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) 00067397 27 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Nora L. NAME Date Received **ELECTRONICALLY FILED** 10/06/2024 NICKNAME LAST **SUFFIX** Longoria CANDIDATE / Date Hand-delivered or Date Postmarked ADDRESS / PO BOX; APT / SUITE #; 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** Mr. Darrell L. NAME NICKNAME LAST **SUFFIX** Barger **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** (361) 866-8000 **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

GO TO PAGE 2

Court Of Appeals, Justice Place 2 District 13

Court Of Appeals, Justice Place 2 District 13

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 27

13 C / OH NAME	Longoria, Nora L. (Tr	ne Honorable)	14 Filer ID (1 00067397	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	ommittees to support the holder's knowledge or tice of such expenditures.			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 32,755.07
EXPENDITURE TOTALS	· ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	IZED POLITICAL EXPENDITURES	-7	\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 86,281.17
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 150,951.85
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		The Hono	orable Nora L. Longori	a
		Signature o	f Candidate or Officehold	der
AFFIX NO	TARY STAMP / SEAL AB	OVE		
		aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of office	cer administering oath	Printed name of officer administering oath	Title of officer	administering oath

SUBTOTALS - JC/OH

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

				3 of 27			
18 FILER NA Longoria,	ME Nora L. (The Honorable)	19 Filer ID 00067397	(Ethics Commiss	sion Filers)			
	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	28,450.00			
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	4,305.07			
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$				
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$				
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	83,593.24			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	2,687.93			
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$				
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	93.73			

