

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**  
COVER SHEET PG 1

|   |   |   |                                       |   |  |                                |      |
|---|---|---|---------------------------------------|---|--|--------------------------------|------|
| <b>The JC/OH Instruction Guide explains how to complete this form.</b>                              |   | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00067397 | <b>2</b> Total pages filed:<br><br>27 |   |  |                                |      |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br>The Honorable  | FIRST<br>Nora L.  | MI                                    | <b>OFFICE USE ONLY</b>                        |  |                                |      |
|   | NICKNAME  | LAST<br>Longoria  | SUFFIX                                |   | Date Received<br><b>ELECTRONICALLY FILED</b><br>10/06/2024 |                                |      |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE   |   |                                       | Date Hand-delivered or Date Postmarked        |  |                                |      |
|   | <b>REDACTED PER 254.0313, GOV'T CODE</b>  |   |                                       | Receipt # _____ Amount _____                  |  |                                |      |
|   |   |   |                                       | Date Processed _____                          |  |                                |      |
|   |   |   |                                       | Date Imaged _____                             |  |                                |      |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR<br>Mr.  | FIRST<br>Darrell L.   | MI                                    |   |  |                                |      |
|   | NICKNAME  | LAST<br>Barger  | SUFFIX                                |   |  |                                |      |
| <b>6</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE   |   |                                       |   |  |                                |      |
|   | <b>REDACTED PER 254.0313, GOV'T CODE</b>  |   |                                       |   |  |                                |      |
| <b>7</b> CAMPAIGN TREASURER PHONE   | AREA CODE   | PHONE NUMBER  | EXTENSION                             |   |  |                                |      |
|   | (361)   | 866-8000  |                                       |   |  |                                |      |
| <b>8</b> REPORT TYPE  | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) |   |                                       |   |  |                                |      |
|   | <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)                         |   |                                       |   |  |                                |      |
| <b>9</b> PERIOD COVERED   | Month   | Day   | Year                                  | THROUGH                                       | Month  | Day                            | Year |
|   | 07  | 01  | 2024                                  |   | 09   | 26                             | 2024 |
| <b>10</b> ELECTION  | ELECTION DATE   |   |                                       | ELECTION TYPE                                 |  |                                |      |
|   | Month   | Day   | Year                                  | <input type="checkbox"/> Primary              | <input type="checkbox"/> Runoff                            | <input type="checkbox"/> Other |      |
|   | 11  | 05  | 2024                                  | <input checked="" type="checkbox"/> General   | <input type="checkbox"/> Special                           |                                |      |
| <b>11</b> OFFICE  | OFFICE HELD (if any)  |   |                                       | <b>12</b> OFFICE SOUGHT (if known)            |  |                                |      |
|   | Court Of Appeals, Justice Place 2 District 13   |   |                                       | Court Of Appeals, Justice Place 2 District 13 |  |                                |      |

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

2 of 27

**13** C / OH NAME Longoria, Nora L. (The Honorable) **14** Filer ID (Ethics Commission Filers)  
00067397

**15** NOTICE FROM POLITICAL COMMITTEE(S)  
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

Additional Pages

|   |                                      |
|---|--------------------------------------|
| COMMITTEE TYPE<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC | COMMITTEE NAME                       |
|   | COMMITTEE ADDRESS                    |
|   | COMMITTEE CAMPAIGN TREASURER NAME    |
|   | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                               |  |    |            |
|-------------------------------|--|----|------------|
| <b>16</b> CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00       |
|                               | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                       | \$ | 32,755.07  |
| EXPENDITURE TOTALS            | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES   | \$ | 0.00       |
|                               | 4. <b>TOTAL POLITICAL EXPENDITURES</b>   | \$ | 86,281.17  |
| CONTRIBUTION BALANCE          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ | 150,951.85 |
| OUTSTANDING LOAN TOTALS       | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 0.00       |

**17** AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Nora L. Longoria  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**SUBTOTALS - JC/OH**

|   |   |
|---|---|
| <b>18 FILER NAME</b><br>Longoria, Nora L. (The Honorable) | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00067397 |
|---|---|

