthington Nicolas and Cantu Contributor address; City; State; Zip Code Edinburg, TX 78539			\$1,000.00	
	Contributor's F	Principal Occupation	Contributor's Job Title	
	Continuator o	Thispar Cocapation	Continuator o dos milo	
	Contributor's	employer/law firm	Law firm of contributor's sp	pouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor ut-of-state PAC (ID#	<i>‡</i> :)	Amount of Contribution (\$)
	05/02/2024	The Cisneros law Firm Contributor address; City; State; Zip Code McAllen, TX 78501		\$1,000.00
	Contributor's I	Principal Occupation	Contributor's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's sp	oouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)		

MONET	ARY POLITICAL CONTRIBUTI	IONS	SCHEDULE A(J)1
The Instru	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 4/6 Rpt: 7/56	
2 FILER NAME	eterry, Nereida		3 Filer ID (Ethics Commission Filers) 00083772
4 Date		ш.	7 Amount of Contribution (\$)
02/29/2024			\$1,000.00
02/23/2024	6 Contributor address; City; State; Zip Code		Ψ1,000.00
	McAllen, TX 78504		
8 Contributor's I	Principal Occupation	9 Contributor's Job Title	
10 Contributor's	employer/law firm	11 Law firm of contributor's sp	pouse (if any)
12 If contributor i	s a child, law firm of parent(s) (if any)	L	
Date	Full name of contributor out-of-state PAC (ID:	#:)	Amount of Contribution (\$)
05/03/2024	The Law Office of Derek Salinas Contributor address; City; State; Zip Code		\$2,500.00
Contributor's l	McAllen, TX 78504	Contributor's Job Title	
Contributors	Principal Occupation	Contributor's Job Title	
Contributor's	employer/law firm	Law firm of contributor's sp	pouse (if any)
If contributor i	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID	#:)	Amount of Contribution (\$)
05/22/2024	The Law Office of Jorge Munoz		\$2,000.00
	Contributor address; City; State; Zip Code		
	Edinburg, TX 78539		
Contributor's I	Principal Occupation	Contributor's Job Title	
Contributor's	employer/law firm	Law firm of contributor's sp	pouse (if any)
If contributor i	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS	SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.				1 Total pages Schedule A(J)1: Sch: 5/6 Rpt: 8/56
2	FILER NAME Lopez-Single	eterry, Nereida			3 Filer ID (Ethics Commission Filers) 00083772
4	<u> </u>		7 Amount of Contribution (\$) \$1,000.00		
8	Contributor's F	McAllen, TX 78504 Principal Occupation		9 Contributor's Job Title	
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	pouse (if any)
12	! If contributor is	s a child, law firm of parent(s) (if a	nny)	<u> </u>	
Date O5/03/2024 Full name of contributor out-of-state PAC (ID#:) Tijerina Law Group Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$2,500.00			
	Contributor's I	McAllen, TX 78501 Principal Occupation		Contributor's Job Title	
	Contributor's e	employer/law firm		Law firm of contributor's sp	pouse (if any)
	If contributor is	s a child, law firm of parent(s) (if a	any)		
	Date 05/10/2024	Full name of contributor Vasquez Garza, Liza Contributor address; City; Si McAllen , TX 78504	out-of-state PAC (ID#:_)	Amount of Contribution (\$) \$1,000.00
	Contributor's I	Principal Occupation		Contributor's Job Title	
	attorney			attorney	
	Contributor's e	employer/law firm eira & Fisher		Law firm of contributor's sp	pouse (if any)
	If contributor is	s a child, law firm of parent(s) (if a	any)		

MONE	TARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
The Instru	uction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 6/6 Rpt: 9/56	
2 FILER NAME Lopez-Sing	∃ µleterry, Nereida		3 Filer ID (Ethics Commission Filers) 00083772
4 Date 02/29/2024	 Full name of contributor		7 Amount of Contribution (\$) \$5,000.00
	Edinburg, TX 78540		
8 Contributor's	Principal Occupation	9 Contributor's Job Title	
10 Contributor's	employer/law firm	11 Law firm of contributor's sp	ouse (if any)
12 If contributor	is a child, law firm of parent(s) (if any)		

	LOANS (J	UDICIAL)			SCHEDULE E(J)
	The Instruction	n Guide explains how to complete this f	orm.	I	otal pages Schedule E(J): ch: 1/3 Rpt: 10/56
2	FILER NAME Lopez-Singleter	y, Nereida		I	ler ID (Ethics Commission Filers) 0083772
4	TOTAL OF UN	IITEMIZED LOANS			\$ 365,000.00
5	Date of loan 02/27/2024	7 Name of lender	C (ID#:		9 Loan Amount (\$) \$25,000.00
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate
	Yes	Edinburg, TX 78539			11 Maturity Date 02/26/2026
12	Lender's Principal	Occupation	13 Lender's Job Title		•
14	Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	se (if any	ny)
16	If lender is child, la	w firm of parent(s) (if any)	<u> </u>		
17	Description of Coll X None	ateral	18 Check if personal funds we	ere depo	oosited into political account (See Instructions)
19	GUARANTOR INFORMATION	20 Name of guarantor			22 Amount Guaranteed (\$)
23	X not applicable Guarantor's Princip	21 Guarantor address; City; State; pal Occupation	Zip Code Zip Code		
				//-	
25	Guarantor's Emplo	yer/Law Film	26 Law Firm of guarantor's sp	ouse (ii	п апу)
27	If guarantor is child	d, law firm of parent(s) (if any)			

	LOANS (J	UDICIAL)				SCHEDULE	E(J)
	The Instruction	n Guide explains how to complete this f	orm.	l		jes Schedule E(J): Rpt: 11/56	
2	FILER NAME Lopez-Singleter	y, Nereida		l	er ID 008377	(Ethics Commissi	on Filers)
4	TOTAL OF UN	IITEMIZED LOANS				\$	365,000.00
5	Date of loan 03/04/2024	7 Name of lender	C (ID#:			9 Loan Amount ((\$) \$15,000.00
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code			10 Interest Rate	
	Yes	Edinburg, TX 78539				11 Maturity Date 03/01/2026	
12	Lender's Principal	Occupation	13 Lender's Job Title		•		
14	Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	se (if an	ıy)		
16	If lender is child, la	w firm of parent(s) (if any)	<u> </u>				
17	Description of Coll X None	ateral	18 Check if personal funds we	ere dep	osited	into political accou (See Instructio	
19	GUARANTOR INFORMATION	20 Name of guarantor				22 Amount Guara	nteed (\$)
23	X not applicable Guarantor's Princi	21 Guarantor address; City; State; Doal Occupation	Zip Code Zip Code				
					•		
25	Guarantor's Emplo	yer/Law Film	26 Law Firm of guarantor's sp	ouse (i	i any)		
27	If guarantor is child	d, law firm of parent(s) (if any)					

