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** 10/28/2024 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 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** 09/27/2024 10/26/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court Of Appeals, Justice Place 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. (Th	e Honorable)	14 Filer ID 00067397	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political exp These expenditures may have been made wit I officeholders are required to report this inform	thout the candidate's or offic	ceholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	X GENERAL	IBEW PAC VOLUNTARY FUND		
		COMMITTEE ADDRESS		
	SPECIFIC	900 Seventh Street, N.W.		
		Washington, DC 20001		
		COMMITTEE CAMPAIGN TREASURER NA	ME	
		Cooper, Kenneth		
		COMMITTEE CAMPAIGN TREASURER AD	DRESS	
		900 Seventh Street, N.W.		
		Washington, DC 20001		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER ES OF LOANS, OR CONTRIBUTIONS MADE		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF L	LOANS)	\$ 69,895.28
EXPENDITURE TOTALS	<u> </u>	ZED POLITICAL EXPENDITURES	,	\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 156,331.09
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF T RIOD	HE LAST DAY OF THE	\$ 26,495.23
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOAN TING PERIOD	S AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT			penalty of perjury, that the a des all information required ode.	
		The H	Honorable Nora L. Longo	oria
		Signati	ure of Candidate or Officeho	older
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office	e.	
Signature of offi	cer administering oath	Printed name of officer administering oa	tth Title of offic	er administering oath
3				5

SUBTOTALS - JC/OH

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

				3 of 27	
18 FILER NAME Longoria, Nora L. (The Honorable) 19 Filer ID (Ethics Commission Filers) 00067397					
	ULE SUBTOTALS DF SCHEDULE		SUBTOTAL	AMOUNT	
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	28,570.00	
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	41,325.28	
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$		
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$		
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	155,675.19	
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		\$	655.90	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	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	\$	23.57	
			•		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 1/7 Rpt: 4/27
2	FILER NAME	ove I (The Henevahle)			1	Filer ID (Ethics Commission Filers)
_		ora L. (The Honorable)				00067397
4	Date 10/11/2024	5 Full name of contributor Brasure, Chris (Mr.)6 Contributor address; City;	out-of-state PAC (ID#:			Amount of Contribution (\$) \$500.00
		McAllen, TX 78504				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10		employer/law firm		11 Law firm of contributor's sp	oouse	e (if any)
	Brasure Law	Firm, PLLC				
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ.	Amount of Contribution (\$)
	09/27/2024	Davila, Mario (Mr.) Contributor address; City;	State; Zip Code			\$500.00
		McAllen, TX 78502				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's employer/law firm Law firm of contributor's			Law firm of contributor's sp	oouse	e (if any)
		of Mario Davila				
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/04/2024	De Leon, Leon (Mr.)	_			\$1,000.00
		Contributor address; City; San Juan, TX 78589	State; Zip Code		•	
	Contributor's I	ļ		Contributor's Joh Title		
	Contributor's Principal Occupation Contributor's Job Title Business Owner Business Owner		Business Owner			
_	Contributor's employer/law firm Law firm of contributor's s		ากแระ	o (if any)		
Memorial Funeral Home			Law iiiii oi continuatoi 3 3	Jouse	, (ii uriy)	
	If contributor is	s a child, law firm of parent(s) (i	f any)			

MONET	ARY POLITICAL CON	NTRIBUTIO	NS	SCHEDULE A(J)1
The Instru	ction Guide explains how to c	complete this fo	orm.	1 Total pages Schedule A(J)1: Sch: 2/7 Rpt: 5/27
2 FILER NAME	ora I (The Heavenhie)			3 Filer ID (Ethics Commission Filers)
Longoria, No	ora L. (The Honorable)			00067397
4 Date 10/07/2024	5 Full name of contributor	ut-of-state PAC (ID#:)	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zi	ip Code		
	Edinburg, TX 78539			
8 Contributor's F	Principal Occupation		9 Contributor's Job Title	
10 Contributor's 6	employer/law firm		11 Law firm of contributor's sp	pouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor ou	ut-of-state PAC (ID#:	1	Amount of Contribution (\$)
10/18/2024	Frank Guerra Law Firm PLLC	ut-of-state PAC (ID#		\$2,500.00
10/10/2021	Contributor address; City; State; Zi	ip Code		
	McAllen, TX 78501			
Contributor's F	Contributor's Principal Occupation		Contributor's Job Title	
Contributor's employer/law firm			Law firm of contributor's sp	oouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor ou	ut-of-state PAC (ID#:)	Amount of Contribution (\$)
10/03/2024	Gonzalez, Osiris (Mr.)			\$2,500.00
	Contributor address; City; State; Zi	ip Code		
	Mission, TX 78572			
Contributor's F	Principal Occupation		Contributor's Job Title	
Attorney				
Contributor's employer/law firm Osiris A. Gonzalez Law Firm Law firm of contributor		Law firm of contributor's sp	oouse (if any)	
if contributor is	s a child, law firm of parent(s) (if any)			