| <b>20 SCHEDULE SUBTOTALS</b> |  | <b>SUBTOTAL AMOUNT</b> |
|------------------------------|--|------------------------|
| <b>NAME OF SCHEDULE</b>      |  |                        |
| 1.                           | <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)                        | \$ 28,450.00           |
| 2.                           | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ 4,305.07            |
| 3.                           | <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)   | \$                     |
| 4.                           | <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)   | \$                     |
| 5.                           | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | \$ 83,593.24           |
| 6.                           | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | \$                     |
| 7.                           | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                             | \$                     |
| 8.                           | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD   | \$                     |
| 9.                           | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$ 2,687.93            |
| 10.                          | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH                        | \$                     |
| 11.                          | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                           | \$                     |
| 12.                          | <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 93.73               |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                 |   | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 1/8 Rpt: 4/27 |
| <b>2</b> FILER NAME<br>Longoria, Nora L. (The Honorable)                         |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00067397   |
| <b>4</b> Date<br>08/28/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Begum, Alex (Mr.) | <b>7</b> Amount of Contribution (\$)<br>\$2,500.00         |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>Brownsville, TX 78526 |   |  |
| <b>8</b> Contributor's Principal Occupation<br>Attorney                          |   | <b>9</b> Contributor's Job Title<br>Attorney               |
| <b>10</b> Contributor's employer/law firm<br>Begum Law Group                     |   | <b>11</b> Law firm of contributor's spouse (if any)        |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any)              |   |  |
| Date<br>09/13/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Burda, Elizabeth (Ms.)     | Amount of Contribution (\$)<br>\$500.00                    |
| Contributor address; City; State; Zip Code<br><br>Yorktown, TX 78164             |   |  |
| Contributor's Principal Occupation<br>Retired                                    |   | Contributor's Job Title<br>Retired                         |
| Contributor's employer/law firm<br>Retired                                       |   | Law firm of contributor's spouse (if any)                  |
| If contributor is a child, law firm of parent(s) (if any)                        |   |  |
| Date<br>08/19/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Castellano, Evelyn (Ms.)   | Amount of Contribution (\$)<br>\$500.00                    |
| Contributor address; City; State; Zip Code<br><br>Austin, TX 78731               |   |  |
| Contributor's Principal Occupation<br>Self Employed                              |   | Contributor's Job Title<br>Self Employed                   |
| Contributor's employer/law firm<br>Producer                                      |   | Law firm of contributor's spouse (if any)                  |
| If contributor is a child, law firm of parent(s) (if any)                        |   |  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                 |  | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 2/8 Rpt: 5/27 |
| <b>2</b> FILER NAME<br>Longoria, Nora L. (The Honorable)                         |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00067397   |
| <b>4</b> Date<br>09/03/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Cavaretta, Laura (Ms.) | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00       |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78212 |  |  |
| <b>8</b> Contributor's Principal Occupation<br>Attorney                          |  | <b>9</b> Contributor's Job Title<br>Attorney               |
| <b>10</b> Contributor's employer/law firm<br>Cavaretta Katona & Leighner PLLC    |  | <b>11</b> Law firm of contributor's spouse (if any)        |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any)              |  |  |
| Date<br>09/09/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Davis & Santos                  | Amount of Contribution (\$)<br><br>\$500.00                |
| Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78204          |  |  |
| Contributor's Principal Occupation   |  | Contributor's Job Title<br>Attorney                        |
| Contributor's employer/law firm  |  | Law firm of contributor's spouse (if any)                  |
| If contributor is a child, law firm of parent(s) (if any)                        |  |  |
| Date<br>09/03/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>De La Paz, Michael (Mr.)        | Amount of Contribution (\$)<br><br>\$500.00                |
| Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78213          |  |  |
| Contributor's Principal Occupation<br>Attorney                                   |  | Contributor's Job Title<br>Attorney                        |
| Contributor's employer/law firm<br>Law Office of Michael R. De La Paz            |  | Law firm of contributor's spouse (if any)                  |
| If contributor is a child, law firm of parent(s) (if any)                        |  |  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|  |  |   |
|--|--|---|
| <b>The Instruction Guide explains how to complete this form.</b> |  | 1 Total pages Schedule A(J)1:<br>Sch: 3/8 Rpt: 6/27 |
| 2 FILER NAME<br>Longoria, Nora L. (The Honorable)                |  | 3 Filer ID (Ethics Commission Filers)<br>00067397   |
| 4 Date<br>09/03/2024   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Earl, Jeffrey (Mr.)         | 7 Amount of Contribution (\$)<br><br>\$350.00       |
|  | 6 Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78240  |   |
| 8 Contributor's Principal Occupation<br>Attorney                 |  | 9 Contributor's Job Title<br>Attorney               |
| 10 Contributor's employer/law firm<br>Earl & Associates          |  | 11 Law firm of contributor's spouse (if any)        |
| 12 If contributor is a child, law firm of parent(s) (if any)     |  |   |
| Date<br>09/22/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Espinoza, Javier (Mr.)        | Amount of Contribution (\$)<br><br>\$1,000.00       |
|  | Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78216  |   |
| Contributor's Principal Occupation<br>Attorney                   |  | Contributor's Job Title<br>Attorney                 |
| Contributor's employer/law firm<br>Espinoza & Brock PLLC         |  | Law firm of contributor's spouse (if any)           |
| If contributor is a child, law firm of parent(s) (if any)        |  |   |
| Date<br>09/09/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Garcia, Theresa Mazucca (Ms.) | Amount of Contribution (\$)<br><br>\$100.00         |
|  | Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78201  |   |
| Contributor's Principal Occupation<br>Teacher                    |  | Contributor's Job Title<br>Teacher                  |
| Contributor's employer/law firm<br>Teacher                       |  | Law firm of contributor's spouse (if any)           |
| If contributor is a child, law firm of parent(s) (if any)        |  |   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|  |  |   |
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| <b>The Instruction Guide explains how to complete this form.</b> |  | 1 Total pages Schedule A(J)1:<br>Sch: 4/8 Rpt: 7/27 |
| 2 FILER NAME<br>Longoria, Nora L. (The Honorable)                |  | 3 Filer ID (Ethics Commission Filers)<br>00067397   |
| 4 Date<br>09/17/2024   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Garza , Carlos (Mr.)  | 7 Amount of Contribution (\$)<br>\$1,000.00         |
|  | 6 Contributor address; City; State; Zip Code<br><br>Terrell Hills, TX 78209                                |   |
| 8 Contributor's Principal Occupation<br>Banker                   |  | 9 Contributor's Job Title<br>Banker                 |
| 10 Contributor's employer/law firm<br>Banker                     |  | 11 Law firm of contributor's spouse (if any)        |
| 12 If contributor is a child, law firm of parent(s) (if any)     |  |   |
| Date<br>07/01/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Godinez, Ricardo (Mr.)  | Amount of Contribution (\$)<br>\$750.00             |
|  | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501  |   |
| Contributor's Principal Occupation<br>Attorney                   |  | Contributor's Job Title<br>Attorney                 |
| Contributor's employer/law firm<br>Godinez Law Firm              |  | Law firm of contributor's spouse (if any)           |
| If contributor is a child, law firm of parent(s) (if any)        |  |   |
| Date<br>07/03/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gonzales, Ricardo (Mr.) | Amount of Contribution (\$)<br>\$750.00             |
|  | Contributor address; City; State; Zip Code<br><br>Edinburg, TX 78539                                       |   |
| Contributor's Principal Occupation<br>Attorney                   |  | Contributor's Job Title<br>Attorney                 |
| Contributor's employer/law firm<br>Oxford & Gonzales             |  | Law firm of contributor's spouse (if any)           |
| If contributor is a child, law firm of parent(s) (if any)        |  |   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|  |  |   |
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| <b>The Instruction Guide explains how to complete this form.</b> |  | 1 Total pages Schedule A(J)1:<br>Sch: 5/8 Rpt: 8/27 |
| 2 FILER NAME<br>Longoria, Nora L. (The Honorable)                |  | 3 Filer ID (Ethics Commission Filers)<br>00067397   |
| 4 Date<br>09/09/2024   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Guerra LLP            | 7 Amount of Contribution (\$)<br>\$5,000.00         |
|  | 6 Contributor address; City; State; Zip Code<br><br>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 spouse (if any)        |
| 12 If contributor is a child, law firm of parent(s) (if any)     |  |   |
| Date<br>09/13/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hardy III, George (Mr.) | Amount of Contribution (\$)<br>\$1,000.00           |
|  | Contributor address; City; State; Zip Code<br><br>Victoria, TX 77901                                       |   |
| Contributor's Principal Occupation<br>Attorney                   |  | Contributor's Job Title<br>Attorney                 |
| Contributor's employer/law firm<br>Hardy McKenzie Law            |  | Law firm of contributor's spouse (if any)           |
| If contributor is a child, law firm of parent(s) (if any)        |  |   |
| Date<br>08/29/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hodge James & Guiter    | Amount of Contribution (\$)<br>\$250.00             |
|  | Contributor address; City; State; Zip Code<br><br>Harlingen, TX 78550                                      |   |
| Contributor's Principal Occupation                               |  | Contributor's Job Title                             |
| Contributor's employer/law firm                                  |  | Law firm of contributor's spouse (if any)           |
| If contributor is a child, law firm of parent(s) (if any)        |  |   |