	LOANS (J	UDICIAL)				SCHED	JLE E(J)
	The Instruction	on Guide explains how to complete this t	form.	1		ages Schedule I /3 Rpt: 12/56	Ξ(J):
2	FILER NAME Lopez-Singleter	ry, Nereida		3	Filer ID	(Ethics Comr	nission Filers)
4	TOTAL OF UN	IITEMIZED LOANS		<u> </u>		\$	365,000.00
5	Date of loan 04/09/2024	7 Name of lender	AC (ID#:)	9 Loan Amo	unt (\$) \$30,000.00
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code			10 Interest Ra	
	Yes	Edinburg, TX 78539				11 Maturity D 04/08/20	
12	Lender's Principal	Occupation	13 Lender's Job Title				
14	Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	se (it	f any)		
16	If lender is child, la	aw firm of parent(s) (if any)					
17	Description of Coll X None	ateral	18 Check if personal funds we	ere o	deposite	d into political a (See Instri	
19	GUARANTOR INFORMATION	20 Name of guarantor				22 Amount G	uaranteed (\$)
22	X not applicable Guarantor's Princi	21 Guarantor address; City; State;	Zip Code Zip Code				
23	Guarantoi S Pilitoi	раг Оссирация	24 Guarantor S Job Title				
25	Guarantor's Emplo	oyer/Law Firm	26 Law Firm of guarantor's sp	ous	e (if any))	
27	If guarantor is child	d, law firm of parent(s) (if any)					

SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/42 Rpt: 13/56	Lopez-Singleterry, Nereida	00083772
4	Date	5 Payee name	
	03/13/2024	Acuna, Marco	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$585.00	707 Perkins Ave	
		Mission, TX 78572	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Galaries/Wages/Contract Easter	outside of Texas. Complete Schedule T.
		Contract labor	n, TX, officeholder living expense
		001.11.4301.1430	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	02/27/2024	Barron, Ramona	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,397.03	1127 Ortega Circle	
		Alamo, TX 78516	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Jaianes/Wages/Contract Eabor	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		contract labor	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	Н	
	Date	Payee name	
	04/12/2024	Buena Aventura LLC McAllen	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,200.00	614 South 12th. St.	
		McAllen, TX 78501	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	outside of Texas. Complete Schedule T.
		Advertising 6	n, TX, officeholder living expense
		, avoidoning c	жренее
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	
l			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholde Credit Card Payment	/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedul	e F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/42 Rpt: 14	/56 Lopez-Singleterry, Nereida 00083772
4 Date	5 Payee name
05/03/2024	COSTCO
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$18	0.70 1501 West Kelly Ave.
	Pharr, TX 78577
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	event expense
	ovenit expense
9 Complete ONLY if di	rect Candidate/Officeholder name Office sought Office held
expenditure to benef	
D-4-	
Date	Payee name
03/11/2024	Campano, Adriana
Amount (\$)	Payee address; City; State; Zip Code
\$45	0.00 1341 Seminole Valley Dr
	Alamo, TX 78516
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense contract labor
	Contract labor
Complete <u>ONLY</u> if di	rect Candidate/Officeholder name Office sought Office held
expenditure to benef	
5.	
Date	Payee name
03/05/2024	Cano, Albert
Amount (\$)	Payee address; City; State; Zip Code
\$50	0.00 1418 South Texas Ave
	Mercedes, TX 78570
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
2/11 2/13/1/3/12	Check if Austin, TX, officeholder living expense
	contract labor
Oranier Oranier	
Complete ONLY if di expenditure to benef	
,	

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		rict category not listed above)
1	Total pages Schedule F1:		(Ethics Commission Filers)
	Sch: 3/42 Rpt: 15/56	Lopez-Singleterry, Nereida 00083772	
4	Date 02/26/2024	5 Payee name Cano, Mario	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00		
		San Juan , TX 78589	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Comp Check if Austin, TX, officeholder living contract labor	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office he OH	ld
H	Date	Payee name	
	02/27/2024	Cantu, Javier (Mr.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,400.00	1307 W Duranta Ave	
		Alamo, TX 78516	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Comp Check if Austin, TX, officeholder living	
		contract labor	•
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office he DH	ld
	Date	Payee name	
L	02/27/2024	Cantu, Sylvia	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	7205 West Military Rd.	
		Mission, TX 78572	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Comp	
		contract labor	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office he DH	ld
1			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/42 Rpt: 16/56	Lopez-Singleterry, Nereida 00083772
4	Date	5 Payee name
	02/27/2024	Cantu, Teresa (Mrs.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	7205 West Military Rd.
		Mission, TX 78572
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense contract labor
		Sommat last
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payros namo
	03/04/2024	Payee name Cardoza, Karina (Mrs.)
	Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 6508 N 26th. St.
	φ2,500.00	0500 N 20th. St.
		Manuary TV 70504
		McAllen, TX 78504
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		consulting expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	03/07/2024	Cardoza, Yolanda
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2016 West Jonquil
		McAllen, TX 78501
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		contract labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

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

	Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/42 Rpt: 17/56	Lopez-Singleterry, Nereida 00083772
4	Date	5 Payee name
L	02/28/2024	Carrera Communications
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7,584.00	135 Paseo Del Prado
		Edinburg, TX 78542
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense consulting expense
		Consularing expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	02/28/2024	Carrera Communications
H	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	135 Paseo Del Prado
		Edinburg, TX 78542
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense consulting expense
		Constituting expense
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	02/29/2024	Chase Credit Card
H	Amount (\$)	Payee address; City; State; Zip Code
	\$2,029.57	PO BOX 6294
	·	
		Carol Stream , IL 60197
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		credit card payment
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to com	nple	ete this form.
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
Ļ	Sch: 6/42 Rpt: 18/56	Lopez-Singleterry, Nereida		00083772
4	Date 02/29/2024	5 Payee name Chase Credit Card		
6	Amount (\$) \$7,445.81	7 Payee address; City; State; Zip Cod PO BOX 6294	de	
		Carol Stream , IL 60197		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense credit card payment
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	jht	Office held
Г	Date	Payee name		
	03/01/2024	Chase Credit Card		
	Amount (\$) \$411.62	Payee address; City; State; Zip Cod PO BOX 6294	de	
		Carol Stream , IL 60197		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense credit card payment
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	jht	Office held
	Date 03/04/2024	Payee name Chase Credit Card		
	Amount (\$) \$600.00	Payee address; City; State; Zip Cod PO BOX 6294	de	
		Carol Stream , IL 60197		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense credit card payment
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	jht	Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/42 Rpt: 19/56	Lopez-Singleterry, Nereida 00083772
4	Date	5 Payee name
	03/11/2024	Chavez, Emmanuel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	1327 Andres Drive
		Alamo, TX 78516
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense contract labor
		Solid del lassi
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	d v
	Date	Payee name
	04/18/2024	Contreras, Indira (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$520.00	316 E University
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Event Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/04/2024	Crum, Janie (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	322 E Gore Ave
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Pharr, TX 78577
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		contract labor
	0 1: 0::::::::	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guide 6	Salaries/	Wages	s/Contract Labor		OTHER (enter a	category not listed a	bove)
1	Total pages Schedule F1:	2 FILER NAMI					3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 8/42 Rpt: 20/56		leterry, Nereida					00083772		
4	Date	5 Payee name								
	05/20/2024	De Sanche	Z							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$29.30	1308 N 15t	h. St.							
		McAllen, T	X 78501							
8	PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Event Expe	ense			_		de of Texas. Com		
						Event Expens		officeholder living	expense	
						Event Expens	50			
_	Commission ONII V if direct	Condidate/Off	:	0#:	, au la d			Office he	اما	
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ugnt			Office he	ela	
	Date	Payee name								
	03/04/2024	DebiLou Pr	oductions							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$300.00	2208 Primr	ose Ave.							
		McAllen, T	X 78504							
	PURPOSE OF		ee Categories listed at the top	of this schedule)	(b)	Description				
	EXPENDITURE	Advertising	Expense					de of Texas. Com officeholder living		
						Advertising E			expense	
						ravortioning E	,,ρ,	31100		
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ıaht			Office he	old.	
	expenditure to benefit C/O		icendider name	Office 300	agrit			Office fie	aiu .	
	Date	Payee name								
	06/10/2024	Delia's								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$21.63	3400 N. 10	th St.							
		McAllen , T	X 78504							
	PURPOSE OF		ee Categories listed at the top	of this schedule)	(b)	Description				
	EXPENDITURE	Event Expe	ense					de of Texas. Com		
						Event Expens		officeholder living	expense	
						Event Expens	30			
	Complete ONLY if direct	Candidata/Off	iceholder name	Office	labt			Office he	old.	
	Complete ONLY if direct expenditure to benefit C/OI		icentituel halle	Office sou	uynı			Office ne	iu	
_										0 10=0 1 0