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains hov	v to complete this 1	form.	1	Total pages Schedule A(J)1: Sch: 1/8 Rpt: 4/27
2	FILER NAME Longoria, No	ora L. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00067397
4	Date 08/28/2024	5 Full name of contributor Begum, Alex (Mr.) 6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$) \$2,500.00
		Brownsville, TX 78526				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's 6 Begum Law	employer/law firm Group		11 Law firm of contributor's sp	ous	se (if any)
12		s a child, law firm of parent(s) (if	anv)			
=	Date	Full name of contributor	out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)
	09/13/2024	Burda, Elizabeth (Ms.) Contributor address; City; S	<u> </u>			\$500.00
		Yorktown, TX 78164				
	Contributor's I	Principal Occupation		Contributor's Job Title	<u>' </u>	
	Retired			Retired		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Retired	1311 6 6 (4) (6				
	If contributor is	s a child, law firm of parent(s) (if	any)			
-	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)
	08/19/2024	Castellano, Evelyn (Ms.)				\$500.00
		Contributor address; City; S Austin, TX 78731	itate; Zip Code			
	Contributor's F	IPrincipal Occupation		Contributor's Job Title	<u> </u>	
	Self Employe			Self Employed		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Producer					
	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: 2/8 Rpt: 5/27
2	FILER NAME	ora I (The Honorable)			3	Filer ID (Ethics Commission Filers) 00067397
4	Date 09/03/2024			7	Amount of Contribution (\$) \$100.00	
		San Antonio, TX 78212				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10		employer/law firm atona & Leighner PLLC		11 Law firm of contributor's sp	oou	se (if any)
12		s a child, law firm of parent(s) (if	anv)			
		o a orma, iaw imm or parorii(o) (ii	a.,,,			
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	09/09/2024	Davis & Santos Contributor address; City; \$	State; Zip Code			\$500.00
	Contributor's I	San Antonio, TX 78204 Principal Occupation		Contributor's Job Title		
				Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oou	se (if any)
	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 (\$)
	09/03/2024	De La Paz, Michael (Mr.))		l	\$500.00
		Contributor address; City; S San Antonio, TX 78213	State; Zip Code			
Н	Contributor's I	I Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oou	se (if any)
	Law Office o	f Michael R. De La Paz				
	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 hov	v to complete this f	form.	1	Total pages Schedule A(J)1: Sch: 3/8 Rpt: 6/27
2	FILER NAME Longoria, No	ora L. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00067397
4	Date 09/03/2024	5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$) \$350.00	
		San Antonio, TX 78240				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's 6 Earl & Assoc	employer/law firm ciates		11 Law firm of contributor's sp	ous	se (if any)
12		s a child, law firm of parent(s) (if a	any)	<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	09/22/2024	Espinoza, Javier (Mr.) Contributor address; City; S	tate; Zip Code			\$1,000.00
		San Antonio, TX 78216				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Espinoza &					
	If contributor is	s a child, law firm of parent(s) (if a	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/09/2024	Garcia, Theresa Mazucca	a (Ms.)			\$100.00
		Contributor address; City; S San Antonio, TX 78201	tate; Zip Code		•	
-	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Teacher	тіпсіраї Оссираціон		Teacher		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Teacher					
	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 1	form.	1	Total pages Schedule A(J)1: Sch: 4/8 Rpt: 7/27
2	FILER NAME Longoria, No	ora L. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00067397
4	Date 09/17/2024	5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$) \$1,000.00	
		Terrell Hills, TX 78209				
8		Principal Occupation		9 Contributor's Job Title		
L	Banker			Banker		
10	Banker	employer/law firm		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 (\$)
	07/01/2024	Godinez, Ricardo (Mr.) Contributor address; City; S McAllen, TX 78501	State; Zip Code		-	\$750.00
	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney	· ·····o.pa. Occupation		Attorney		
Г	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Godinez Lav	v Firm				
	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 (\$)
	07/03/2024	Gonzales, Ricardo (Mr.) Contributor address; City; S Edinburg, TX 78539	State; Zip Code		-	\$750.00
	Contributor's F	Principal Occupation		Contributor's Job Title	_	
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Oxford & Go					
	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 f	form.	1 Total pages Schedule A(J)1: Sch: 5/8 Rpt: 8/27
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Longoria, No	ora L. (The Honorable)			00067397
4	Date 09/09/2024			7 Amount of Contribution (\$) \$5,000.00	
		San Antonio, TX 78212			
8	Contributor's	Principal Occupation		9 Contributor's Job Title	
10	Contributor's	employer/law firm		11 Law firm of contributor's s	pouse (if any)
12	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 (\$)
	09/13/2024	Hardy III, George (Mr.)	out or state 1710 (IB//.	<i></i>	\$1,000.00
		Contributor address; City; Victoria, TX 77901	State; Zip Code		
	Contributorio	1		Contributor's Job Title	
	Attorney	Principal Occupation		Attorney	
		employer/law firm		Law firm of contributor's s	nouse (if any)
	Hardy McKe			Law IIIII of Contributor 3 3	pouse (ii arry)
		s a child, law firm of parent(s) (if	any)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	08/29/2024	Hodge James & Guiter	—		\$250.00
		Contributor address; City; Harlingen, TX 78550	State; Zip Code		
	Contributor's	Principal Occupation		Contributor's Job Title	I
	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 CONTRIBUTI	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A(J)1: Sch: 6/8 Rpt: 9/27
2	FILER NAME Longoria, No	ora L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067397
4	Date 09/12/2024	5 Full name of contributor out-of-state PAC (ID: Hopkins, Sara (Ms.) 6 Contributor address; City; State; Zip Code Cuero, TX 77954	#:)	7 Amount of Contribution (\$) \$25.00
8	Contributor's F	I Principal Occupation	9 Contributor's Job Title	
	Retired		Retired	
10	Contributor's e	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 any)	_	
	Date	Full name of contributor out-of-state PAC (ID:	#:)	Amount of Contribution (\$)
	09/19/2024	Law Office of Javier Villarreal PC Contributor address; City; State; Zip Code Browsville, TX 78526		\$5,000.00
	Contributor's F	Principal Occupation	Contributor's Job Title	
	Continuator o	Thispat Codepation	Continuation o Cost Trace	
	Contributor's 6	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	#:)	Amount of Contribution (\$)
	09/03/2024	McNiece, Erin (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78201		
		Principal Occupation	Contributor's Job Title	
	Attorney		Attorney	
		employer/law firm	Law firm of contributor's sp	oouse (if any)
		atona & Leighner PLLC		
	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: 7/8 Rpt: 10/27
2	FILER NAME Longoria, No	ora L. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00067397
4	Date 08/24/2024	5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$) \$50.00	
		Corpus Christi, TX 78412	2			
8		Principal Occupation		9 Contributor's Job Title		
L	Retired			Retired		
10	Retired	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#:)		Amount of Contribution (\$)
	09/17/2024	Omar Ochoa Law Firm F Contributor address; City; S				\$5,000.00
		McAllen, TX 78501		I		
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	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 (\$)
	08/29/2024	Tijerina & Denzer				\$1,500.00
		Contributor address; City; S McAllen, TX 78501				
-	Contributor's F	rincipal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	I.		

