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) 00067895 41 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Luz Elena D. NAME Date Received **ELECTRONICALLY FILED** 10/07/2024 NICKNAME LAST **SUFFIX** Chapa CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked 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** The Honorable Leticia NAME NICKNAME LAST **SUFFIX** Van de Putte **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 854-6604 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff X appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 09/26/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court Of Appeals, Justice Place 4 District 4 Court Of Appeals, Justice Place 4 District 4

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 41

13 C / OH NAME	Chapa, Luz Elena D.	(The Honorable)	14 Filer ID 000678		Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or These expenditures may have be officeholders are required to rep	en made without the candida	ite's or officeholder's	s knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
□	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREA	SURER NAME		
		COMMITTEE CAMPAIGN TREA	SURER ADDRESS		
46 CONTRIBUTION	1 TOTAL INITEMA	ZED DOLLEICAL CONTRIBUTION	UC(OTUED THAN DIEDOE		
16 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)					0.00
		CAL CONTRIBUTIONS	ITEES OF LOANS)	\$	52,605.63
EXPENDITURE TOTALS	(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTALS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)				0.00
	4. TOTAL POLITICAL EXPENDITURES				33,021.77
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAIN RIOD	ED AS OF THE LAST DAY C	OF THE \$	196,010.54
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTAN TING PERIOD	DING LOANS AS OF THE LA	\$	0.00
17 AFFIDAVIT		true and corre	rm, under penalty of perjury, ct and includes all informatio , Election Code.		
			The Honorable Luz El	lena D. Chapa	
			Signature of Candidate	or Officeholder	
AFFIX NO	TARY STAMP / SEAL ABO	OVE			
Sworn to and subso	cribed before me, by the s	aid	, this th	e	day
		rtify which, witness my hand and			
Signature of office	eer administering oath	Printed name of officer adm	nistering oath T	itle of officer admini	stering oath

SUBTOTALS - JC/OH

FORM JC/OH **COVER SHEET PG 3**

					3 of 41
_	ER NAN		19 Filer ID	(Ethi	cs Commission Filers)
Ch	apa, Lı	uz Elena D. (The Honorable)	00067895		
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	44,783.91
2.	2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				7,821.72
3.	3. SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)				
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	33,021.77
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
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 F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS			SCHEDULE A	A(J)1
	The Instru	ction Guide explains hov	v to complete this f	form.	1		es Schedule A(J)1 8 Rpt: 4/41	:
2	FILER NAME				3	Filer ID	(Ethics Commission	on Filers)
	Chapa, Luz	Elena D. (The Honorable)				0006789	95	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount o	f Contribution (\$)	
	09/03/2024	Burton, Laura Nell (Mrs.)						\$250.00
		6 Contributor address; City; S San Antonio, TX 78209	tate; Zip Code					
8	Contributor's I	I Principal Occupation		9 Contributor's Job Title				
	Business Ov			Co-Founder and Creati	ive I	Director		
10	0 Contributor's employer/law firm 11 Law firm of contributor's s							
	Cloche Designs Uhl Fitzsimons, PLLC				pou	oo (ii aiiy)		
12		s a child, law firm of parent(s) (if	any)					
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount o	f Contribution (\$)	
	09/05/2024	Barrientos, Rene (Ms.)						\$2,500.00
		Contributor address; City; S San Antonio, TX 78212	tate; Zip Code					
_	Contributoric	l		Contributor's Job Title				
	Rancher	Principal Occupation		Rancher				
_		employer/law firm		Law firm of contributor's s	2011	oo (if op) ()		
	Self-employe			Law IIIII of Contributor 3 3	pou.	se (II ally)		
		s a child, law firm of parent(s) (if	anu)					
	ii contributor i	s a criliu, law lilili of parent(s) (ii	arry)					
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount o	f Contribution (\$)	
	08/05/2024	Berman, Cindy (Mr.)						\$104.48
		Contributor address; City; S	tate; Zip Code		1			
		San Antonio TV 70216						
_	Contribute	San Antonio, TX 78216		Contribute de 1-1- Tial-				
		Principal Occupation		Contributor's Job Title				
	Retired			Retired				
	N/A	employer/law firm		Law firm of contributor's s	pou	se (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 Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 2/18 Rpt: 5/41
2	FILER NAME	Elona D. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00067895
Ļ		Elena D. (The Honorable)			Ļ	
4	Date 09/04/2024	5 Full name of contributor Brown, Jean (Ms.)6 Contributor address; City; S	out-of-state PAC (ID#:		' 	Amount of Contribution (\$) \$1,000.00
		San Antonio, TX 78205				
8	8 Contributor's Principal Occupation 9 Contributor's Job Title					
	Attorney			Attorney		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
	Jean Brown Law Alan Brown					
12	If contributor is	s a child, law firm of parent(s) (if	any)	•		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	09/08/2024 Bruce, Theresa (Ms.) Contributor address; City; State; Zip Code Boerne, TX 78006					\$104.48
_	Contributor's I	ļ		Contributor's Job Title		
	·			Social Worker		
-		employer/law firm		Law firm of contributor's sp	יוח	se (if any)
	Transformat			Law mm or continuator of op	, ou	se (ii diiy)
-		s a child, law firm of parent(s) (if	any)			
	ii dontributor ii	o a orma, favo mini or parorido) (ii	a.,,,			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	09/16/2024	Canales, Ana L. (Ms.)				\$1,000.00
		Contributor address; City; S Edinburg, TX 78539	State; Zip Code		•	
	Contributor's I	Principal Occupation		Contributor's Job Title	_	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Linebarger C	Goggan Blair & Sampson, LLI	P			
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS			SCHEDULE /	A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1		es Schedule A(J)1: 8 Rpt: 6/41	:
2	FILER NAME				3	Filer ID	(Ethics Commission	on Filers)
	Chapa, Luz	Elena D. (The Honorable)				0006789	95	
4	Date 09/17/2024	5 Full name of contributor Cappadona, Josie (Ms.)6 Contributor address; City;			7	Amount o	of Contribution (\$)	\$250.00
		Linn, TX 78563						
8	Contributor's	Principal Occupation		9 Contributor's Job Title	•			
	Rancher			Rancher				
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pou	se (if any)		
	Self-employe	ed						
12	If contributor i	s a child, law firm of parent(s) (i	f any)					
	Date	Full name of contributor	out-of-state PAC (ID#:		T	Amount o	of Contribution (\$)	
	09/09/2024	Chiego, Liz (Ms.)	_					\$260.73
		Contributor address; City;	State: Zip Code					
	Contributor's	San Antonio, TX 78218 Principal Occupation		Contributor's Job Title				
	Retired			Retired				
	Contributor's	employer/law firm		Law firm of contributor's s	pou	se (if any)		
	N/A							
	If contributor i	s a child, law firm of parent(s) (i	f any)					
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount o	of Contribution (\$)	
	09/17/2024	Contreras III, Carlos (Mi	r.)					\$200.00
		Contributor address; City;	State; Zip Code		"			
		San Antonio, TX 78202						
_	Contributoria	Principal Occupation		Contributor's Job Title				
	CEO	Principal Occupation		President				
						('f)		
		employer/law firm Iustries of San Antonio		Law firm of contributor's s	pou	se (If any)		
	If contributor i	s a child, law firm of parent(s) (i	fany)					