	MONET	ARY POLITICAL CON	NTRIBUTIO	ONS		SCHEDULE	A(J)1
	The Instru	The Instruction Guide explains how to complete this form.				pages Schedule A(J)1 3/7 Rpt: 6/27	L:
2	FILER NAME					D (Ethics Commissi	on Filers)
	Longoria, No	ora L. (The Honorable)			0006	7397	
4	Date 09/30/2024	5 Full name of contributor out-of-state PAC (ID#:)	7 Amou	nt of Contribution (\$)	\$500.00
		Edinburg, TX 78539					
8	Contributor's	Principal Occupation		9 Contributor's Job Title	<u> </u>		
	Attorney			Attorney			
10	Contributor's Oxford & Go	employer/law firm nzalez		11 Law firm of contributor's s	pouse (if ar	ny)	
12	! If contributor i	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor x o	ut-of-state PAC (ID#:	```````````````````````````````````````	Amou	nt of Contribution (\$)	
	10/11/2024	IBEW PAC VOLUNTARY FUN)	7 41104	πι οι Continbution (φ)	\$1,000.00
		Contributor address; City; State; Z					+ _,
		Washington, DC 20001					
	Contributor's	Principal Occupation		Contributor's Job Title			
Contributor's employer/law firm				Law firm of contributor's s	pouse (if ar	ny)	
	If contributor i	s a child, law firm of parent(s) (if any)					
	Date	Full name of contributor \square o	ut-of-state PAC (ID#:_	1	Amou	nt of Contribution (\$)	
	10/15/2024	Liles White PLLC	ut of state 1710 (1511	<i></i>	7	0. 00	\$2,500.00
		Contributor address; City; State; Z	ip Code				
		Corpus Christi, TX 78401					
	Contributor's	Principal Occupation		Contributor's Job Title	<u> </u>		
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if ar	ny)	
	If contributor i	s a child, law firm of parent(s) (if any)					

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 4/7 Rpt: 7/27
2	FILER NAME	ora L. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00067397
4	Date 10/15/2024	5 Full name of contributor Mendoza, Melisandra (M			7	Amount of Contribution (\$) \$1,500.00
		Rio Grande City, TX 785	82			
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10		employer/law firm Mendoza, Attorney at Law		11 Law firm of contributor's sp	ous	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 (\$)
	10/18/2024	Palker, Jason (Mr.) Contributor address; City; \$	State; Zip Code		•	\$2,500.00
		Edinburg, TX 78539				
	Contributor's I	Principal Occupation		Contributor's Job Title	•	
	Attorney Attorney			<u> </u>		
				Law firm of contributor's sp	ous	se (if any)
	Palker Law F		on d			
	ii contributor i	s a child, law firm of parent(s) (if	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	10/07/2024	Pena III, Fidel (Mr.)				\$3,000.00
		Contributor address; City; S Weslaco, TX 78596	State; Zip Code			
	Contributor's F	Principal Occupation		Contributor's Job Title	_	
	Attorney Attorney					
	Contributor's employer/law firm Law firm of contributor's s		ous	se (if any)		
		f Fidel Pena III				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL CO	ONTRIBUTIO	DNS	SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 5/7 Rpt: 8/27	
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Longoria, No	ora L. (The Honorable)			00067397
4	Date 10/06/2024	 	Full name of contributor out-of-state PAC (ID#:		7 Amount of Contribution (\$) \$500.00
		McAllen, TX 78504			
8	Contributor's	I Principal Occupation		9 Contributor's Job Title	1
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	pouse (if any)
12	If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	09/29/2024	Taylor, Janet (Ms.)	out of state 1710 (IBII)	\$50.00
		Contributor address; City; State	e; Zip Code		
		Ingleside, TX 78362		T	
		Principal Occupation		Contributor's Job Title	
	Retired			Retired	
	Retired	employer/law firm		Law firm of contributor's sp	pouse (ii any)
		s a child, law firm of parent(s) (if any)		
	ii continuator i	s a crima, law initi or parcria(s) (ii arry	,		
	Date	Full name of contributor	out-of-state PAC (ID#:_		Amount of Contribution (\$)
	10/15/2024	Texas Farm Bureau Agfund	out-of-state 1 AC (ID#)	\$1,000.00
		Contributor address; City; State	e; Zip Code		
		Waco, TX 76702			
	Contributor's	Principal Occupation		Contributor's Job Title	
Contributor's employer/law firm			Law firm of contributor's sp	pouse (if any)	
	If contributor i	s a child, law firm of parent(s) (if any)		

MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
The Instru	The Instruction Guide explains how to complete this form.				ges Schedule A(J)1: 7 Rpt: 9/27
2 FILER NAME				3 Filer ID	(Ethics Commission Filers)
Longoria, No	ora L. (The Honorable)			000673	97
4 Date	5 Full name of contributor	out-of-state PAC (ID#:)	7 Amount	of Contribution (\$)
10/16/2024	The Gomez Law Firm, I	PLLC			\$500.00
	6 Contributor address; City;	State; Zip Code			
	McAllen, TX 78501				
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	Quit of state BAC (ID#:	,	Amount	of Contribution (\$)
10/08/2024	Wareham, Jennifer (Ms	out-of-state PAC (ID#:_)	Amount	\$20.00
10/00/2024	Contributor address; City;				Ψ20.00
	Brownsville, TX 78526		T		
	Principal Occupation		Contributor's Job Title Retired		
Retired	employer/law firm		Law firm of contributor's s	pouse (if any)	
	is a child, law firm of parent(s) (if any)			
ii continuatori	is a criliu, law littii or paretii(s) (ii diiy)			
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount	of Contribution (\$)
10/05/2024	Watts, Mikal				\$5,000.00
	Contributor address; City;	State; Zip Code			
	Austin, TX 78704				
Contributor's	Principal Occupation		Contributor's Job Title		
		Attorney			
Contributor's employer/law firm		Law firm of contributor's s	pouse (if any)		
Watts Law F					
If contributor i	s a child, law firm of parent(s) (if any)			

MONET	TARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
The Instru	uction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 7/7 Rpt: 10/27
2 FILER NAME Longoria, N	E Jora L. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00067397
4 Date 10/01/2024	 5 Full name of contributor		7 Amount of Contribution (\$) \$2,500.00
	Alamo, TX 78516		
8 Contributor's	Principal Occupation	9 Contributor's Job Title	
10 Contributor's	employer/law firm	11 Law firm of contributor's sp	ouse (if any)
12 If contributor	is a child, law firm of parent(s) (if any)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	1 Total pages Scl Sch: 1/3 Rpt:		
2 FILER NAME			3 Filer ID (Ethic	s Commission Filers)
Longoria, No	ora L. (The Honorable)		00067397	
4			_	
TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$	
	6 Full name of contributor ut-of-state PAC (ID#:)	8 Amount of contribution (\$)	9 In-kind contribution description
10/01/2024	Benavides, Gina (Ms.)			Digital signs - Brownsville
	7 Contributor address; City; State; Zip Code		, , ,	I
				i I
	Corpus Christi TV 79412			!
40 Driverinel con	Corpus Christi, TX 78413	14 Franksias (FOR NON		outside of Texas. Complete Schedule T.
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See ii	nstructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL)	(See instructions)
Justice		Justice		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
13th Court o	of Appeals			
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	l		
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of	In-kind contribution
10/01/2024	Benavides, Gina (Ms.)		contribution (\$)	
	Contributor address; City; State; Zip Code		\$2,087.50	l Digital signs - Corpus ^I Christi
]
	Corpus Christi, TX 78413		Check if travel of	outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See ii	nstructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)
Justice		Justice		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
13th Court o	of Appeals			
If contributor i	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
10/01/2024	Benavides, Gina (Ms.)		contribution (\$)	description
	Contributor address; City; State; Zip Code		\$2,122.50	I Digital signs - Mission
	7,			 -
				i I
	Corpus Christi, TX 78413		Check if travel of	l outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See ii	nstructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)
Justice		Justice		
	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
13th Court o				
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