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>           |   | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 6/8 Rpt: 9/27 |
| <b>2</b> FILER NAME<br>Longoria, Nora L. (The Honorable)                   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00067397   |
| <b>4</b> Date<br>09/12/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hopkins, Sara (Ms.)       | <b>7</b> Amount of Contribution (\$) \$25.00               |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>Cuero, TX 77954 |   |  |
| <b>8</b> Contributor's Principal Occupation<br>Retired                     |   | <b>9</b> Contributor's Job Title<br>Retired                |
| <b>10</b> Contributor's employer/law firm<br>Retired                       |   | <b>11</b> Law firm of contributor's spouse (if any)        |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any)        |   |  |
| Date<br>09/19/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Law Office of Javier Villarreal PC | Amount of Contribution (\$) \$5,000.00                     |
| Contributor address; City; State; Zip Code<br><br>Browsville, TX 78526     |   |  |
| Contributor's Principal Occupation   |   | Contributor's Job Title                                    |
| Contributor's employer/law firm  |   | Law firm of contributor's spouse (if any)                  |
| If contributor is a child, law firm of parent(s) (if any)                  |   |  |
| Date<br>09/03/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>McNiece, Erin (Ms.)                | Amount of Contribution (\$) \$75.00                        |
| Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78201    |   |  |
| Contributor's Principal Occupation<br>Attorney                             |   | Contributor's Job Title<br>Attorney                        |
| Contributor's employer/law firm<br>Cavaretta Katona & Leighner PLLC        |   | Law firm of contributor's spouse (if any)                  |
| If contributor is a child, law firm of parent(s) (if any)                  |   |  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>                    |   | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 7/8 Rpt: 10/27 |
| <b>2</b> FILER NAME<br>Longoria, Nora L. (The Honorable)                            |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00067397    |
| <b>4</b> Date<br>08/24/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Medina, Vic (Mr.) | <b>7</b> Amount of Contribution (\$) \$50.00                |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78412 |   |   |
| <b>8</b> Contributor's Principal Occupation<br>Retired                              |   | <b>9</b> Contributor's Job Title<br>Retired                 |
| <b>10</b> Contributor's employer/law firm<br>Retired                                |   | <b>11</b> Law firm of contributor's spouse (if any)         |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any)                 |   |   |
| Date<br>09/17/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Omar Ochoa Law Firm PC     | Amount of Contribution (\$) \$5,000.00                      |
| Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501                 |   |   |
| Contributor's Principal Occupation  |   | Contributor's Job Title                                     |
| Contributor's employer/law firm   |   | Law firm of contributor's spouse (if any)                   |
| If contributor is a child, law firm of parent(s) (if any)                           |   |   |
| Date<br>08/29/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Tijerina & Denzer          | Amount of Contribution (\$) \$1,500.00                      |
| Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501                 |   |   |
| Contributor's Principal Occupation  |   | Contributor's Job Title                                     |
| Contributor's employer/law firm   |   | Law firm of contributor's spouse (if any)                   |
| If contributor is a child, law firm of parent(s) (if any)                           |   |   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>    |  | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 8/8 Rpt: 11/27 |
| <b>2</b> FILER NAME<br>Longoria, Nora L. (The Honorable)            |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00067397    |
| <b>4</b> Date<br>09/13/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Vela Jr., Baldomero (Mr.) | <b>7</b> Amount of Contribution (\$) \$500.00               |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 78501   |   |
| <b>8</b> Contributor's Principal Occupation<br>Pharmacist           |  | <b>9</b> Contributor's Job Title<br>Pharmacist              |
| <b>10</b> Contributor's employer/law firm<br>Pharmacist             |  | <b>11</b> Law firm of contributor's spouse (if any)         |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |  |   |
| Date<br>09/17/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Wilkins, Mark Edward (Mr.)         | Amount of Contribution (\$) \$1,500.00                      |
|   | Contributor address; City; State; Zip Code<br><br>McaLLEN, TX 78504  |   |
| Contributor's Principal Occupation<br>Attorney                      |  | Contributor's Job Title<br>Attorney                         |
| Contributor's employer/law firm<br>Wilkins & Wilkins                |  | Law firm of contributor's spouse (if any)                   |
| If contributor is a child, law firm of parent(s) (if any)           |  |   |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