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Lega	I Services Instruction Guide e	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 9/42 Rpt: 21/56	Lopez-Singlete	rry, Nereida					00083772	
4	Date	5 Payee name							
	04/23/2024	Deluxe Checks							
6	Amount (\$)	7 Payee address;	City;	State; Zip C	ode				
	\$110.13	3680 Victoria S	t.						
		Shoreview, MN	55126						
8	PURPOSE	(a) Category (See Ca	tegories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Accounting/Bar	ıking					de of Texas. Com	
						banking chec		officeholder living	g expense
						banking chec	.13		
9	Complete ONLY if direct	Candidate/Officeho	older name	Office so	labt			Office he	7l4
9	expenditure to benefit C/O		nuel name	Office Soi	ugnt			Office fie	siu
H	Date	Dayon nama							
	05/06/2024	Payee name Dollar General							
	Amount (\$)	Payee address;	City;	State; Zip C	ode				
	\$13.36	1200 Dove Ave							
		McAllen, TX 78	504						
	PURPOSE	(a) Category (See Ca	tegories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Event Expense				=		de of Texas. Com	
						ш		officeholder living	g expense
						event expens	е		
	Compulate ONLY if direct	Canadidata/Officala	lder verse	Office				Office he	-1.d
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeho	older name	Office so	ugnı			Office he	eiu
	Date	Payee name							
	03/06/2024	Dollar Tree							
	Amount (\$)	Payee address;	City;	State; Zip C	ode				
	\$30.00	3400 W Nolana							
		McAllen, TX 78	504						
	PURPOSE	(a) Category (See Ca	tegories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Event Expense						de of Texas. Com	
	EXI ENDITORE							officeholder living	g expense
						event expens	e		
	Complete ONLY if direct	Candidate/Officeho	older name	Office	uabt			Office he	7ld
	Complete ONLY if direct expenditure to benefit C/OI		nuei iidiile	Office so	uyıll			Onice ne	c iu

SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 10/42 Rpt: 22/56	Lopez-Singleterry, Nereida 00083772
4	Date	5 Payee name
	05/06/2024	Dollar Tree
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.95	3400 W Nolana
		McAllen, TX 78504
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		event expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/27/2024	Duran , Francisco (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,200.00	PO Box 4763
		Edinburg, TX 78540
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	_/	Check if Austin, TX, officeholder living expense contract labor
		Contract labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date 02/26/2024	Payee name Eccebedo Floazar (Mr.)
		Escobedo, Eleazar (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	533 E. Citrus Ave.
		Alamo, TX 78516
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		contract labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commissio	n Filers)	
	Sch: 11/42 Rpt: 23/56	Lopez-Sin	gleterry, Nereida					00083772			
4	Date	5 Payee name	е								
	02/26/2024	Exxon 7-E	leven								
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip C	ode						
	\$39.07	3920 N 23	rd. St								
		McAllen, T	X 78504								
8	PURPOSE OF		See Categories listed at the to		(b)	Description					
	EXPENDITURE		tion Equipment And	d Related		=		ide of Texas. Com , officeholder living	plete Schedule T.		
		Expense				Gas	, 170	, omeenolder hving	ускрепос		
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	<u>l</u> ught			Office he	eld		
F	Date	Payee name									
	02/26/2024		, Brandon (Mr.)								
H	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode						
	\$130.00	2824 Torre									
	,										
		Hidalgo, T	X 78557								
	PURPOSE OF	(a) Category (See Categories listed at the to	op of this schedule)	(b)	Description					
	EXPENDITURE	Event Exp	ense			_		ide of Texas. Com , officeholder living	plete Schedule T.		
						event expens		, onicendaer ilving	у ехрепзе		
						ovom oxpone	,,				
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	<u>l</u> ught			Office he	eld		
F	Date	Payee name									
	05/09/2024	Flores, Ale									
H	Amount (\$)	·		State; Zip C	ode						
	\$500.00		Payee address; City; State; Zip Code 100 Kelly Ave								
	Ψ300.00	100 Kelly 7	170								
		Pharr, TX	78577								
	PURPOSE		See Categories listed at the to		(b)	Description	_				
	OF EXPENDITURE	Salaries/W	ages/Contract Lab	or		브			plete Schedule T.		
						contract labor		, officeholder living	g expense		
						Contract labor	•				
⊢	Complete ONII V if direct	Candidata/Of	ficoholder name	Office	ught			Office	ald		
1	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	ugnl			Office h	ziu		
dash											
_											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/42 Rpt: 24/56	Lopez-Singleterry, Nereida 00083772
4	Date	5 Payee name
	02/27/2024	Gamez, Veronica
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	5006 Maya Drive
		San Juan , TX 78589
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense contract labor
		Contido labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	03/11/2024	Garcia, Beto
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1920 West Iris Avenue
		McAllen, TX 78501
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense contract labor
		τοπιατιαμοί
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	_	
	Date	Payee name
	02/26/2024	Garcia, Juan
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1901 S 24th. Ave
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		contract labor
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	<u> </u>	_
L	Sch: 13/42 Rpt: 25/56	Lopez-Singleterry, Nereida 00083772	
4	Date	5 Payee name	
	02/28/2024	Garcia, Mandy	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$300.00	2215 Zimmerman St	
	4000.00		
		Fdish.m. TV 70500	
		Edinburg, TX 78539	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
		Check if Austin, TX, officeholder living expense	
		contract labor	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H .	
	Date	Payee name	=
	03/12/2024	Garza, Maria Del Pilar	ſ
\vdash	Amount (\$)	Payee address; City; State; Zip Code	-
	\$1,000.00	PO BOX 377	
	Φ1,000.00		
		Alamo , TX 78516	ſ
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	LAF LINDI I URE	Check if Austin, TX, officeholder living expense	
		contract labor	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	H	
F	Date	Payee name	=
	02/28/2024	Garza, Stephanie	
\vdash		·	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	500 Ohio	
		Mercedes, TX 78570	ĺ
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		contract labor	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	ſ
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 14/42 Rpt: 26/56	Lopez-Singleterry, Nereida 00083772
4	Date	5 Payee name
	03/06/2024	Garza, Stephanie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	1500E Francisco santos Ave
		Hidalgo, TX 78577
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		contract labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4
	Date	Payee name
	02/29/2024	Gomez, Rosalinda (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	7600 South Blanca Lanes
		Pharr, TX 78577
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		contract labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/26/2024	Gonzalez, Alicia (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	145 S Republic St.
		Weslaco, TX 78599
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		contract labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<u> </u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 15/42 Rpt: 27/56	Lopez-Singleterry, Nereida 00083772	
4	Date	5 Payee name	
	03/07/2024	Gonzalez, Roxanne (Mrs.)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$750.00	11423 N Mile 4 W	
		Weslaco, TX 78589	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor	
		contract labor	
		Continuo lasol	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O		
\vdash	Data		
	Date	Payee name	
	02/27/2024	Gutierrez, Laura	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	13804 Luz Divina	
		Donna, TX 78537	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
		Check if Austin, TX, officeholder living expense contract labor	
		Contract labor	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	Payee name	
	02/28/2024	Gutierrez, Oscar	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	400 W 12th. St.	
		San Juan , TX 78516	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		contract labor	
	O-market ONE V. F.	Ora didata (Office hadden grown	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment		The Instruction Guide explains how to co	mple	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 16/42 Rpt: 28/56		Lopez-Singleterry, Nereida		00083772
4	Date	5	Payee name		
	02/26/2024		HEB		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$54.51		901 Trenton Rd.		
			McAllen, TX 78501		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE		Transportation Equipment And Related		Check if travel outside of Texas. Complete Schedule T.
			Expense		Check if Austin, TX, officeholder living expense Gas Transportation
					Cas Transportation
9	Complete ONLY if direct		Candidate/Officeholder name Office sou	<u>l</u> Jaht	Office held
	expenditure to benefit C/O		74.14.14.14.7 C 11.00	.9	
_	Date	$\overline{}$	Payee name	—	
	02/27/2024		HEB		
	Amount (\$)	⊬	Payee address; City; State; Zip Co	nde.	
	\$21.21		901 Trenton Rd.	Juc	
	Ψ21.21		301 Helion Rd.		
			McAllon TV 79501		
		Ļ	McAllen, TX 78501	Las	
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Event Expense		Check if Austin, TX, officeholder living expense
					event expense
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ıght	t Office held
	expenditure to benefit C/O	н			
	Date		Payee name		
	02/28/2024		HEB		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$17.64		901 Trenton Rd.		
			McAllen, TX 78501		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE		Event Expense		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE				Check if Austin, TX, officeholder living expense
					event expense
	Complete ONLY if direct	ഺ	Candidate/Officeholder name Office sou	laht.	Office held
	Complete ONLY if direct expenditure to benefit C/O		Januluate/Oniceriolaer flame Onice Soc	ıgııı	Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/42 Rpt: 29/56	Lopez-Singleterry, Nereida 00083772
4	Date	5 Payee name
	02/28/2024	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$63.52	901 Trenton Rd.
		McAllen, TX 78501
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		event expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	02/29/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.74	901 Trenton Rd.
		McAllen, TX 78501
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense event expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/26/2024	Hernandez, Hector (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2917 Crisantema St.
		Mission, TX 78542
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense contract labor
		Contract labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 18/42 Rpt: 30/56	Lopez-Singleterry, Nereida		00083772
4	Date	5 Payee name		•
	05/06/2024	Hobby Lobby		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$11.63	3300 Expressway 83 Ste 700		
		McAllen, TX 78501		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense event expense
				event expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		5	
F	Date	Payee name		
	02/26/2024	Lira, Cristina		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$500.00	800 Bryan Rd.		
		Mission, TX 78572		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense contract labor
				30.11.33.1.33.1
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	02/29/2024	Little Ceasars Pizza		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$51.48	1618 N 23 rd Rd.		
		McALlen, TX 78501		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				event expense
				5.5 5poi.to
H	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI		-	
l				

SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	ompl	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 19/42 Rpt: 31/56	Lopez-Singleterry, Nereida			00083772	
4	Date	5 Payee name		•		
	03/18/2024	Lopez, Andrea				
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode			
	\$350.00	2806 Javalina Avenue				
		Edinburg , TX 78542				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outsic		
	LAI LINDITORE			Check if Austin, TX,	officeholder living	expense
				contract labor		
_	Complete ONL V if direct	Condidate/Officeholder name Office co.	ıabt		Office he	ald.
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ıgnı		Office he	eiu
_						
	Date	Payee name				
	05/06/2024	Los pasteles caseros de Gaby				
	Amount (\$)	Payee address; City; State; Zip Co	ode			
	\$69.66	8025 N 10th St. Ste 130				
		McAllen , TX 78504				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	EXPENDITURE	Event Expense		Check if travel outsion Check if Austin, TX,		
				Event Expense	omeenoider iiving	гехрепас
				, , ,		
	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>I</u> ught		Office he	eld
	expenditure to benefit C/O	1				
	Date	Payee name				
	02/26/2024	Macias, Raymond (Mr.)				
	Amount (\$)	Payee address; City; State; Zip Co	ode			
	\$560.10	703 E. Citrus Ave.	50.0			
	,,,,,,					
		Alamo, TX 78516				
	PURPOSE	·	(b)	Description		
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(10)	Description Check if travel outside	le of Texas. Com	plete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor		Check if Austin, TX,		
				contract labor		
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ught		Office he	eld
	expenditure to benefit C/Ol	1				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 20/42 Rpt: 32/56	Lopez-Singleterry, Nereida		00083772
4	Date	5 Payee name		
L	06/05/2024	Mail Box Depot		
6	Amount (\$) \$115.86	7 Payee address; City; State; Zip Co	de	
	\$115.00	2112 W University Dr		
		Edinburg, TX 78539		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				PO BOX Rental
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held
L	experialiture to benefit C/O	1		
	Date	Payee name		
L	02/28/2024	Marshalls Store		
	Amount (\$) \$35.71	Payee address; City; State; Zip Co 7600 N 10th St.	ae	
	Ψ33.71	7000 N 1001 St.		
		McAllen, TX 78504		
┢	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense event expense
				·
Г	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
L	expenditure to benefit C/OI	1		
	Date	Payee name		
	05/02/2024	Martinez, Jessica		
	Amount (\$) \$3,000.00	Payee address; City; State; Zip Co 2104 FULLERTON AVE	de	
	\$3,000.00	2104 FOLLER TON AVE		
		MCALLEN, TX 78504		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense contract labor
Г	Complete ONLY if direct	Candidate/Officeholder name Office south	ght	Office held
	expenditure to benefit C/OI	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 21/42 Rpt: 33/56	Lopez-Singleterry, Nereida 00083772	
4	Date	5 Payee name	
	05/21/2024	Martinez, Jessica	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,400.00	2104 FULLERTON AVE	
		MCALLEN, TX 78504	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		contract labor	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L		•	
	Date	Payee name	
	05/10/2024	Martinez, Selene (Mrs.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$61.66	8301 N Ware Rd	
		McAllen, TX 78504	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		event expense	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Orange to bonom oron	•	
	Date	Payee name	
L	06/07/2024	Mercedes Quarterback Club	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00	701 Mathis St.	
		Mercedes, TX 78570	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
		Candidate/Officeholder/Political Committee	
		contribution	
	Commission ONU Wife allows	Condidate/Officeholder name	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	onportation to portation or or i		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 22/42 Rpt: 34/56	Lopez-Singleterry, Nereida	00083772
4	Date	5 Payee name	- 1
	02/27/2024	Navarro, Ruben (Mr.)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	425 Judean Lane	
		San Juan, TX 78589	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	avel outside of Texas. Complete Schedule T.
	LAFLINDITORL	l — l —	ustin, TX, officeholder living expense
		contract la	DOF
_	Complete ONII V if direct	Constitute (Office helder name	Office heald
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/08/2024	Ocana , Francisca (Mrs.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$359.00	3617 Yvette Drive	
		Pharr , TX 78577	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Eabor	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
		contract la	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	02/29/2024	Palma, Braulia	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	5004 Maya Drive	
		San Juan, TX 78589	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		avel outside of Texas. Complete Schedule T.
	EXPENDITURE		ustin, TX, officeholder living expense
		contract la	bor
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	¬	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/42 Rpt: 35/56	Lopez-Singleterry, Nereida 00083772
4	Date	5 Payee name
	02/29/2024	Perez, Jesse
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,250.00	5009 Maya Drive
		San Juan, TX 78589
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense contract labor
		Contract labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	04/26/2024	Rent From Jen
H	Amount (\$)	Payee address; City; State; Zip Code
	\$170.00	1208 May Drive
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event Expense
		Zvone Zaponeo
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	05/06/2024	Rent From Jen
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$208.88	1208 May Drive
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		event expense
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/42 Rpt: 36/56	Lopez-Singleterry, Nereida 00083772
4	Date	5 Payee name
	02/27/2024	Rivera, Roberto
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	PO 2237
		Edinburg, TX 78570
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense contract labor
		Contido labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
\vdash	Dete	
	Date	Payee name
	02/27/2024	Robledo, Miguel (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	6598 N 26th. St.
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Consulting Expanse
		Consulting Expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date	Payee name
	02/28/2024	Robledo, Miguel (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	6598 N 26th. St.
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		consulting expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/42 Rpt: 37/56	Lopez-Singleterry, Nereida 00083772
4	Date	5 Payee name
	03/26/2024	Robledo, Miguel (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	6598 N 26th. St.
		McAllen, TX 78504
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense consulting expense
		Consularly expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	
	Date	Payee name
	02/27/2024	Rodriguez, Aliesany
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	2101 Mustang St.
		Edcouch, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense contract labor
		Contract labor
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	03/15/2024	Payee name Rodriguez, Rodolfo (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	310 N Texas Blvd.
		Weslaco, TX 78596
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		contract labor
		Softwar (abo)
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete the	his form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 26/42 Rpt: 38/56	Lopez-Singleterry, Nereida	00083772
4	Date	5 Payee name	'
	05/03/2024	SAM'S CLUB	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$230.19	7601 N Trenton St.	
		McAllen, TX 78504	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De:	scription
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	I — I —	Check if Austin, TX, officeholder living expense
		eve	ent expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/O		Office field
	Data		
	Date	Payee name	
	02/27/2024	Salinas, Josefa	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	PO BOX 1101	
		Alamo, TX 78516	
	PURPOSE OF		scription
	EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		,	ntract labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	Н	
	Date	Payee name	
	02/27/2024	Salinas, Peter (Mr.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,000.00	601 E Van Week St.	
		Edinburg, TX 78541	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De:	scription
	OF	· · · · · · · · · · · · · · · · · · ·	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		Ad	Ivertising Expense
	Operation Chilly III	Outstide to 10ff calculate	0" 111
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		<u> </u>
1	Total pages Schedule F1:	
	Sch: 27/42 Rpt: 39/56	Lopez-Singleterry, Nereida 00083772
4	Date	5 Payee name
	02/27/2024	Salinas, Peter (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$294.82	601 E Van Week St.
		Edinburg, TX 78541
Ļ		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		event expense
		Over expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	04/26/2024	Salinas, Peter (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	601 E Van Week St.
		Edinburg, TX 78541
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Advertising Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	03/14/2024	San Juan Police Athletic League
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2301 N Raul Longoria Rd.
	Φ500.00	2301 N Raul Longona Ru.
		San Juan, TX 78589
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	-	Candidate/Officeholder/Political Committee
		Contribution
_	Operation Children	Openhalte Office halden and a second of the
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee	Food/Beverage Expe Gift/Awards/Memorial Legal Services The Instruction G	s Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a		
1	Total pages Schedule F1:	l							3	Filer ID	(Ethics Commission Filers)	
	Sch: 28/42 Rpt: 40/56		_opez-Singl	eterry, Nereida	ι					00083772		
4	Date	5	Payee name									
	02/28/2024	;	Shipley Do-l	Nuts								
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$51.36	:	1922 W Uni	ersity Dr.								
			Edinburg, T	K 78539								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Event Exper			,		Check if travel of	outsio	de of Texas. Com	plete Schedule T.	
	EXI ENDITORE							_		officeholder living	g expense	
								event expens	е			
_	Complete ONLY if direct		andidata/Offi	oholder neme		office com	ah+			Office he	7ld	
9	Complete ONLY if direct expenditure to benefit C/O		ai iuiuale/Oifi(eholder name		office sou	yrıl			Onice ne	aiu	
	Date		Payee name									
	05/23/2024	:	Silva, Galile	a (Miss)								
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$405.00	:	2104 Fullert	on Ave								
			McAllen, TX	78504								
	PURPOSE	(a)	Category _{(Se}	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Event Exper					=			plete Schedule T.	
								Check if Austin, event expens		officeholder living	g expense	
								eveni expens	C			
\vdash	Complete ONLY if direct	<u> </u>	andidate/Offic	eholder name		Office sou	aht aht			Office he	eld	_
	expenditure to benefit C/O					500	٠.٠٠			200 110		
-	Date		Payee name									_
	06/14/2024	l	Silva, Galile	a (Miss)								
_	Amount (\$)		Payee addres	. ,	State.	Zip Co	nde					_
	\$2,400.00	l	2104 Fullert		Jiaie,	p						
	Ψ2,π00.00	ĺ '										
			McAllen, TX	78504					_			
	PURPOSE OF	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	EXPENDITURE	:	Salaries/Wa	ges/Contract L	.abor			ш		de of Texas. Com officeholder living	plete Schedule T.	
								contract labor		omeenouel livilig	, expense	
	Complete ONLY if direct	C	andidate/Offic	eholder name	C	office sou	ght			Office he	eld	_
	expenditure to benefit C/OI						J					