	The Instru	action Guide explains how to complete this f	orm.	1 Total pages Schedule A2:	
				Sch: 2/3 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 out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution	
	10/02/2024	Benavides, Gina (Ms.)		contribution (\$) description \$16,507.64 Mailers	
		7 Contributor address; City; State; Zip Code		I	
				_	
		Corpus Christi, TX 78413	i	Check if travel outside of Texas. Complete Schedule T.	
10	Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)	
12	Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)	
	Justice		Justice		
14	Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)	
	13th Court o	of Appeals			
16	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution	
	10/21/2024	Benavides, Gina (Ms.)	/	contribution (\$) description	
		Contributor address; City; State; Zip Code		\$16,507.64 Mailers	
		, , , , , , , , , , , , , , , , , , ,		İ	
				į į	
		Corpus Christi, TX 78413		Check if travel outside of Texas. Complete Schedule T.	
	Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)	
	Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)	
	Justice		Justice		
	Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)	
	13th Court o	of Appeals			
	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	
	10/01/2024	Martinez, Joe (Mr.)	,	contribution (\$) description	
		Contributor address; City; State; Zip Code		\$1,000.00 Digital Signs - Brownsville	
				į	
		McAllen, TX 78503		Check if travel outside of Texas. Complete Schedule T.	
	Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)	
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 contributo	or's spouse (if any) (FOR JUDICIAL)	
	Law Office	of Jose Martinez			
	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 3/3 Rpt: 13/27 3 Filer ID (Ethics Commission Filers) FILER NAME Longoria, Nora L. (The Honorable) 00067397 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 10/01/2024 Pena, Ruben (Mr.) \$500.00 Digital Sign - Harlingen 7 Contributor address; City; State; Zip Code Harlingen, TX 78550 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) Attorney 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) Law Offices of Ruben R. Pena 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) In-kind contribution Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) description 10/01/2024 Richardson, Regina (Ms.) \$1,000.00 | Digital Signs - Brownsville Contributor address; City; State; Zip Code McAllen, TX 89504 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) 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 contributor's spouse (if any) (FOR JUDICIAL)

Law Office of Regina "Regi" Richardson

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total manne Coloradula 54	,
1	Total pages Schedule F1:	
	Sch: 1/11 Rpt: 14/27	Longoria, Nora L. (The Honorable) 00067397
4	Date	5 Payee name
	10/17/2024	Brand Boosters Co. LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,383.44	3607 S L Ln
	, ,	
		McAllen, TX 78503
		1
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 Campaign Signs
		Sampaigh Signs
_	Complete ONU V if allows	Condidate/Officeholder name Office sought
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	10/10/2024	Cameron County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	975 W. Ruben M. Torres Blvd, Suite 2
		Brownsville, TX 78520
_	DUDDOCE	1
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense
		Event Sponsorship
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· ·
\vdash	Data	
	Date	Payee name
	10/18/2024	Cameron County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.00	975 W. Ruben M. Torres Blvd, Suite 2
		Brownsville, TX 78520
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Event Sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense

	Contributions/ Donations Made By 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: 2/11 Rpt: 15/27	Longoria, Nora L. (The Honorable) 00067397
4	Date	5 Payee name
	10/25/2024	Cameron County Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$125.00	975 W. Ruben M. Torres Blvd, Suite 2
		Brownsville, TX 78520
Ļ	DUDDOCE	
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
		Liverit Openiorising
Ļ	Complete ONU V if allow :	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/20/2024	Cameron County Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	975 W. Ruben M. Torres Blvd, Suite 2
		Brownsville, TX 78520
		_
	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
		GOTV
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	10/24/2024	Carrera Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$7,500.00	135 Paseo del Prado
		Edinburg, TX 78542
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		GOTV
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-