|   |  |   |   |
|---|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>              |  | 1 Total pages Schedule A2:<br>Sch: 1/2 Rpt: 12/27                               |   |
| 2 FILER NAME<br>Longoria, Nora L. (The Honorable)                             |  | 3 Filer ID (Ethics Commission Filers)<br>00067397                               |   |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                         |  | \$  |   |
| 5 Date<br>08/05/2024  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Benavides, Gina (Ms.) | 8 Amount of contribution (\$)<br>\$331.51                                       | 9 In-kind contribution description<br>Joint campaign signs        |
|   | 7 Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78413                               | <input type="checkbox"/> 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)<br>Justice               |  | 13 Contributor's job title (FOR JUDICIAL) (See instructions)<br>Justice         |   |
| 14 Contributor's employer/law firm (FOR JUDICIAL)<br>13th Court of Appeals    |  | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)                     |   |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)   |  |   |   |
| Date<br>08/05/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Martinez , Joe (Mr.)    | Amount of contribution (\$)<br>\$331.51   | In-kind contribution description<br>Joint campaign signs          |
|   | Contributor address; City; State; Zip Code<br><br>McAllen, TX 78503  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)        |  | Employer (FOR NON-JUDICIAL) (See instructions)                                  |   |
| Contributor's principal occupation (FOR JUDICIAL)<br>Attorney                 |  | Contributor's job title (FOR JUDICIAL) (See instructions)<br>Attorney           |   |
| Contributor's employer/law firm (FOR JUDICIAL)<br>Law Office of Jose Martinez |  | Law firm of contributor's spouse (if any) (FOR JUDICIAL)                        |   |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)      |  |   |   |
| Date<br>08/29/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mayer LLP               | Amount of contribution (\$)<br>\$3,310.54                                       | In-kind contribution description<br>San Antonio Event Sponsorship |
|   | Contributor address; City; State; Zip Code<br><br>Dallas, TX 75201   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)        |  | Employer (FOR NON-JUDICIAL) (See instructions)                                  |   |
| Contributor's principal occupation (FOR JUDICIAL)                             |  | Contributor's job title (FOR JUDICIAL) (See instructions)                       |   |
| Contributor's employer/law firm (FOR JUDICIAL)                                |  | Law firm of contributor's spouse (if any) (FOR JUDICIAL)                        |   |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)      |  |   |   |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