	MONET	ARY POLITICAL CO	ONS		SCHEDULE A	\(J)1	
	The Instru	ction Guide explains how t	o complete this f	orm.	1	ges Schedule A(J)1: 18 Rpt: 7/41	
2	FILER NAME Chapa, Luz	Elena D. (The Honorable)			3 Filer ID 000678	(Ethics Commissio	n Filers)
4	Date 09/16/2024				7 Amount	of Contribution (\$)	\$260.73
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	<u> </u>		
	Chef	. [Chef			
10	Contributor's employer/law firm 11 Law firm of contributor's sp Mi Tierra Familia			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 (\$)	
	09/16/2024 Crawford, Marco (Mr.) Contributor address; City; State; Zip Code San Antonio, TX 78230						\$781.56
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>		
	Attorney	. [Attorney			
	Contributor's	employer/law firm		Law firm of contributor's sp	ouse (if any)		
	Marco Craw	ford Law, PLLC					
	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 (\$)	
	09/16/2024	Davis, Carola (Ms.) Contributor address; City; State New Braunfels, TX 78130	e; Zip Code				\$260.73
	Contributor's F	Principal Occupation		Contributor's Job Title			
	Settlement I	nvestments		Owner			
		employer/law firm		Law firm of contributor's sp	ouse (if any)		
	Davis Settle	ment Partners					
	If contributor is	s a child, law firm of parent(s) (if any	')				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 5/18 Rpt: 8/41
2	FILER NAME	Elena D. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00067895
4	Date 07/28/2024	 5 Full name of contributor Davis, Theodore (Mr.) 6 Contributor address; City; \$ 	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$260.73
		Atlanta, GA 78209				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10		employer/law firm wnsend & Stockton LLP		11 Law firm of contributor's sp	oous	se (if any)
12	•	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	O8/13/2024 Gamez, Joe A. (Mr.) Contributor address; City; State; Zip Code					\$5,000.00
		San Antonio, TX 78230				
	Contributor's Principal Occupation Contributor's Job Title					
	Attorney			Owner		
	Joe A. Game	employer/law firm		Law firm of contributor's sp	oous	se (If any)
		s a child, law firm of parent(s) (if	anvi			
	ii contributor i	s a criliu, law liirii or parerii(s) (ii	arry			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)
	09/25/2024	Geppert, Lance (Mr.)				\$104.48
Contributor address; City; State; Zip Code San Antonio, TX 78232						
	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Lance Gepp	ert Law, LLC				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how	v to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 6/18 Rpt: 9/41
2	FILER NAME	Elena D. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00067895
4	Date 09/17/2024	 Full name of contributor Gonima, Maureen (Ms.) Contributor address; City; S 	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$250.00
		San Antonio, TX 78210				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's e iHeartMedia	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if	anv)			
		o a oa, ian o. paroni(o) (i	۵.,,,			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/05/2024 Gonzalez, Charles (Mr.) Contributor address; City; State; Zip Code					\$156.56
		San Antonio, TX 78212				
	Contributor's Principal Occupation Contributor's Job Title					
	Attorney					
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Ogletree De					
	If contributor is	s a child, law firm of parent(s) (if	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	08/13/2024	Gonzalez, Joey (Mr.)	_			\$5,000.00
		Contributor address; City; S San Antonio, TX 78230	itate; Zip Code			
	Contributor's F	<u>I</u> Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Joe A. Game	ez Law Firm				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL C	ONTRIBUTIO	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 7/18 Rpt: 10/41
2	FILER NAME Chapa, Luz	Elena D. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00067895
4	Date 09/18/2024	5 Full name of contributor Harvey, Katie (Ms.) 6 Contributor address; City; Sta	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$) \$100.00
		San Antonio, TX 78218				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title CEO		
10	10 Contributor's employer/law firm KGBTexas Communications 11 Law firm of contributor's s				ous	se (if any)
12		s a child, law firm of parent(s) (if a	ny)	<u> </u>		
	Date Full name of contributor out-of-state PAC (ID#:) 109/09/2024 Heard, Mary Elizabeth (Ms.) Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$104.48	
		San Antonio, TX 78209		,		
	Contributor's Principal Occupation Attornory Attornory					
Attorney Contributor's employer/law firm Grable Martin PLLC If contributor is a child, law firm of parent(s) (if any)				Law firm of contributor's sp	oous	se (if any)
-	Date	Full name of contributor	out-of-state PAC (ID#:_)	Π	Amount of Contribution (\$)
	09/17/2024	Herrera, Jr., Frank (Mr.) Contributor address; City; Sta San Antonio, TX 78232			•	\$1,000.00
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's of The Herrera	employer/law firm		Law firm of contributor's sp	ous	se (if any)
		s a child, law firm of parent(s) (if ar	ny)			