	MONET	ARY POLITICAL CONTRIBUT	TONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete thi	s form.	1 Total pages Schedule A(J)1: Sch: 8/8 Rpt: 11/27
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Longoria, N	ora L. (The Honorable)		00067397
4	Date 09/13/2024 5 Full name of contributor out-of-state PAC (ID#:) Vela Jr., Baldomero (Mr.) 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$500.00	
		McAllen, TX 78501		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	
	Pharmacist		Pharmacist	
10	Contributor's	employer/law firm	11 Law firm of contributor's s	pouse (if any)
	Pharmacist			
12	If contributor	is a child, law firm of parent(s) (if any)	•	
	Date	Full name of contributor ut-of-state PAC (II	D#:)	Amount of Contribution (\$)
	09/17/2024	Wilkins, Mark Edward (Mr.)		\$1,500.00
		Contributor address; City; State; Zip Code		<u> </u>
		Contributor address, City, State, Zip Code		
		Mcallen, TX 78504		
		Principal Occupation	Contributor's Job Title	
	Attorney		Attorney	
		employer/law firm	Law firm of contributor's s	pouse (if any)
	Wilkins & W	ilkins		
	If contributor	is a child, law firm of parent(s) (if any)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/2 Rpt: 12/27
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Longoria, N	ora L. (The Honorable)		00067397
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
08/05/2024	Benavides, Gina (Ms.)		contribution (\$) description \$331.51 Joint campaign signs
	7 Contributor address; City; State; Zip Code		I
			į į
	Corpus Christi, TX 78413		;
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. J-JUDICIAL) (See instructions)
10 Fillicipal occi	apation 7 300 title (POR NON-30DICIAL) (See institutions)	11 Employer (FOR NON	FJODICIAL) (See instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
Justice		Justice	
	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
13th Court o			
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
08/05/2024	Martinez , Joe (Mr.)		contribution (\$) description \$331.51 Joint campaign signs
	Contributor address; City; State; Zip Code		I
			i
	MoAllon TV 79502		_
Dringing agg	McAllen, TX 78503 upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (EOD NON	Check if travel outside of Texas. Complete Schedule T. J-JUDICIAL) (See instructions)
Pilicipal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JODICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Attorney		Attorney	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
	of Jose Martinez		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of ! In-kind contribution
08/29/2024	Mayer LLP		contribution (\$) description
	Contributor address; City; State; Zip Code		\$3,310.54 San Antonio Event ! Sponsorship
			I Sportsorship
			į į
	Dallas, TX 75201		Check if travel outside of Texas. Complete Schedule T.
Principal occı	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-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 contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
1			