|  |  |   |   |
|--|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>                                   |  | <b>1</b> Total pages Schedule A2:<br>Sch: 2/2 Rpt: 13/27                        |   |
| <b>2</b> FILER NAME<br>Longoria, Nora L. (The Honorable)   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00067397                        |   |
| <b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                                       |  | <b>\$</b>   |   |
| <b>5</b> Date<br>08/05/2024  | <b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Richardson, Regina (Ms.) | <b>8</b> Amount of contribution (\$)<br>\$331.51                                | <b>9</b> In-kind contribution description<br>Joint campaign signs |
|  | <b>7</b> Contributor address; City; State; Zip Code<br><br>McAllen, TX 89504   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   |
| <b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)                   |  | <b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)                        |   |
| <b>12</b> Contributor's principal occupation (FOR JUDICIAL)<br>Attorney                            |  | <b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)<br>Attorney |   |
| <b>14</b> Contributor's employer/law firm (FOR JUDICIAL)<br>Law Office of Regina "Regi" Richardson |  | <b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)              |   |
| <b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)                 |  |   |   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
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| <b>1</b> Total pages Schedule F1:<br>Sch: 1/11 Rpt: 14/27 | <b>2</b> FILER NAME<br>Longoria, Nora L. (The Honorable) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00067397 |
|---|--|--|

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|-----------------------------|---|
| <b>4</b> Date<br>07/31/2024 | <b>5</b> Payee name<br>Brand Boosters Co. LLC |
|-----------------------------|---|

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|-------------------------------------|---|
| <b>6</b> Amount (\$)<br>\$17,613.62 | <b>7</b> Payee address; City; State; Zip Code<br>3607 S L Ln<br><br>McAllen, TX 78503 |
|-------------------------------------|---|

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|---------------------------------|--|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Signs |
|---------------------------------|--|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|--------------------------------------|
| Date<br>08/08/2024 | Payee name<br>Brand Boosters Co. LLC |
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|---------------------------|--|
| Amount (\$)<br>\$2,495.16 | Payee address; City; State; Zip Code<br>3607 S L Ln<br><br>McAllen, TX 78503 |
|---------------------------|--|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Signs |
|------------------------|---|---|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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|--------------------|--------------------------------------|
| Date<br>08/22/2024 | Payee name<br>Brand Boosters Co. LLC |
|--------------------|--------------------------------------|

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| Amount (\$)<br>\$1,300.07 | Payee address; City; State; Zip Code<br>3607 S L Ln<br><br>McAllen, TX 78503 |
|---------------------------|--|

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|------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>4 x 8 Campaign Signs |
|------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/11 Rpt: 15/27 | <b>2</b> FILER NAME<br>Longoria, Nora L. (The Honorable) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00067397 |
|---|--|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>09/18/2024 | <b>5</b> Payee name<br>Brand Boosters Co. LLC |
|-----------------------------|---|

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|------------------------------------|---|
| <b>6</b> Amount (\$)<br>\$4,492.48 | <b>7</b> Payee address; City; State; Zip Code<br>3607 S L Ln<br><br>McAllen, TX 78503 |
|------------------------------------|---|

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|---------------------------------|--|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Signs |
|---------------------------------|--|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|-----------------------------------|
| Date<br>07/19/2024 | Payee name<br>Cantu, Javier (Mr.) |
|--------------------|-----------------------------------|

|                           |   |
|---------------------------|---|
| Amount (\$)<br>\$1,470.00 | Payee address; City; State; Zip Code<br>1307 W. Duranta Ave.<br><br>Alamo, TX 78516 |
|---------------------------|---|

|                               |   |  |
|-------------------------------|---|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Sign Labor |
|-------------------------------|---|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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|--------------------|-----------------------------------|
| Date<br>08/02/2024 | Payee name<br>Cantu, Javier (Mr.) |
|--------------------|-----------------------------------|

|                           |   |
|---------------------------|---|
| Amount (\$)<br>\$3,850.00 | Payee address; City; State; Zip Code<br>1307 W. Duranta Ave.<br><br>Alamo, TX 78516 |
|---------------------------|---|

|                               |   |  |
|-------------------------------|---|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Sign Labor |
|-------------------------------|---|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/11 Rpt: 16/27 | <b>2</b> FILER NAME<br>Longoria, Nora L. (The Honorable) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00067397 |
|---|--|--|

|                             |  |
|-----------------------------|--|
| <b>4</b> Date<br>08/08/2024 | <b>5</b> Payee name<br>Cantu, Javier (Mr.) |
|-----------------------------|--|

|                                    |  |
|------------------------------------|--|
| <b>6</b> Amount (\$)<br>\$1,750.00 | <b>7</b> Payee address; City; State; Zip Code<br>1307 W. Duranta Ave.<br><br>Alamo, TX 78516 |
|------------------------------------|--|

|                                 |   |  |
|---------------------------------|---|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Sign Labor |
|---------------------------------|---|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                                   |
|--------------------|-----------------------------------|
| Date<br>08/16/2024 | Payee name<br>Cantu, Javier (Mr.) |
|--------------------|-----------------------------------|