	MONET	ARY POLITICAL CONTRIBU	SCHEDULE A(J)1			
	The Instru	ction Guide explains how to complete th	his form.	1 Total pages Schedule A(J)1: Sch: 8/18 Rpt: 11/41		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
	Chapa, Luz	Elena D. (The Honorable)		00067895		
4	Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of Contribution (\$)		
	09/08/2024	Khanmohamed, Shamsha (Ms.)		\$521.15		
		6 Contributor address; City; State; Zip Code San Antonio, TX 78218				
_	Contributor's	Principal Occupation	9 Contributor's Job Title			
0	Human Rela		Human Relations			
10			pouse (if any)			
10	Comfort Cou	employer/law firm	pouse (ii ariy)			
40						
12	it 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 (\$)		
09/17/2024 Kypuros, Orlando (Mr.)			\$250.00			
Contributor address; City; State; Zip Code						
		Con Antonio TV 70040 1670				
		San Antonio, TX 78248-1679	1 2			
		Principal Occupation	Contributor's Job Title			
	Physician		Physician			
		employer/law firm	Law firm of contributor's s	pouse (if any)		
	Northeast P	rohealth				
	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 (\$)		
	09/17/2024	Law Office of David Christian		\$250.00		
		Contributor address; City; State; Zip Code				
		Contributor address, Oily, State, 219 Code				
		San Antonio, TX 78212				
	Contributor's	Principal Occupation	Contributor's Job Title	•		
	0 17 1					
	Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)		
	If contributor i	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL	CONTRIBUTIO	DNS		SCHEDULE	A(J)1
	The Instru	ction Guide explains ho	w to complete this f	form.	1	Total pages Schedule A(. Sch: 9/18 Rpt: 12/41	J)1:
2	FILER NAME				3	Filer ID (Ethics Commis	ssion Filers)
	Chapa, Luz	Elena D. (The Honorable)				00067895	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (S	5)
	09/25/2024	Law Office of Emilio Dav	vila, Jr.				\$2,500.00
		6 Contributor address; City; Laredo, TX 78040	State; Zip Code				
	Contributorio	l		Contributor's Joh Title			
8	Contributors	Principal Occupation		9 Contributor's Job Title			
10	10 Contributor's employer/law firm 11 Law firm of contributor's s			pous	se (if any)		
12	If contributor i	s a child, law firm of parent(s) (i	f any)				
_	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (S	<u> </u>
	09/21/2024	Leach, Rosemary (Ms.)	—			(\$200.00
		Contributor address; City;	State: Zin Code				
		Kerrville, TX 78028					
		Principal Occupation		Contributor's Job Title			
	Retired			Retired			
		employer/law firm		Law firm of contributor's s	pous	se (if any)	
	N/A						
	If contributor i	s a child, law firm of parent(s) (i	f any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (S	B)
	09/17/2024	Leyendecker, Gary (Mr.)				\$1,500.00
		Contributor address; City;	State; Zip Code		"		
		Laredo, TX 78044					
	Contributor's	Principal Occupation		Contributor's Job Title			
	Engineer			Engineer			
	Contributor's	employer/law firm		Law firm of contributor's s	pous	se (if any)	
	Leyendecke	r Construction Inc					
	If contributor i	s a child, law firm of parent(s) (i	f any)				

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains hov	v to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 10/18 Rpt: 13/41
2	FILER NAME Chapa, Luz	Elena D. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00067895
4	Date 09/17/2024	5 Full name of contributor Limon, Lonnie (Mr.) 6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$1,000.00
		Austin, TX 78704				
8		Principal Occupation		9 Contributor's Job Title		
	Managing D			Managing Director		
10	10 Contributor's employer/law firm Dieste					se (if any)
12	If contributor is	s a child, law firm of parent(s) (if a	any)	I.		
	Data	F. II			_	Amount of Ocatallastics (b)
	Date 08/30/2024	Full name of contributor Linebarger, Goggan, Blai	out-of-state PAC (ID#:)		Amount of Contribution (\$) \$1,500.00
		Contributor address; City; S San Antonio, TX 78205	tate; Zip Code		•	
	Contributor's I	<u>I</u> Principal Occupation		Contributor's Job Title	<u> </u>	
						