SCHEDULE F1

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

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

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

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

	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
	10/16/2024	Carrera, Mike (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,200.00	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
		Consulting Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
⊨	Data	
	Date	Payee name
L	10/02/2024	Castaneda, Tracy A
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	1505 Alyssum Street
		WESLACO, TX 78599
	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
		Adminstrative Fees
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	09/27/2024	Garcia, Felipe Javier (Mr.)
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	6235 Main Street #2033
	Ψ1,000.00	ozos man odost // zoos
		Frisco, TX 75034
┝	PURPOSE	
l	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Trailer Rental
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	¬

SCHEDULE F1

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/11 Rpt: 17/27	Longoria, Nora L. (The Honorable) 00067397
4	Date	5 Payee name
	10/18/2024	Garcia , Hermilia (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	PO Box 1059
		Pharr, TX 78577
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
		Campaign Worker
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/18/2024	Garza, Steve (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	2606 Montgomery
	,	
		Corpus Christi, TX 78405
	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Worker
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/24/2024	Garza, Steve (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	2606 Montgomery
	7_00.00	
		Corpus Christi, TX 78405
	PURPOSE	10.5
	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
		Campaign Signs - Corpus Christi
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/11 Rpt: 18/27	Longoria, Nora L. (The Honorable) 00067397
4	Date	5 Payee name
	09/30/2024	Gulf Coast Mailing Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	6901South Padre Island Drive
		Corpus Christi, TX 77412
8	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 Football Program
		Football Flogram
_	Complete ONU V if allow	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/18/2024	Hernandez, Oscar (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	
		Corpus Christi, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Reimbursement for Food at Democratic Event
		Reimburgement for 1 ood at Democratic Event
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		
	Date	Payee name
	10/03/2024	Hidalgo County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$10,000.00	1210 W. Expressway 83, Unit # 7
		Pharr, TX 78577
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		COTY
		GOTV
	Commission ONE V. C. P.	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
		•

SCHEDULE F1

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

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

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 co	mplete 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			
10/23/2024	Kleberg County Democratic Party			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$100.00	800 E. King St.			
	Kingsville, TX 78363			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Food/Beverage Expense		vel outside of Texas. Cor	
		Food for E	ıstin, TX, officeholder livin	g expense
		FOOU IOI L	vent	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	laht .	Office h	eld
expenditure to benefit C/O		igrit	Office II	Ciu
Date	Pausa nama			
09/30/2024	Payee name Lamar Advertising			
	<u> </u>	- da		
Amount (\$) \$2,687.50	Payee address; City; State; Zip Co	oue		
\$2,007.50	2001 Industrial Way			
	Con Ponito TV 70500			
	San Benito, TX 78586			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	well outside of Toyon Con	anlata Sahadula T
EXPENDITURE	Advertising Expense		vel outside of Texas. Cor Istin, TX, officeholder livin	
			Advertising - Cor	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office h	eld
expenditure to benefit C/O	Н			
Date	Payee name			
10/01/2024	Lamar Advertising			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$61.25	2001 Industrial Way			
	San Benito, TX 78586			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Advertising Expense	· ·	vel outside of Texas. Cor	nplete Schedule T.
EXPENDITURE			ıstin, TX, officeholder livin	g expense
		Campaign	Advertising	
0 1. 6		1.		
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	gnt	Office h	eld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/11 Rpt: 20/27	Longoria, Nora L. (The Honorable) 00067397
4	Date	5 Payee name
	09/30/2024	Lamar Advertising
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,122.50	2001 Industrial Way
		San Benito, TX 78586
8	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 Advertising - Mission
		Campaign Advertising Mission
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit eror	
	Date	Payee name
	09/30/2024	Lamar Advertising
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	2001 Industrial Way
		San Benito, TX 78586
	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 - Brownsville
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/02/2024	Message Audience Web
	Amount (\$)	Payee address; City; State; Zip Code
	\$16,507.64	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.
		Check if Austin, TX, officeholder living expense Mailers
		With CTS
	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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/11 Rpt: 21/27	Longoria, Nora L. (The Honorable) 00067397
4	Date	5 Payee name
	10/21/2024	Message Audience Web
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16,507.64	2400 S. 4th St.
		Austin, TX 78704
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
		Mailers
		induiting the state of the stat
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	10/21/2024	Message Audience Web
		-
	Amount (\$) \$50,000.00	Payee address; City; State; Zip Code 2400 S. 4th St.
	\$50,000.00	2400 3. 401 31.
		A 11 TV TOTA
		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
		Digital Campaign Advertising
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	Н
	Date	Payee name
	10/15/2024	Message Audience Web
	Amount (\$)	Payee address; City; State; Zip Code
	\$32,915.27	2400 S. 4th St.
	Ψ02,010.21	2400 0. 401 00.
		Austin, TX 78704
	DUDDOOF	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Mailers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By
Condidate/Officebolder/Political