|                           |   |
|---------------------------|---|
| Amount (\$)<br>\$1,925.00 | Payee address; City; State; Zip Code<br>1307 W. Duranta Ave.<br><br>Alamo, TX 78516 |
|---------------------------|---|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Fees | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Sign Labor |
|------------------------|--|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                                   |
|--------------------|-----------------------------------|
| Date<br>09/13/2024 | Payee name<br>Cantu, Javier (Mr.) |
|--------------------|-----------------------------------|

|                           |   |
|---------------------------|---|
| Amount (\$)<br>\$1,985.00 | Payee address; City; State; Zip Code<br>1307 W. Duranta Ave.<br><br>Alamo, TX 78516 |
|---------------------------|---|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Fees | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Sign Labor |
|------------------------|--|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

|          |  |  |   |               |   |
|----------|--|--|---|---------------|---|
| <b>1</b> | Total pages Schedule F1:<br>Sch: 4/11 Rpt: 17/27 | <b>2</b>   | FILER NAME<br>Longoria, Nora L. (The Honorable)   | <b>3</b>      | Filer ID (Ethics Commission Filers)<br>00067397 |
| <b>4</b> | Date<br>09/13/2024                               | <b>5</b>   | Payee name<br>Carrera, Mike (Mr.)   |               |   |
| <b>6</b> | Amount (\$)<br>\$450.00                          | <b>7</b>   | Payee address; City; State; Zip Code<br>135 Paseo Del Prado<br><br>Edinburg, TX 78539   |               |   |
| <b>8</b> | <b>PURPOSE OF EXPENDITURE</b>                    | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Consulting Fee          |               |   |
| <b>9</b> |  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                     | Candidate/Officeholder name   | Office sought | Office held                                     |
|          | Date<br>07/11/2024                               |  | Payee name<br>Castaneda, Tracy A  |               |   |
|          | Amount (\$)<br>\$300.00                          |  | Payee address; City; State; Zip Code<br>1505 Alyssum Street<br><br>WESLACO, TX 78599  |               |   |
|          | <b>PURPOSE OF EXPENDITURE</b>                    | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Administrative Fees     |               |   |
|          |  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                     | Candidate/Officeholder name   | Office sought | Office held                                     |
|          | Date<br>07/31/2024                               |  | Payee name<br>Garcia, Felipe Javier (Mr.)   |               |   |
|          | Amount (\$)<br>\$500.00                          |  | Payee address; City; State; Zip Code<br>6235 Main Street #2033<br><br>Frisco, TX 75034  |               |   |
|          | <b>PURPOSE OF EXPENDITURE</b>                    | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Trailer Rental |               |   |
|          |  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                     | Candidate/Officeholder name   | Office sought | Office held                                     |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 5/11 Rpt: 18/27           | <b>2</b> FILER NAME<br>Longoria, Nora L. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00067397  |
| <b>4</b> Date<br>08/11/2024   | <b>5</b> Payee name<br>Garza, Steve (Mr.)   |   |
| <b>6</b> Amount (\$)<br>\$750.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>2606 Montgomery<br><br>Corpus Christi, TX 78405  |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Signs - Corpus Christi |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought                      Office held  |
| Date<br>09/18/2024  | Payee name<br>Garza, Steve (Mr.)  |   |
| Amount (\$)<br>\$500.00   | Payee address; City; State; Zip Code<br>2606 Montgomery<br><br>Corpus Christi, TX 78405   |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Signs - Corpus Christi |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought                      Office held  |
| Date<br>07/18/2024  | Payee name<br>Girl Scouts of Greater South Texas  |   |
| Amount (\$)<br>\$500.00   | Payee address; City; State; Zip Code<br>5317 N. McColl Rd.<br><br>McAllen, TX 78504   |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Sponsorship                     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought                      Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 6/11 Rpt: 19/27 | <b>2</b> FILER NAME<br>Longoria, Nora L. (The Honorable) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00067397 |
|---|--|--|

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| <b>4</b> Date<br>07/25/2024 | <b>5</b> Payee name<br>Hidalgo County Tejano Democratic |
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|----------------------------------|--|
| <b>6</b> Amount (\$)<br>\$150.00 | <b>7</b> Payee address; City; State; Zip Code<br>814 Del Oro Ln<br><br>Pharr, TX 78577 |
|----------------------------------|--|

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|---------------------------------|--|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>GOTV |
|---------------------------------|--|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|---|
| Date<br>08/21/2024 | Payee name<br>Martinez, Elizabeth (Ms.) |
|--------------------|---|

|                           |  |
|---------------------------|--|
| Amount (\$)<br>\$1,000.00 | Payee address; City; State; Zip Code<br>1715 Ann St.<br><br>Edinburg, TX 78539 |
|---------------------------|--|

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|------------------------|---|--|
| PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Consulting Fee |
|------------------------|---|--|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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|--------------------|---|
| Date<br>08/21/2024 | Payee name<br>Martinez, Elizabeth (Ms.) |
|--------------------|---|

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|-------------------------|--|
| Amount (\$)<br>\$475.00 | Payee address; City; State; Zip Code<br>1715 Ann St.<br><br>Edinburg, TX 78539 |
|-------------------------|--|