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if a	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	07/09/2024	McNeel, James (Mr.)				\$1,041.98
		Contributor address; City; S San Antonio, TX 78217	tate; Zip Code		•	
	Contributor's I	Principal Occupation		Contributor's Job Title	_	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Grable Marti	n PLLC				
	If contributor is	s a child, law firm of parent(s) (if a	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1	
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 11/18 Rpt: 14/41	
2	FILER NAME Chapa, Luz	Elena D. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00067895	
4 Date 09/05/2024 5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$200.00			
		San Antonio, TX 78248					
8		Principal Occupation		9 Contributor's Job Title			
	Business Ov			Owner			
10	Contributor's e Edusource	employer/law firm		11 Law firm of contributor's sp	oous	se (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#:)	T	Amount of Contribution (\$)	
	09/05/2024	Miller, Michael (Mr.) Contributor address; City; \$	State; Zip Code			\$1,041.98	
		San Antonio, TX 78216					
	Contributor's Principal Occupation Contributor's Job Title						
Attorney Attorney			<u> </u>	outor's engues (if any)			
		employer/law firm of Michael Miller		Law firm of contributor's sp	oous	se (If any)	
		s a child, law firm of parent(s) (if	anyl				
	ii contributor i	s a ciliia, iaw iiiiii oi parein(s) (ii	arry)				
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/13/2024	Myers, Angel (Ms.)				\$521.15	
		Contributor address; City; State; Zip Code San Antonio, TX 78232					
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>		
	Retired Retired						
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)	
	N/A						
	If contributor is	s a child, law firm of parent(s) (if	any)				

	MONET	ARY POLITICAL C	ONTRIBUTIO	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 12/18 Rpt: 15/41
2	FILER NAME Chapa, Luz	Elena D. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00067895
4 Date 09/17/2024 5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$250.00		
		San Antonio, TX 78212				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10		employer/law firm f Thomson J. Nesbit		11 Law firm of contributor's sp	ous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if ar	ny)			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)
	09/11/2024				\$2,000.00	
		Eagle Pass, TX 78852				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if ar	ny)			
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)
	09/17/2024	Oliva, Bridgette Sopper (M	 s.)			\$500.00
		Contributor address; City; Sta Shavano Park, TX 78230	ate; Zip Code		•	
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Sopper Oliva	a & Associates, P.C.				
	If contributor is	s a child, law firm of parent(s) (if ar	ny)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1	
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 13/18 Rpt: 16/41	
2	FILER NAME Chapa, Luz	Elena D. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00067895	
4 Date 09/13/2024 5 Full name of contributor out-of-state PAC (ID#: Paxson, Kurt (Mr.) 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$) \$501.00			
		El Paso, TX 79912					
8		Principal Occupation		9 Contributor's Job Title			
_	Attorney			Attorney			
10	Mounce Gre	employer/law firm en Myers		11 Law firm of contributor's sp	oous	se (If any)	
12		s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	1	Т	Amount of Contribution (\$)	
	09/05/2024					\$100.00	
		San Antonio, TX 78209					
	Contributor's F	Principal Occupation		Contributor's Job Title			
Business Owner		Retail					
	Contributor's 6	employer/law firm		Law firm of contributor's spouse (if any)			
	If contributor is	s a child, law firm of parent(s) (if	any)	<u> </u>			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	08/29/2024	Quintanilla, Gabe (Ms.)				\$52.40	
		Contributor address; City; State; Zip Code San Antonio, TX 78213		•			
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>		
	Retired Retired						
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)	
	N/A						
	If contributor is	s a child, law firm of parent(s) (if	any)				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 14/18 Rpt: 17/41
2	FILER NAME	Elena D. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00067895
4 Date 09/17/2024 5 Full name of contributor out-of-state PAC (ID#:			7	Amount of Contribution (\$) \$100.00		
		San Antonio, TX 78205				
8		Principal Occupation		9 Contributor's Job Title		
	Vice Preside	ent of Cultural Placemaking		Vice President		
10	Centro San	employer/law firm Antonio		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	08/13/2024	3/2024 Rodriguez, Leslie (Ms.) Contributor address; City; State; Zip Code				\$1,068.00
		San Antonio, TX 78230				
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Joe A. Game					
	If contributor is	s a child, law firm of parent(s) (if	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	08/13/2024	Schafer, David (Mr.)	_			\$500.00
		Contributor address; City; State; Zip Code Bulverde, TX 78163		1		
	Contributor's I	I Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	The Schafer	Firm				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1	
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 15/18 Rpt: 18/41	
2	FILER NAME	Flags D. (The Hamanahla)			3	Filer ID (Ethics Commission Filers)	
		Elena D. (The Honorable)			<u> </u>	00067895	
4	Date 09/15/2024	5 Full name of contributor Scroggins, Kay (Ms.)6 Contributor address; City;	out-of-state PAC (ID#:			Amount of Contribution (\$) \$100.00	
		San Antonio, TX 78240					
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
	CEO			CEO			
10		employer/law firm		11 Law firm of contributor's sp	oous	se (if any)	
	Clinical Trial						
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 (\$)	
	09/17/2024	_				\$700.00	
		San Antonio, TX 78248					
· · ·			Contributor's Job Title				
	Public Relati			Partner			
	Contributor's 6 KGB Texas	employer/law firm		Law firm of contributor's sp	oous	se (if any)	
		s a shild law firm of parant(s) (if	· anu)				
	ii continuator i	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/17/2024	Serna, Jr., Baltazar	_			\$200.00	
		Contributor address; City; State; Zip Code		•			
_	Contributor's I	San Antonio, TX 78205		Contributor's Joh Title			
	Contributor's Principal Occupation Contributor's Job Title Attorney Attorney						
_		employer/law firm		Law firm of contributor's sp	oous	se (if any)	
	Serna and S					(* 3.9)	
	If contributor is	s a child, law firm of parent(s) (if	any)				