CONTRIBUTIONS	-	SCHEDULE A2
The Instruction Guide explains how to complete this f	orm.	Total pages Schedule A2: Sch: 2/2 Rpt: 13/27
FILER NAME Longoria, Nora L. (The Honorable)	3	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		
5 Date 08/05/2024 6 Full name of contributor out-of-state PAC (ID#: Richardson, Regina (Ms.) 7 Contributor address; City; State; Zip Code McAllen, TX 89504	8	Amount of contribution (\$) In-kind contribution description \$331.51 Joint campaign signs Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON-JU	UDICIAL) (See instructions)
12 Contributor's principal occupation (FOR JUDICIAL) Attorney	13 Contributor's job title (FO Attorney	
14 Contributor's employer/law firm (FOR JUDICIAL) Law Office of Regina "Regi" Richardson	15 Law firm of contributor's	s spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	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 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 comp	olete this form.
1	Total pages Schedule F1: Sch: 1/11 Rpt: 14/27	2 FILER NAME Longoria, Nora L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067397
4	Date 07/31/2024	5 Payee name Brand Boosters Co. LLC	-
6	Amount (\$) \$17,613.62	7 Payee address; City; State; Zip Code 3607 S L Ln McAllen, TX 78503	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Signs
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	t Office held
	Date 08/08/2024	Payee name Brand Boosters Co. LLC	
	Amount (\$) \$2,495.16	Payee address; City; State; Zip Code 3607 S L Ln	
	PURPOSE OF EXPENDITURE	McAllen, TX 78503 (a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Signs
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
	Date 08/22/2024	Payee name Brand Boosters Co. LLC	
	Amount (\$) \$1,300.07	Payee address; City; State; Zip Code 3607 S L Ln	
		McAllen, TX 78503	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 4 x 8 Campaign Signs
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Ma 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	
_	Total pages Cabadala E4	<u>_</u>
1	Total pages Schedule F1: Sch: 2/11 Rpt: 15/27	2 FILER NAME Longoria, Nora L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067397
4	Date 09/18/2024	5 Payee name Brand Boosters Co. LLC
6	Amount (\$) \$4,492.48	7 Payee address; City; State; Zip Code 3607 S L Ln McAllen, TX 78503
_	DUDDOCE	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Signs
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/19/2024	Cantu, Javier (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,470.00	1307 W. Duranta Ave.
		Alamo, TX 78516
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Chapter is travel subside of Taylor Camplete Categories.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sign Labor
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/02/2024	Cantu, Javier (Mr.)
	Amount (\$) \$3,850.00	Payee address; City; State; Zip Code 1307 W. Duranta Ave.
		Alamo, TX 78516
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense Sign Labor
	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

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

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

	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: 3/11 Rpt: 16/27	Longoria, Nora L. (The Honorable) 00067397
4	Date	5 Payee name
	08/08/2024	Cantu, Javier (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,750.00	1307 W. Duranta Ave.
		Alamo, TX 78516
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Sign Labor
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	08/16/2024	Cantu, Javier (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,925.00	1307 W. Duranta Ave.
		Alamo, TX 78516
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Sign Labor
		Sign East.
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨		
	Date	Payee name
	09/13/2024	Cantu, Javier (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,985.00	1307 W. Duranta Ave.
		Alamo, TX 78516
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Sign Labor
\vdash	Complete ONLY if alias -t	Condidate/Officeholder name Office country
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
\vdash	•	
L		

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	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: 4/11 Rpt: 17/27	Longoria, Nora L. (The Honorable) 00067397
4	Date	5 Payee name
	09/13/2024	Carrera, Mike (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$450.00	135 Paseo Del Prado
		Edinburg, TX 78539
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 Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	07/11/2024	Castaneda, Tracy A
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	1505 Alyssum Street
		WESLACO, TX 78599
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Administrative Fees
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	07/31/2024	Garcia, Felipe Javier (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	6235 Main Street #2033
		Frisco, TX 75034
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Trailer Rental
l		Campaign Hallet Retital
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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	
1	Total nagge Schodule F1:	1
_	Total pages Schedule F1: Sch: 5/11 Rpt: 18/27	Longoria, Nora L. (The Honorable) 00067397
4	Date	5 Payee name
	08/11/2024	Garza, Steve (Mr.)
6	Amount (\$) \$750.00	7 Payee address; City; State; Zip Code 2606 Montgomery Corpus Christi, TX 78405
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Signs - Corpus Christi
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/18/2024	Garza, Steve (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2606 Montgomery
		Corpus Christi, TX 78405
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Signs - Corpus Christi
		Campaign eight corpus crimea
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/18/2024	Girl Scouts of Greater South Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	5317 N. McColl Rd.
	Ψ000.00	
		McAllen, TX 78504
	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. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Sponsorship
	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Emportance to bollont 0/01	