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|------------------------|--|--|
| PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Printing Expense |
|------------------------|--|--|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 7/11 Rpt: 20/27    | <b>2</b> FILER NAME<br>Longoria, Nora L. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00067397   |
| <b>4</b> Date<br>07/19/2024                                  | <b>5</b> Payee name<br>Mercedes High School   |  |
| <b>6</b> Amount (\$)<br>\$250.00                             | <b>7</b> Payee address; City; State; Zip Code<br>1200 S. Florida<br><br>Mercedes, TX 78570  |  |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Football Program Sponsorship |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>09/03/2024   | Payee name<br>Message Audience Web  |  |
| Amount (\$)<br>\$350.00                                      | Payee address; City; State; Zip Code<br>2400 S. 4th St.<br><br>Austin, TX 78704   |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Advertising         |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>09/24/2024   | Payee name<br>Message Audience Web  |  |
| Amount (\$)<br>\$32,815.27                                   | Payee address; City; State; Zip Code<br>2400 S. 4th St.<br><br>Austin, TX 78704   |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Advertising         |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

|          |  |  |   |               |   |
|----------|--|--|---|---------------|---|
| <b>1</b> | Total pages Schedule F1:<br>Sch: 8/11 Rpt: 21/27 | <b>2</b>   | FILER NAME<br>Longoria, Nora L. (The Honorable)   | <b>3</b>      | Filer ID (Ethics Commission Filers)<br>00067397 |
| <b>4</b> | Date<br>08/19/2024                               | <b>5</b>   | Payee name<br>Meyer, Pam (Ms.)  |               |   |
| <b>6</b> | Amount (\$)<br>\$75.00                           | <b>7</b>   | Payee address; City; State; Zip Code<br><br>Rockport, TX 78382  |               |   |
| <b>8</b> | <b>PURPOSE OF EXPENDITURE</b>                    | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>BBQ Tickets |               |   |
| <b>9</b> |  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought | Office held                                     |
|          | Date<br>07/01/2024                               |  | Payee name<br>Nueces County Democratic Party  |               |   |
|          | Amount (\$)<br>\$2,500.00                        |  | Payee address; City; State; Zip Code<br>2701 Morgan Ave #600<br><br>Corpus Christi, TX 78405  |               |   |
|          | <b>PURPOSE OF EXPENDITURE</b>                    | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>GOTV        |               |   |
|          |  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought | Office held                                     |
|          | Date<br>09/11/2024                               |  | Payee name<br>PSJA Educational Foundation   |               |   |
|          | Amount (\$)<br>\$500.00                          |  | Payee address; City; State; Zip Code<br>601 E. Kelly<br><br>Pharr, TX 78577   |               |   |
|          | <b>PURPOSE OF EXPENDITURE</b>                    | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Sponsorship |               |   |
|          |  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought | Office held                                     |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 9/11 Rpt: 22/27 | <b>2</b> FILER NAME<br>Longoria, Nora L. (The Honorable) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00067397 |
|---|--|--|

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|-----------------------------|--|
| <b>4</b> Date<br>07/02/2024 | <b>5</b> Payee name<br>Ramirez, Joseph (Mr.) |
|-----------------------------|--|

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|----------------------------------|---|
| <b>6</b> Amount (\$)<br>\$750.00 | <b>7</b> Payee address; City; State; Zip Code<br>1741 Star Cove<br><br>Corpus Christi, TX 78412 |
|----------------------------------|---|

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| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Consulting Fee |
|---------------------------------|---|--|

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|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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| Date<br>08/08/2024 | Payee name<br>Ramirez, Joseph (Mr.) |
|--------------------|-------------------------------------|

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| Amount (\$)<br>\$1,526.00 | Payee address; City; State; Zip Code<br>1741 Star Cove<br><br>Corpus Christi, TX 78412 |
|---------------------------|--|

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| PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Consulting Fee |
|------------------------|---|--|

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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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|--------------------|----------------------------------|
| Date<br>08/08/2024 | Payee name<br>Saenz, Mario (Mr.) |
|--------------------|----------------------------------|

|                         |   |
|-------------------------|---|
| Amount (\$)<br>\$650.00 | Payee address; City; State; Zip Code<br>51 Calgary Ct.<br><br>Brownsville, TX 78526 |
|-------------------------|---|

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|------------------------|---|--|
| PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Signs |
|------------------------|---|--|