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)		
	Sch: 29/42 Rpt: 41/56	Lopez-Sing	leterry, Nereida					00083772			
4	Date	5 Payee name									
	02/28/2024	Solis, Rene	(Mr.)								
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip C	ode						
	\$750.00	938 south 1	4th,. St.								
		Alamo, TX	78516								
8	PURPOSE OF		ee Categories listed at the to		(b)	Description					
	EXPENDITURE	Salaries/Wa	ages/Contract Labo	or		_		de of Texas. Com officeholder living	plete Schedule T.		
						contract labor		onicendider living	g expense		
						oontraot labor					
9	Complete ONLY if direct	Candidate/Offi	ceholder name	Office so	<u>l</u> ught			Office he	eld		
	expenditure to benefit C/OI		ocholder hame	011100 00	agiit			Omoc n	514		
H	Date	Payee name									
	03/04/2024	Texas Natio	nal Bank								
_	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode						
	\$105.00	4908 S Jac	•	эшэ, шр э							
	Ψ100.00	+300 0 0a0	Noon ru.								
		Edinburg, T	X 78539								
	PURPOSE	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description					
	OF EXPENDITURE	Accounting,	Banking Banking			=		de of Texas. Com officeholder living	plete Schedule T.		
						Banking	, 1/,	onicendider living	g expense		
	Complete ONLY if direct	L Candidate/Offi	ceholder name	Office so	<u>l</u> ught			Office he	eld		
	expenditure to benefit C/O	H			Ü						
	Date	Payee name									
	03/05/2024	Texas Natio	nal Bank								
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode						
	\$289.65	4908 S Jac	kson Rd.								
L		Edinburg, T	X 78539								
	PURPOSE	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description					
	OF EXPENDITURE	Accounting,	Banking (plete Schedule T.		
						Banking	, TX,	officeholder living	g expense		
						Darking					
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office so	l uaht			Office he	eld		
	expenditure to benefit C/O			511100 00	- g			200 110			

SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/42 Rpt: 42/56	Lopez-Singleterry, Nereida 00083772
4	Date	5 Payee name
	03/08/2024	Texas National Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$416.04	4908 S Jackson Rd.
		Edinburg, TX 78539
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Banking
		Daiming .
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Davies same
		Payee name Texas National Bank
	03/15/2024	
	Amount (\$)	Payee address; City; State; Zip Code
	\$207.99	4908 S Jackson Rd.
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Banking
		Daining
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	03/22/2024	Texas National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$398.99	4908 S Jackson Rd.
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Banking
		Darking
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 31/42 Rpt: 43/56	Lopez-Singleterry, Nereida 00083772
4	Date	5 Payee name
	03/27/2024	Texas National Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.00	4908 S Jackson Rd.
		Edinburg, TX 78539
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Banking
		Danking
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	03/29/2024	Texas National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$180.91	4908 S Jackson Rd.
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Banking
		Daming
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Date	Douge name
	03/29/2024	Payee name Texas National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.36	4908 S Jackson Rd.
		Edinburg, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Banking
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/42 Rpt: 44/56	Lopez-Singleterry, Nereida 00083772
4	Date	5 Payee name
	04/03/2024	Texas National Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$90.05	4908 S Jackson Rd.
		Edinburg, TX 78539
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Banking
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	04/12/2024	Texas National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$621.03	4908 S Jackson Rd.
	, ,	
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Banking
	Operation ONLY if allowed	Open Highest (Office health an arrange of the second to th
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name Texas National Bank
	04/19/2024	
	Amount (\$)	Payee address; City; State; Zip Code
	\$83.97	4908 S Jackson Rd.
		Edinburg, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	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
	OF EXPENDITURE Complete ONLY if direct	(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 Banking Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Banking Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE Complete ONLY if direct	(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 Banking Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE Complete ONLY if direct	(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 Banking Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 33/42 Rpt: 45/56	Lopez-Singleterry, Nereida 00083772						
4	Date	5 Payee name						
	04/19/2024	Texas National Bank						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$384.53	4908 S Jackson Rd.						
		Edinburg, TX 78539						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Banking						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
_	Date	Payee name						
	04/25/2024	Texas National Bank						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$636.50	4908 S Jackson Rd.						
	Ψ030.30	4500 S SackSoff Na.						
		Edinburg, TX 78539						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITORE	Check if Austin, TX, officeholder living expense						
		Banking						
	Operation ONLY if all part	On did to 10 ff as hald a grant Off as hald						
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
	·							
	Date	Payee name						
	04/26/2024	Texas National Bank						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$41.99	4908 S Jackson Rd.						
		Edinburg, TX 78539						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Banking						
		Danking						
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filer	s)
	Sch: 34/42 Rpt: 46/56	Lopez-Singleterry, Nereida 00083772	
4	Date	5 Payee name	
	05/01/2024	Texas National Bank	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$69.95	4908 S Jackson Rd.	
		Edinburg, TX 78539	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Banking	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	05/01/2024	Texas National Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$96.26	4908 S Jackson Rd.	
	, , , ,		
l		Edinburg, TX 78539	
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Banking	
┡	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/OI	•	
	D-1-	T _	
	Date 05/01/2024	Payee name Texas National Bank	
	Amount (\$) \$193.39	Payee address; City; State; Zip Code 4908 S Jackson Rd.	
	Ψ190.59	4900 3 Jackson Nu.	
		Ediphura TV 79520	
		Edinburg, TX 78539	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Ranking Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Banking	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiorate to betterit C/OI		