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how	v to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 16/18 Rpt: 19/41
2	FILER NAME	Elena D. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00067895
4				7	Amount of Contribution (\$) \$200.00	
		Shavano Park, TX 78230)			
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10		employer/law firm Snyder Attorney at Law PLLC		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if	any)	1		
		T			_	
	Date 09/21/2024	Full name of contributor Sommers, Susan (Ms.)	out-of-state PAC (ID#:)		Amount of Contribution (\$) \$20.00
	03/21/2024	Contributor address; City; S	itate; Zip Code			Ψ20.00
	0	Kerrville, TX 78028		I 0		
	Retired	Principal Occupation		Contributor's Job Title Retired		
		employer/law firm		Law firm of contributor's sp	2011	co (if any)
	N/A	employemaw iiim		Law IIIII of Continuator 3 Sp	Jou	se (ii ariy)
	If contributor is	s a child, law firm of parent(s) (if	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	09/08/2024	Sundin, Joanne (Mr.)				\$50.00
		Contributor address; City; State; Zip Code				
	Cambrilanda	San Antonio, TX 78218		Contributoulo Job Title		
	Contributor's Principal Occupation Contributor's Job Title Retired Retired		Retired			
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	N/A					
	If contributor is	s a child, law firm of parent(s) (if	any)	•		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1	
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 17/18 Rpt: 20/41	
2	FILER NAME	Elena D. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00067895	
4				7	Amount of Contribution (\$) \$1,000.00		
		Laredo, TX 78045					
8		Principal Occupation		9 Contributor's Job Title			
	County Judg	je		Webb County Judge			
10	Contributor's (Webb Count	employer/law firm tv		11 Law firm of contributor's sp	oous	se (if any)	
12		s a child, law firm of parent(s) (if	any)				
			,				
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
	09/17/2024				\$260.73		
		San Antonio, TX 78209		T			
	Contributor's Principal Occupation Contributor's Job Title			President and Co-Foun	nder		
_	President Contributor's	employer/law firm					
	Möbius Part			Law firm of contributor's sp	Jous	se (II aliy)	
		s a child, law firm of parent(s) (if	anv)				
		(-),(,				
_	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
	09/05/2024	Vela, Filemon (Mr.)	_			\$2,500.00	
		Contributor address; City; State; Zip Code					
		Houston, TX 77027					
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Attorney			President			
		employer/law firm		Law firm of contributor's sp	oous	se (if any)	
	Valiant Strat						
	If contributor i	s a child, law firm of parent(s) (if	any)				
_							

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 18/18 Rpt: 21/41
2	FILER NAME Chapa, Luz	Elena D. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00067895
4 Date 09/21/2024 5 Full name of contributor out-of-state PAC (ID#:			7	Amount of Contribution (\$) \$50.00		
		Kerrville, TX 78028				
8		Principal Occupation		9 Contributor's Job Title		
L	Retired			Retired		
10	N/A	employer/law firm		11 Law firm of contributor's sp	oous	se (If any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)	<u> </u>		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)
	09/17/2024	Villareal, Patsy (Ms.) Contributor address; City; San Antonio, TX 78260	State; Zip Code			\$156.56
_	Contributor's I			Contributor's Job Title		
Human Relations Huma			Human Relations			
				Law firm of contributor's sp	oous	se (if any)
	Marathon Pe	etroleum				
	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 (\$)
	09/16/2024	Wyatt, Paula (Ms.)				\$5,000.00
		Contributor address; City; S San Antonio, TX 78218				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Wyatt Law F					
	If contributor is	s a child, law firm of parent(s) (if	any)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	uction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/3 Rpt: 22/41					
2 FILER NAMI Chapa, Luz	Ez Elena D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067895					
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$				
5 Date 09/25/2024	6 Full name of contributor out-of-state PAC (ID#: Davila, Jr., Emilio (Mr.) 7 Contributor address; City; State; Zip Code Laredo, TX 78040	8 Amount of contribution (\$) In-kind contribution description \$12.00 Breakfast					
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON					
Attorney	principal occupation (FOR JUDICIAL) employer/law firm (FOR JUDICIAL)	13 Contributor's job title Attorney 15 Law firm of contributor	(FOR JUDICIAL) (See instructions) or's spouse (if any) (FOR JUDICIAL)				
Law Office	of Emilio Davila, Jr.						
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date 08/12/2024	Full name of contributor out-of-state PAC (ID#: Davis Law Firm Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$2,500.00 Digital signage				
	San Antonio, TX 78216		Check if travel outside of Texas. Complete Schedule T.				
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date 09/16/2024	Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$1,201.12 Fundraiser expense				
Principal occ	San Antonio, TX 78207 supation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. -JUDICIAL) (See instructions)				
Contributor's Business C	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions) Partner					
Contributor's Del Rey Ex	employer/law firm (FOR JUDICIAL) press	Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
If contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
I							