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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 10/11 Rpt: 23/27          | <b>2</b> FILER NAME<br>Longoria, Nora L. (The Honorable)                                     | <b>3</b> Filer ID (Ethics Commission Filers)<br>00067397  |
| <b>4</b> Date<br>08/14/2024   | <b>5</b> Payee name<br>Saenz, Mario (Mr.)  |   |
| <b>6</b> Amount (\$)<br>\$1,210.00                                  | <b>7</b> Payee address; City; State; Zip Code<br>51 Calgary Ct.<br><br>Brownsville, TX 78526 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees              | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Worker |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>07/11/2024  | Payee name<br>Salinas, Peter (Mr.)   |   |
| Amount (\$)<br>\$300.00   | Payee address; City; State; Zip Code<br>601 E. Van Week St.<br><br>Edinburg, TX 78541        |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees              | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Graphics        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>07/01/2024  | Payee name<br>Sanchez, Abraham (Mr.)   |   |
| Amount (\$)<br>\$300.00   | Payee address; City; State; Zip Code<br>3628 Spice Wood Dr.<br><br>Edinburg, TX 78539        |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees              | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Worker |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 11/11 Rpt: 24/27 | <b>2</b> FILER NAME<br>Longoria, Nora L. (The Honorable) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00067397 |
|--|--|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>07/08/2024 | <b>5</b> Payee name<br>Sanchez, Abraham (Mr.) |
|-----------------------------|---|

|                                  |  |
|----------------------------------|--|
| <b>6</b> Amount (\$)<br>\$300.00 | <b>7</b> Payee address; City; State; Zip Code<br>3628 Spice Wood Dr.<br><br>Edinburg, TX 78539 |
|----------------------------------|--|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Worker |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                                      |
|--------------------|--------------------------------------|
| Date<br>07/22/2024 | Payee name<br>Sanchez, Abraham (Mr.) |
|--------------------|--------------------------------------|

|                         |   |
|-------------------------|---|
| Amount (\$)<br>\$300.00 | Payee address; City; State; Zip Code<br>3628 Spice Wood Dr.<br><br>Edinburg, TX 78539 |
|-------------------------|---|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Fees | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Worker |
|------------------------|--|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                       |
|--------------------|-----------------------|
| Date<br>09/26/2024 | Payee name<br>Stripes |
|--------------------|-----------------------|

|                         |   |
|-------------------------|---|
| Amount (\$)<br>\$260.64 | Payee address; City; State; Zip Code<br>354 Oyster Point Blvd.<br><br>South San Francisco, CA 94080 |
|-------------------------|---|

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|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Online Banking Fees<br>07/01/24 to 09/26/24 |
|------------------------|--|--|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|



# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule G:<br>Sch: 1/2 Rpt: 25/27   | <b>2</b> FILER NAME<br>Longoria, Nora L. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00067397  |
| <b>4</b> Date<br>08/18/2024   | <b>5</b> Payee name<br>Lowe's   |   |
| <b>6</b> Amount (\$)<br>\$537.57<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>525 E. Ruben Torres Blvd.<br><br>Brownsville, TX 78520 |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense          | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign sign supplies |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought                      Office held  |
| Date<br>08/03/2024  | Payee name<br>McCoy's   |   |
| Amount (\$)<br>\$740.16<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br>5500 Padre Island Hwy<br><br>Brownsville, TX 78521              |   |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>Advertising Expense                     | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign sign supplies            |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought                      Office held  |
| Date<br>08/08/2024  | Payee name<br>McCoy's   |   |
| Amount (\$)<br>\$813.66<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br>5500 Padre Island Hwy<br><br>Brownsville, TX 78521              |   |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>Advertising Expense                     | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign sign supplies            |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought                      Office held  |

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |  |   |             |
|--|--|---|-------------|
| <b>1</b> Total pages Schedule G:<br>Sch: 2/2 Rpt: 26/27  | <b>2</b> FILER NAME<br>Longoria, Nora L. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00067397  |             |
| <b>4</b> Date<br>08/08/2024  | <b>5</b> Payee name<br>Tractor Supply Co.  |   |             |
| <b>6</b> Amount (\$) \$596.54<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>2754 Saratoga Blvd.<br><br>Corpus Christi, TX 78415 |   |             |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense       | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign sign supplies |             |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought   | Office held |

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

**SCHEDULE K**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>  |  | <b>1</b> Total pages Schedule K:<br>Sch: 1/1 Rpt: 27/27  |
| <b>2</b> FILER NAME<br>Longoria, Nora L. (The Honorable)  |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00067397 |
| <b>4</b> Date<br>07/17/2024   | <b>5</b> Name of person from whom amount is received<br>Lone Star National Bank<br><hr/> <b>6</b> Address of person from whom amount is received; City; State; Zip Code<br><br>Pharr, TX 78577 | <b>8</b> Amount (\$)<br><br>\$33.19                      |
| <b>7</b> Purpose for which amount is received<br>Interest Earned <input type="checkbox"/> Check if political contribution returned to filer |  |  |
| Date<br>08/18/2024  | Name of person from whom amount is received<br>Lone Star National Bank<br><hr/> Address of person from whom amount is received; City; State; Zip Code<br><br>Pharr, TX 78577                   | Amount (\$)<br><br>\$32.56                               |
| Purpose for which amount is received<br>Interest Earned <input type="checkbox"/> Check if political contribution returned to filer          |  |  |
| Date<br>09/19/2024  | Name of person from whom amount is received<br>Lone Star National Bank<br><hr/> Address of person from whom amount is received; City; State; Zip Code<br><br>Pharr, TX 78577                   | Amount (\$)<br><br>\$27.98                               |
| Purpose for which amount is received<br>Interest Earned <input type="checkbox"/> Check if political contribution returned to filer          |  |  |