SCHEDULE F1

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

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

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: 6/11 Rpt: 19/27	Longoria, Nora L. (The Honorable) 00067397
4	Date	5 Payee name
	07/25/2024	Hidalgo County Tejano Democratic
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	814 Del Oro Ln
		Pharr, TX 78577
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
		GOTV
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	+
	Date	Payee name
	08/21/2024	Martinez, Elizabeth (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1715 Ann St.
		Edinburg, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consulting Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/21/2024	Martinez, Elizabeth (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$475.00	1715 Ann St.
		Edinburg, TX 78539
	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 Expense
\vdash	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 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: 7/11 Rpt: 20/27	Longoria, Nora L. (The Honorable) 00067397
4	Date	5 Payee name
	07/19/2024	Mercedes High School
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	1200 S. Florida
		Mercedes, TX 78570
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		a constant regions species surp
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/OI	'
	Date	Payee name
	09/03/2024	Message Audience Web
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	2400 S. 4th St.
		Austin, TX 78704
	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
		Campaign Advertising
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/24/2024	Message Audience Web
	Amount (\$)	Payee address; City; State; Zip Code
	\$32,815.27	2400 S. 4th St.
	,,,,,,,,,, -	
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign Advertising
		Campaign Advertising
_	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 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	
_	T-+-1 C-l l-1 E1.	
1	Total pages Schedule F1: Sch: 8/11 Rpt: 21/27	2 FILER NAME Longoria, Nora L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067397
4	Date	5 Payee name
	08/19/2024	Meyer, Pam (Ms.)
6	Amount (\$) \$75.00	7 Payee address; City; State; Zip Code Rockport, TX 78382
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made Ry (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense BBQ Tickets
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/01/2024	Nueces County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	2701 Morgan Ave #600
		Corpus Christi, TX 78405
	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
		GOTV
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/11/2024	PSJA Educational Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	601 E. Kelly
	Ψ300.00	ooi E. Keny
		Pharr, TX 78577
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	ZAI ZHOHORZ	Candidate/Officeholder/Political Committee
		Sponsorship
	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 (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:	<u> </u>				
	Sch: 9/11 Rpt: 22/27	Longoria, Nora L. (The Honorable) 00067397				
4	Date	5 Payee name				
	07/02/2024	Ramirez, Joseph (Mr.)				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$750.00	1741 Star Cove				
		Corpus Christi, TX 78412				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Consulting Fee				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
⊨	Date	Davies name				
	08/08/2024	Payee name Ramirez, Joseph (Mr.)				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,526.00	1741 Star Cove				
	Corpus Christi, TX 78412					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
	Consulting Fee					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·				
_	Date	Davies waren				
	08/08/2024	Payee name Saenz, Mario (Mr.)				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$650.00	51 Calgary Ct.				
		Brownsville, TX 78526				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Campaign Signs				
		Campaign Signs				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O	y				

SCHEDULE F1

Advertising Expense Eve
Accounting/Banking Fee
Consulting Expense Foo
Contributions/ Donations Made By - Gift

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outer a category pet listed above)

	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: 10/11 Rpt: 23/27	Longoria, Nora L. (The Honorable) 00067397
4	Date	5 Payee name
	08/14/2024	Saenz, Mario (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,210.00	51 Calgary Ct.
		Brownsville, TX 78526
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Campaign Worker
		Campaigh Worker
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Davies same
		Payee name
	07/11/2024	Salinas, Peter (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	601 E. Van Week St.
		Edinburg, TX 78541
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Graphics
		Graphics
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 07/01/2024	Payee name
		Sanchez, Abraham (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	3628 Spice Wood Dr.
		Edinburg, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense Campaign Worker
		Campaign worker
_	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