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	uction Guide explains how to complete this f	1 Total pages Scl Sch: 2/3 Rpt:					
2 FILER NAME	Ē	3 Filer ID (Ethic	s Commission Filers)				
Chapa, Luz	Elena D. (The Honorable)		00067895				
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$				
5 Date	6 Full name of contributor ut-of-state PAC (ID#:)	8 Amount of	9 In-kind contribution			
09/15/2024	Loredo, Gilbert		contribution (\$) \$41.70	description Gas to and from Laredo			
	7 Contributor address; City; State; Zip Code			(312 miles)			
	San Antonio, TX 78228			! !			
10 Principal acc	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON		outside of Texas. Complete Schedule T.			
10 Pilicipal occi	upation 7 300 title (FOR NON-30DICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (Jee II	istractions)			
	principal occupation (FOR JUDICIAL)	13 Contributor's job title	•	(See instructions)			
	ntal Relations	Vice President for 0	Governmental Re	lations			
	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)			
UT Health S							
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of	In-kind contribution			
09/17/2024	SAPFF PAC		contribution (\$) \$1 257 65	description Printing and Sign			
	Contributor address; City; State; Zip Code		Ψ1,257.05	Installation			
	San Antonio TV 79246		_	I I			
Dringing! coo	San Antonio, TX 78246 upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON		outside of Texas. Complete Schedule T.			
		Employer (FOR NON	,				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
<u> </u>			T	I , , , , , , , , , ,			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description			
09/17/2024	SAPFF PAC			Printing of yard signs			
	Contributor address; City; State; Zip Code			 			
] 			
	San Antonio, TX 78246		Chack if travel a	l butside of Texas. Complete Schedule T.			
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON		nstructions)			
	,	, s,s. (. sor	 , 	·			
Contributor's	Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions)						
	,	-	,				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
	· · · · · · · · · · · · · · · · · · ·						

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 3/3 Rpt: 24/41 3 Filer ID (Ethics Commission Filers) FILER NAME Chapa, Luz Elena D. (The Honorable) 00067895 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 9 In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 09/25/2024 Tijerina, Tano (The Honorable) \$15.00 Lunch 7 Contributor address; City; State; Zip Code Laredo, TX 78045 Check if travel outside of Texas. Complete Schedule T. **10** Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See instructions) County Judge Webb County Judge 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) Webb County 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) In-kind contribution Date Full name of contributor Amount of out-of-state PAC (ID#: contribution (\$) description 08/12/2024 Volk, David (Mr.) \$1,200.00 | Digital sign Contributor address; City; State; Zip Code San Antonio, TX 78230 Check if travel outside of Texas. Complete Schedule T. (See instructions) Employer (FOR NON-JUDICIAL) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Attorney Partner Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) Volk & McElroy, LLP If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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	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: 1/17 Rpt: 25/41	Chapa, Luz Elena D. (The Honorable) 00067895
4	Date	5 Payee name
	07/09/2024	Anedot, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$41.98	1340 Poydras Street
		Suite 1770
		New Orleans, LA 70112
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
		Credit card processing fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
\vdash	Date	Davies same
		Payee name
	07/28/2024	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.73	1340 Poydras Street
		Suite 1770
		New Orleans, LA 70112
	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
		Credit card processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	08/05/2024	Anedot, Inc.
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.48	1340 Poydras Street
		Suite 1770
		New Orleans, LA 70112
	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.
		Creatit count was a scient for
		Credit card processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/17 Rpt: 26/41	Chapa, Luz Elena D. (The Honorable) 00067895
4	Date	5 Payee name
	08/13/2024	Anedot, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.30	1340 Poydras Street
		Suite 1770
		New Orleans, LA 70112
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.
	LAI LIIDITORE	Check if Austin, TX, officeholder living expense
		Credit card processing fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
_	Date	Power name
	08/29/2024	Payee name Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.40	1340 Poydras Street
		Suite 1770
		New Orleans, LA 70112
	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
		Credit card processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/04/2024	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.30	1340 Poydras Street
		Suite 1770
		New Orleans, LA 70112
	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
		Credit card processing fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit 6/01	<u>'</u>

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	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: 3/17 Rpt: 27/41	Chapa, Luz Elena D. (The Honorable) 00067895	
4	Date	5 Payee name	
	09/05/2024	Anedot, Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$6.56	1340 Poydras Street	
		Suite 1770	
		New Orleans, LA 70112	
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.	
		Credit card processing fee	
		Credit card processing rec	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	Date	Payee name	
	09/05/2024	Anedot, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.30	1340 Poydras Street	
		Suite 1770	
		New Orleans, LA 70112	
	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.	
		Credit cord processing for	
		Credit card processing fee	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	-	
	Date	Payee name	
	09/05/2024	Anedot, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.30	1340 Poydras Street	
		Suite 1770	
		New Orleans, LA 70112	
Г	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.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Credit card processing fee	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	₹	
T			_

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 4/17 Rpt: 28/41	Chapa, Luz Elena D. (The Honorable) 00067895
4	Date	5 Payee name
	09/05/2024	Anedot, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$41.98	1340 Poydras Street
		Suite 1770
L		New Orleans, LA 70112
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
		Credit card processing fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	09/08/2024	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.15	1340 Poydras Street
		Suite 1770
		New Orleans, LA 70112
	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 Credit card processing fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	09/08/2024	Anedot, Inc.
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$4.48	1340 Poydras Street
		Suite 1770
		New Orleans, LA 70112
	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 Credit card processing fee
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
T		