SCHEDULE F1

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

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By - Candidate/Officeholder/Political Commit Credit Card Payment		mmittee	Gift/Awards/Memo Legal Services The Instruction	rials Expense		/ages	/Contract Labor		Travel Out of DOTHER (enter	istrict a category not listed abov	e)	
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	Total pages Schedule F1:				d o				ا ا	Filer ID	•	i rileis)
	Sch: 35/42 Rpt: 47/56		Lopez-Sing	eterry, Nerei	aa 					00083772		
4	Date	5	Payee name									
	05/14/2024		Texas Natio	nal Bank								
6	Amount (\$)	7	Payee addre	ss; City;	State	e; Zip Co	de					
	\$600.97		4908 S Jac			•						
			Edinbura T	V 70E20								
Ļ		_	Edinburg, T									
8	PURPOSE OF	(a)			at the top of this sci	hedule)	(b)	Description				
	EXPENDITURE		Accounting/	Banking				=			mplete Schedule T.	
								Banking	, 1,	officeholder livi	ig experise	
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<u>_</u>	Complete ONII V if alias -t	Ц	Condidate /Off	oobolder :=====		Office as:	ab+			Office 1	aald	
9	Complete ONLY if direct expenditure to benefit C/OI		Januidate/Offi	ceholder name	;	Office sou	ynt			Office I	ieiū	
	Date		Payee name									
	05/16/2024		Texas Natio	nal Bank								
	Amount (\$)	Г	Payee addre	ss; City;	State	e; Zip Co	de					
	\$186.52		4908 S Jac	kson Rd.								
			Edinburg, T	Y 79520								
		_										
	PURPOSE OF	(a)			at the top of this sc	hedule)	(b)	Description	a	do of Tarres	mulata Cabadula T	
	EXPENDITURE		Accounting/	Banking				=		de of Texas. Co officeholder livi	mplete Schedule T.	
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\vdash	Complete ONLY if direct	Ц,	Candidata/O#:	ceholder name	•	Office corr	ab+			Office	oold	
	Complete ONLY if direct expenditure to benefit C/OI		Januiuale/Offi	cenolaer name	;	Office sou	ynt			Office I	ieiū	
		_										
	Date		Payee name									
	05/17/2024		Texas Natio	nal Bank								
	Amount (\$)		Payee addre	ss; City;	State	e; Zip Co	de					
	\$81.26		4908 S Jac	kson Rd.								
			Edinburg, T	X 78539								
	DUDDOCE	10				1	(l-)	D				
	PURPOSE OF	(a)			at the top of this sci	hedule)	(a)	Description Check if travel	nutei	de of Tevas Co	mplete Schedule T.	
	EXPENDITURE		Accounting/	ьанкіпд				=		officeholder livi		
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	Complete ONLY if direct	Щ	Candidate/Offi	ceholder name	<u> </u>	Office sou	aht			Office I	neld	
	expenditure to benefit C/OI		Janana (6/0111	oonolaci name	•	Omoc Sou	Aiir			Onice i	ioiu	
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SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how	to comp	plete this form.
1	Total pages Schedule F1:	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 36/42 Rpt: 48/56	Lopez-Singleterry, Nereida		00083772
4	Date	Payee name		•
	05/28/2024	Texas National Bank		
6	Amount (\$)	Payee address; City; State; Z	p Code	
	\$116.58	4908 S Jackson Rd.		
		Edinburg, TX 78539		
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Banking
9	Complete ONLY if direct	Candidate/Officeholder name Offic	e sought	office held
	expenditure to benefit C/OI			
	Date	Payee name		
	05/28/2024	Texas National Bank		
	Amount (\$)	Payee address; City; State; Z	p Code	?
	\$412.75	4908 S Jackson Rd.		
		Edinburg, TX 78539		
	PURPOSE	Category (See Categories listed at the top of this schedule	(b)	D) Description
	OF EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Banking
	Complete ONLY if direct	Candidate/Officeholder name Offic	e sought	office held
	expenditure to benefit C/OI			
	Date	Payee name		
	05/31/2024	Texas National Bank		
	Amount (\$)	Payee address; City; State; Z	p Code	?
	\$93.16	4908 S Jackson Rd.		
		Edinburg, TX 78539		
	PURPOSE	Category (See Categories listed at the top of this schedule	(b)	D) Description
	OF EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Banking
				Darming
	Complete ONLY if direct	Candidate/Officeholder name Offic	l e sought	office held
	expenditure to benefit C/OI		g	
l				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 37/42 Rpt: 49/56	Lopez-Singleterry, Nereida 00083772				
4	Date	5 Payee name				
	05/31/2024	Texas National Bank				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$187.14	4908 S Jackson Rd.				
		Edinburg, TX 78539				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Banking				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	experialture to beliefit C/Oi					
	Date	Payee name				
	06/03/2024	Texas National Bank				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$72.27	4908 S Jackson Rd.				
		Edinburg, TX 78539				
	PURPOSE 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.				
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Banking				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	·					
	Date	Payee name				
	06/04/2024	Texas National Bank				
	Amount (\$) \$135.23	Payee address; City; State; Zip Code 4908 S Jackson Rd.				
	Ψ133.23	4900 3 Jackson Nu.				
		Edinburg, TX 78539				
	PURPOSE					
	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.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Banking				
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	Complete ONLY if direct					
	expenditure to benefit C/OI	1				
	expenditure to benefit C/OI					
	expenditure to benefit C/OI					

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 38/42 Rpt: 50/56	Lopez-Singleterry, Nereida 00083772
4	Date	5 Payee name
	06/10/2024	Texas National Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$144.55	4908 S Jackson Rd.
		Edinburg, TX 78539
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Banking
		Danking
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	06/17/2024	Texas National Bank
H	Amount (\$)	Payee address; City; State; Zip Code
	\$192.74	4908 S Jackson Rd.
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Banking
		- Dainting
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	06/17/2024	Texas National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$705.00	4908 S Jackson Rd.
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Banking
		Dariking
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 39/42 Rpt: 51/56	Lopez-Singleterry, Nereida 00083772				
4	Date	5 Payee name				
	06/21/2024	Texas National Bank				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$426.53	4908 S Jackson Rd.				
		Edinburg, TX 78539				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Banking				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
_	Date	Davido namo				
	06/26/2024	Payee name Texas National Bank				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$120.47	4908 S Jackson Rd.				
		Edinburg, TX 78539				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Banking				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
_	Date	Payee name				
	02/28/2024	Tijerina, Homer (Mr.)				
	Amount (\$)	Payee address; City; State; Zip Code 2908 West Ash St.				
	\$5,000.00	2908 West Ash St.				
		Weslaco, TX 78596				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Salaries/Wages/Contract Labor				
		contract labor				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					

SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 40/42 Rpt: 52/56					
4	Date	5 Payee name				
	03/07/2024	Torres, Alfredo (Mr.)				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$800.00	2101 Fullerton Ave.				
		McAllen, TX 78504				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Salaries/Wages/Contract Labor				
	EXPENDITORE	Check if Austin, TX, officeholder living expense				
		contract labor				
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	02/27/2024	Torres, Licha				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$500.00	2019 Oliva St				
		Edinburg, TX 78539				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Salaries/Wages/Contract Labor				
		Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
	OF	Salaries/Wages/Contract Labor				
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contract labor				
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contract labor Candidate/Officeholder name Office sought Office held				
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contract labor Candidate/Officeholder name Office sought Office held				
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contract labor Candidate/Officeholder name Office sought Payee name				
_	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date 02/27/2024	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contract labor Candidate/Officeholder name Office sought Payee name Torres, Rosa				
_	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 02/27/2024 Amount (\$)	Salaries/Wages/Contract Labor Candidate/Officeholder name Candidate/Officeholder name Office sought Payee name Torres, Rosa Payee address; City; State; Zip Code				
_	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date 02/27/2024	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contract labor Candidate/Officeholder name Office sought Payee name Torres, Rosa				
_	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 02/27/2024 Amount (\$)	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contract labor Candidate/Officeholder name Office sought Payee name Torres, Rosa Payee address; City; State; Zip Code PO BOX 964				
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date 02/27/2024 Amount (\$) \$500.00	Salaries/Wages/Contract Labor Candidate/Officeholder name Candidate/Officeholder name Office sought Office held Payee name Torres, Rosa Payee address; City; State; Zip Code PO BOX 964 Alamo, TX 78516				
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date 02/27/2024 Amount (\$) \$500.00	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contract labor Candidate/Officeholder name Office sought Payee name Torres, Rosa Payee address; City; State; Zip Code PO BOX 964 Alamo, TX 78516 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contract labor Office held Description				
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date 02/27/2024 Amount (\$) \$500.00	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contract labor Candidate/Officeholder name Office sought Payee name Torres, Rosa Payee address; City; State; Zip Code PO BOX 964 Alamo, TX 78516 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 02/27/2024 Amount (\$) \$500.00 PURPOSE OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contract labor Candidate/Officeholder name Office sought Payee name Torres, Rosa Payee address; City; State; Zip Code PO BOX 964 Alamo, TX 78516 (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contract labor Office held Description				
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 02/27/2024 Amount (\$) \$500.00 PURPOSE OF	Salaries/Wages/Contract Labor Candidate/Officeholder name Candidate/Officeholder name Office sought Office held Payee name Torres, Rosa Payee address; City; State; Zip Code PO BOX 964 Alamo, TX 78516 (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 travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 02/27/2024 Amount (\$) \$500.00 PURPOSE OF	Salaries/Wages/Contract Labor Candidate/Officeholder name Candidate/Officeholder name Office sought Office held Payee name Torres, Rosa Payee address; City; State; Zip Code PO BOX 964 Alamo, TX 78516 (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 travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 02/27/2024 Amount (\$) \$500.00 PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contract labor Candidate/Officeholder name Office sought Office held Payee name Torres, Rosa Payee address; City; State; Zip Code PO BOX 964 Alamo, TX 78516 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate/Officeholder name Office sought Office held Candidate/Officeholder name Office sought Office held				
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date 02/27/2024 Amount (\$) \$500.00 PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contract labor Candidate/Officeholder name Office sought Office held Payee name Torres, Rosa Payee address; City; State; Zip Code PO BOX 964 Alamo, TX 78516 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate/Officeholder name Office sought Office held Candidate/Officeholder name Office sought Office held				
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date 02/27/2024 Amount (\$) \$500.00 PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense contract labor Candidate/Officeholder name Office sought Office held Payee name Torres, Rosa Payee address; City; State; Zip Code PO BOX 964 Alamo, TX 78516 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Candidate/Officeholder name Office sought Office held Candidate/Officeholder name Office sought Office held				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 41/42 Rpt: 53/56	Lopez-Singleterry, Nereida 00083772
4	Date	5 Payee name
	03/05/2024	Trevino, Damaris
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	1718 Villa Linda
		Edinburg, TX 78541
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		contract labor
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/29/2024	Trevino, Sairea
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 504 N 9th. St.
	φ300.00	304 N 9til. St.
		Alamo, TX 78516
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		contract labor
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/05/2024	Trevino, Sairea
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	504 N 9th. St.
		Alamo, TX 78516
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense contract labor
		Contract labor
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this fo	orm.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 42/42 Rpt: 54/56	Lopez-Singleterry, Nereida	00083772
4	Date	5 Payee name	
	05/06/2024	WB Liquors & Wine	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$141.78	1401 W Kelly Avenue	
		Pharr, TX 78577	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	tion
	OF EXPENDITURE		k if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Chec	k if Austin, TX, officeholder living expense
		event	expense
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	•		
	Date	Payee name	
	04/30/2024	the queens kitchen	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$65.00	840 S Cesar Chavez Rd.	
		Alamo , TX 78516	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	tion
	OF EXPENDITURE	Event Expense	k if travel outside of Texas. Complete Schedule T.
			k if Austin, TX, officeholder living expense EXPENSE
		CVCIII	s.perise
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form	m.			
1 Total pages Schedule F4:	2 FILER NAME			3	Filer ID (Ethic	cs Commiss	sion Filers)
Sch: 1/1 Rpt: 55/56	pt: 55/56 Lopez-Singleterry, Nereida			C	00083772		
4 CREDIT CARD ISSUER		ncial institution redit Card	5 TOTAL OF UN EXPENDITURI CHARGED TO CARD	ES S	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid				
	\$7,445.81	02/29/2024					
7 PAYEE	(a) Payee name Brand Boosters		(b) Payee address 3607 S. L LN	S;	City,	State,	Zip Code
			McAllen, TX 78	503			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
l <u> </u>	Advertising Expense	or this sorreducy	Advertising Expense				
X Political							
Non-Political		of Texas. Complete Schedule T.			ficeholder living exp	ense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer E	Paid		
PATWENT	\$2,029.57	02/29/2024	(c) Date(s) Credit	Caru issuer r	aiu		
PAYEE	(a) Payee name	l	(b) Payee address	S;	City,	State,	Zip Code
	Draft House		100 W US HW\	Y 83			
			McAllen, TX 78	501			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Event Expense				
X Political	Event Expense		Event Expense				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chec	ck if Austin, TX, of	ficeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer F	Paid		
	\$411.62	02/26/2024					
PAYEE	(a) Payee name		(b) Payee address	s;	City,	State,	Zip Code
	Fixe Cter Employeide		7708 N Ware R	Rd.			
	Five Star Embroide	ery					
			McAllen, TX 78	504			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description				
X Political			printing expens	ie			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Chec	ck if Austin, TX, of	ficeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
·	I						

OUTSTA	NDING LOANS	SCHEDULE L				
The Instruct	ion Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 1/1 Rpt: 56/56				
2 FILER NAME Lopez-Singlete	erry, Nereida	3 Filer ID (Ethics Commission Filers) 00083772				
LENDER INFORMATION	Texas National Bank	<u>'</u>				
	5 Lender address; City; State; Zip Code					
CHARANTOR	Edinburg, TX 78539 6 Name of guarantor					
GUARANTOR INFORMATION	Name of guarantor					
X not applicable	7 Guarantor address; City; State; Zip Code					