	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: 11/11 Rpt: 24/27	Longoria, Nora L. (The Honorable)
4	Date	5 Payee name
	07/08/2024	Sanchez, Abraham (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	3628 Spice Wood Dr.
		Edinburg, TX 78539
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Campaign Worker
_		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/22/2024	Sanchez, Abraham (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	3628 Spice Wood Dr.
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Worker
		Campaigh Worker
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	09/26/2024	Stripes
	Amount (\$)	Payee address; City; State; Zip Code
	\$260.64	354 Oyster Point Blvd.
		South San Francisco, CA 94080
	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
		Online Banking Fees
		07/01/24 to 09/26/24
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Committee Legal Services Salaries/Wages/Contract Labor			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 co	omplete this form.			
1	Total pages Schedule G:	2 FILER NAME				3	Filer ID (Ethics Commissi	on Filers)
	Sch: 1/2 Rpt: 25/27	Longoria, No	ora L. (The Honorable)			(00067397	
4	Date	5 Payee name						
	08/18/2024	Lowe's						
6	Amount (\$)	7 Payee addres	s; City; State	; Zip Co	ode			
	\$537.57	525 E. Rube	n Torres Blvd.					
	Reimbursement from							
	X political contributions intended	Brownsville,	TX 78520					
8	PURPOSE OF	(a) Category (See	e Categories listed at the top of this sch	nedule)	(b) Description	=	eck if travel outside of Texas. Compl	
	EXPENDITURE	Advertising E	Expense		L	_	eck if Austin, TX, officeholder living ex	xpense
					Campaign sign s	supp	lies	
9	Complete ONLY if direct expenditure to benefit	Candidate/Officeh	older name		Office sought		Office held	
	C/OH							
	Date	Payee name						
	08/03/2024	McCoy's						
	Amount (\$)	Payee addres	s; City; State	; Zip Co	ode			
	\$740.16	5500 Padre	Island Hwy					
	Reimbursement from							
	X political contributions intended	Brownsville,	TX 78521					
	PURPOSE	Category (See	e Categories listed at the top of this sch	nedule)	Description	Che	eck if travel outside of Texas. Compl	ete Schedule T.
	OF EXPENDITURE	Advertising E	Expense			Che	eck if Austin, TX, officeholder living ex	xpense
	EXI ENDITORE				Campaign sign s	suppl	lies	
	Complete ONLY if direct	Candidate/Officeh	older name		Office sought		Office held	
	expenditure to benefit C/OH							
H	Data	D						
	Date 08/08/2024	Payee name McCoy's						
_			0".	-				
	Amount (\$)	Payee addres	•	; Zip Co	ode			
	\$813.66	5500 Padre	Island Hwy					
	Reimbursement from political contributions intended	Brownsville,	TX 78521					
	PURPOSE	Category (See	e Categories listed at the top of this sch	nedule)	Description	Che	eck if travel outside of Texas. Compl	ete Schedule T.
	OF EXPENDITURE	Advertising E	Expense			Che	eck if Austin, TX, officeholder living ex	xpense
	EXPENDITORE				Campaign sign s	supp	lies	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeh	older name		Office sought		Office held	
\vdash								

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/2 Rpt: 26/27 Longoria, Nora L. (The Honorable) 00067397 Date Payee name 08/08/2024 Tractor Supply Co. 6 Amount (\$) Payee address; State; Zip Code \$596.54 2754 Saratoga Blvd. Reimbursement from political contributions intended Х Corpus Christi, TX 78415 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Campaign sign supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 27/27 2 FILER NAME Filer ID (Ethics Commission Filers) Longoria, Nora L. (The Honorable) 00067397 Date 8 Amount (\$) 5 Name of person from whom amount is received 07/17/2024 Lone Star National Bank \$33.19 6 Address of person from whom amount is received; City; State; Zip Code Pharr, TX 78577 Purpose for which amount is received Check if political contribution returned to filer Interest Earned Name of person from whom amount is received Amount (\$) Date 08/18/2024 Lone Star National Bank \$32.56 Address of person from whom amount is received; City; State; Zip Code Pharr, TX 78577 Purpose for which amount is received Check if political contribution returned to filer Interest Earned Date Name of person from whom amount is received Amount (\$) 09/19/2024 Lone Star National Bank \$27.98 Address of person from whom amount is received; City; State; Zip Code Pharr, TX 78577 Purpose for which amount is received Check if political contribution returned to filer Interest Earned