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: 5/17 Rpt: 29/41	Chapa, Luz Elena D. (The Honorable) 00067895
4	Date	5 Payee name
	09/09/2024	Anedot, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.48	1340 Poydras Street
		Suite 1770
		New Orleans, LA 70112
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 Credit card processing fee
		Credit card processing fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
	Date	Payee name
	09/09/2024	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.73	1340 Poydras Street
		Suite 1770
		New Orleans, LA 70112
	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 Credit card processing fee
		Credit card processing ree
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
	Date	Payee name
	09/13/2024	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.34	1340 Poydras Street
		Suite 1770
		New Orleans, LA 70112
	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.
	EXI ENDITORE	Credit gord properties
		Credit card processing fee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
Г		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 6/17 Rpt: 30/41	Chapa, Luz Elena D. (The Honorable) 00067895
4	Date	5 Payee name
	09/13/2024	Anedot, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.15	1340 Poydras Street
		Suite 1770
		New Orleans, LA 70112
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.
		Credit card processing fee
		Credit card processing ree
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/16/2024	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.73	1340 Poydras Street
		Suite 1770
		New Orleans, LA 70112
	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.
		Credit pard proposing for
		Credit card processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/16/2024	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.30	1340 Poydras Street
		Suite 1770
		New Orleans, LA 70112
	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.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Credit card processing fee
	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 -Candidate/Officeholder/Political Committe 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

abursement Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	nmittee	Gift/Awards/Memorial Legal Services	ls Expense	Printing Ex Salaries/W		e /Contract Labor		Travel Out of OTHER (en		rict category not listed above)
L	Cicuit Caru Fayillelli			The Instruction G	Guide explains	how to cor	mple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID		(Ethics Commission Filers)
	Sch: 7/17 Rpt: 31/41		Chapa, Luz	Elena D. (The	Honorable)					0006789	95	
4	Date	5	Payee name									
	09/16/2024		Anedot, Inc									
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de					
	\$10.73		1340 Poydr	as Street								
			Suite 1770									
			New Orlean	s, LA 70112								
8	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF	 `´	Accounting/		the top of this sen	icuaic)	. ,	_ ·	outsi	de of Texas.	Comp	lete Schedule T.
	EXPENDITURE		ŭ	J				Check if Austin				expense
								Credit card p	oroc	cessing fe	ee	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	(Office sou	ght			Office	e hel	ld
		_										
	Date		Payee name									
	09/16/2024		Anedot, Inc.									
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$31.56		1340 Poydr	as Street								
			Suite 1770									
			New Orlean	s, LA 70112								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Accounting/	Banking				=				lete Schedule T.
								Credit card p				expense
								Credit card p	יטונ	cessing it	ee	
	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name		Office sou	aht			Office	e hel	ld
	expenditure to benefit C/OI						9					
	Date		Payee name									
	09/17/2024		Anedot, Inc.									
	Amount (\$)		Payee addres		State	; Zip Co	de					
	\$40.30		1340 Poydr		Ciaic	,p 00						
	Ψ-10.00		Suite 1770									
				s, LA 70112								
	DUDDOCE	(-)				ı	<i>(</i> L)	5 1.2				
	PURPOSE OF	^(a)		ee Categories listed at	the top of this sch	nedule)	(D)	Description Check if travel	OUtsi	de of Texas	Comn	elete Schedule T.
	EXPENDITURE		Accounting/	Banking				Check if Austin				
								Credit card p				
	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office	e he	ld
	expenditure to benefit C/O	Н										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/17 Rpt: 32/41	Chapa, Luz Elena D. (The Honorable) 00067895
4	Date	5 Payee name
	09/17/2024	Anedot, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.30	1340 Poydras Street
		Suite 1770
		New Orleans, LA 70112
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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Credit card processing fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
-	Date	Payee name
	09/17/2024	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.73	
	\$10.73	1340 Poydras Street
		Suite 1770
		New Orleans, LA 70112
	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.
		Credit card processing fee
		Credit card processing ree
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/17/2024	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.56	1340 Poydras Street
	Ψ0.50	
		Suite 1770
		New Orleans, LA 70112
	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
		Credit card processing fee
		Credit card processing rec
_	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 Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/17 Rpt: 33/41 Chapa, Luz Elena D. (The Honorable) 00067895 4 Date Payee name 09/17/2024 Anedot, Inc. 6 Amount (\$) Payee address; State; Zip Code \$10.30 1340 Poydras Street **Suite 1770** New Orleans, LA 70112 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/18/2024 Anedot, Inc. Amount (\$) Payee address; City; State; Zip Code \$4.30 1340 Poydras Street **Suite 1770** New Orleans, LA 70112 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/25/2024 Anedot, Inc. Amount (\$) Payee address; City: State; Zip Code \$4.48 1340 Poydras Street Suite 1770 New Orleans, LA 70112 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Credit card processing fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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		
1	Total pages Schedule F1:)
	Sch: 10/17 Rpt: 34/41	Chapa, Luz Elena D. (The Honorable) 00067895	
4	Date	5 Payee name	
L	09/09/2024	Bexar County Democratic Party	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,250.00	1844 Fredericksburg Rd	
		San Antonio, TX 78201	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
	-	Candidate/Officeholder/Political Committee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	09/25/2024	Blue Top Digital Reproductions	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$238.15	101 W Hillside Rd	
		STE 11A	
		Laredo, TX 78041	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Invitations	
L			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	08/20/2024	Clear Channel Outdoor	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$11,067.70	200 E Basse Rd	
		San Antonio, TX 78209	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Billboards	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	

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

	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: 11/17 Rpt: 35/41	Chapa, Luz Elena D. (The Honorable) 00067895
4	Date	5 Payee name
	09/19/2024	Embassy Suites
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$204.06	110 Calle del Norte
		Laredo, TX 78041
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Hotel stay
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	08/06/2024	Fedex Office
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.35	4418 Broadway
		San Antonio, TX 78209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	LA LABITORE	Check if Austin, TX, officeholder living expense Save the Date Invitations
		Save the Date Invitations
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/30/2024	JVC Media
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,547.81	3106 Fall Crest Dr
	•	
		San Antonio, TX 78247
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Printing of signs
	Complete ONLY if direct	Candidate/Officeholder name Office county
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

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	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: 12/17 Rpt: 36/41	Chapa, Luz Elena D. (The Honorable) 00067895	
4	Date	5 Payee name	
	09/10/2024	JVC Media	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,028.38	3106 Fall Crest Dr	
		San Antonio, TX 78247	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Printing of signs	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
⊨	Data		_
	Date 07/31/2024	Payee name	
L		Jamarillo, Leonardo (Mr.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,912.00	330 West Baetz Blvd	
		San Antonio, TX 78221	
Н	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Advertising Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Sign Installation	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
F	Date	Payee name	_
	09/20/2024	La Laguna Mariscos and Sushi	
H	Amount (\$)	Payee address; City; State; Zip Code	_
	\$100.31	2402 Jacaman Road	
	4200.02	_ 10_ 0303111311 10033	
		Laredo, TX 78041	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Meal	
		ivicai	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
\vdash			

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

l	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 13/17 Rpt: 37/41	Chapa, Luz Elena D. (The Honorable) 00067895
4	Date	5 Payee name
	09/19/2024	Longhorn Steakhouse
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$118.62	5301 San Dario Avenue
l		
l		Laredo, TX 78041
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Meal
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experialture to beliefit C/OI	<u> </u>
	Date	Payee name
l	08/27/2024	Mazuca, James (Mr.)
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	430 W Hildebrand Ave
		San Antonio, TX 78212
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Refund Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Refund
		Reluliu
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
┝	D-1-	
l	Date 07/18/2024	Payee name Northwest Democrats
l	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	PO Box 681911
l		
		San Antonio, TX 78268
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Advertisement
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
I		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -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: 14/17 Rpt: 38/41	Chapa, Luz Elena D. (The Honorable) 00067895
4 Date	5 Payee name
09/03/2024	Office Max
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$76.24	255 E Basse Rd #1510
	San Antonio, TX 78209
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Supplies Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Office Supplies
	Office Supplies
Complete CNII V if direct	Candidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
09/26/2024	Office Max
Amount (\$)	Payee address; City; State; Zip Code
\$11.90	255 E Basse Rd #1510
	San Antonio, TX 78209
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Supplies Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Labels
	Labolo
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OF	
Data	
Date	Payee name
09/16/2024	Office Max
Amount (\$)	Payee address; City; State; Zip Code
\$98.50	255 E Basse Rd #1510
	San Antonio, TX 78209
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Supplies Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Misc. Office Supplies and stamps
Operation Children	Overfield to 100% and a little way of the second to 100%
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
- p	

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/17 Rpt: 39/41	Chapa, Luz Elena D. (The Honorable) 00067895
4	Date	5 Payee name
	07/03/2024	Rubsamen, Anne
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	154 Cave Lane
		San Antonio, TX 78209
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 Campaign assistance
		Campaig. Taccicia noc
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/10/2024	Rubsamen, Anne
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	154 Cave Lane
	, ,	
		San Antonio, TX 78209
	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
		Campaign assistance
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
	Date	Payso nama
	09/04/2024	Payee name Rubsamen, Anne
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	154 Cave Lane
	+ =,000.00	25 / 04/10 24/10
		San Antonio, TX 78209
	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
		Campaign assistance
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to cor	mplete thi	s form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 16/17 Rpt: 40/41	Chapa, Luz Elena D. (The Honorable)			00067895	
4 Date	5 Payee name		<u> </u>		
08/27/2024	USPS				
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de			
\$43.80	1107 Austin Highway				
	San Antonio, TX 78209				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Desc	cription		
OF EXPENDITURE	Postage			ide of Texas. Com	plete Schedule T.
EXPENDITURE	_			, officeholder living	g expense
		Star	nps		
• • • • • • • • • • • • • • • • • • • •				0.00	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ght		Office he	eld
·					
Date	Payee name				
09/20/2024	Valero				
Amount (\$)	Payee address; City; State; Zip Coo	de			
\$75.00	2701 San Bernardo Ave				
	Laredo, TX 78040				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Desc	cription		
OF EXPENDITURE	Travel In District			ide of Texas. Com	
		ப் Gas		, officeholder livinç) expense
		Jac	•		
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht		Office he	eld
expenditure to benefit C/OI		J			
Date	Payee name				
09/24/2024	Valley Mart #12				
Amount (\$)	Payee address; City; State; Zip Coo	ıde			
\$70.00	111 N IH 35				
Ψ10.00	1111111100				
	Pearsall, TX 78061				
DUDDOCE		(h) 5			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Desc		ide of Texas. Com	plete Schedule T.
EXPENDITURE	Travel III District			, officeholder living	•
		Gas	i		
Complete ONLY if direct	Candidate/Officeholder name Office sough	ght		Office he	eld
expenditure to benefit C/OI	-				

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	/ - al Committee	Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Salaries/V	xpense Wages/Contract Labor		n District fut of District (enter a category not listed above)		
1	Total pages Schedule F1:					3 Filer II		ers)	
L	Sch: 17/17 Rpt: 41/41		ız Elena D. (The Hone	orable)		00067	7895		
4	Date	5 Payee nam							
L	09/20/2024		Webb County Democrats						
6	Amount (\$)	7 Payee add	•	State; Zip Co	ode				
	\$2,000.00	101 W Vill	lage Blvd						
		Laredo, T	X 78041						
8	PURPOSE OF		(See Categories listed at the top		(b) Description				
	EXPENDITURE		ons/Donations Made e/Officeholder/Politica				as. Complete Schedule T. der living expense		
		Candidate	e/Onicenolder/Politica	Committee	Donation	un, 17, omeenor	der living expense		
9	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office sou	ught	O	fice held		