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/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not Credit Card Payment							bove)			
			The Instruction Guide expl	ains how to co	mple	ete this form.	_			
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 9/11 Rpt: 22/27	Longoria, f	Nora L. (The Honorable)					00067397		
4	Date	5 Payee name	;							
	10/02/2024	Nueces Co	ounty Democratic Party							
6	Amount (\$)	7 Payee addre	ess; City; S	tate; Zip Co	ode					
	\$437.50	2701 Morg	an Ave #600							
		Corpus Ch	risti, TX 78405							
8	PURPOSE	(a) Category (s	See Categories listed at the top of th	is echodulo)	(b)	Description				
	OF	Advertising		is scriedule)	()	:	outs	ide of Texas. Comp	plete Schedule T.	
	EXPENDITURE		,			_		, officeholder living	expense	
						Campaign Ac	dve	rtising		
9	Complete ONLY if direct		ficeholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/OI	1								
	Date	Payee name	;							
	10/16/2024	Ramirez, J	oseph (Mr.)							
	Amount (\$)	Payee addre	ess; City; S	tate; Zip Co	ode					
	\$1,750.00	1741 Star	Cove							
		Corpus Ch	risti, TX 78412							
	PURPOSE	(a) Category (s	See Categories listed at the top of th	is schedule)	(b)	Description				
	OF EXPENDITURE	Consulting		,		_	outs	ide of Texas. Com	olete Schedule T.	
	EXPENDITORE					ш		, officeholder living	expense	
						Consulting Fe	ee			
	0 1: 0.11.7.7.1.	0 111 100		0.00	<u> </u>			0,50		
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ignt			Office he	eia	
	Date	Payee name								
	10/19/2024	Saldana, T								
	Amount (\$)	Payee addre	, , , , , , , , , , , , , , , , , , , ,	tate; Zip Co	ode					
	\$250.00	202 S Eag	е							
		San Juan,	TX 78589							
	PURPOSE OF	(a) Category (s	See Categories listed at the top of th	is schedule)	(b)	Description				
	EXPENDITURE	Fees						ide of Texas. Comp , officeholder living		
						Campaign W			expense	
						Campaign W	0111	.01		
	Complete ONLY if direct	L Candidate/∩f	ficeholder name	Office sou	l laht			Office he	eld	
	expenditure to benefit C/OI			J.1100 000	. y . 11			J00 110		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Candidate/Officeholder/Political Committee										OTHER (enter a category not listed above)			
	Credit Card Payment			The Instruction G	uide explains h	now to co	mple	ete this form.					
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)	
	Sch: 10/11 Rpt: 23/27 Longoria, Nora L. (The Honorable)							00067397					
4	Date	5	Payee name					•					
	10/26/2024		Stripes										
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de						
	\$411.69		354 Oyster I	Point Blvd.									
			South San F	rancisco, CA 9	94080								
8	PURPOSE	(a)	Category (sc	e Categories listed at	the top of this scho	odulo)	(b)	Description					
	OF	 `	Accounting/		ule top of this scrie	tuuie)	` '	_ `	outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE		· ·	G				_		officeholder living	g expense		
								Online Bankir 09/27/24 to 1					
								03/2//24 to 1	012				
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	0	ffice sou	ght			Office h	eld		
		_											
	Date		Payee name										
	10/02/2024		The Print Sh	юр									
	Amount (\$)		Payee addres		State;	Zip Co	de						
	\$378.88		3906 S. Jac	kson Rd.									
			Edinburg, T	X 78539									
	PURPOSE OF	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description					
	EXPENDITURE		/ dvertising Expense						el outside of Texas. Complete Schedule T. in, TX, officeholder living expense				
							Printing Express						
								J 1					
	Complete ONLY if direct		Candidate/Offic	ceholder name	0	ffice sou	ght			Office he	eld		
	expenditure to benefit C/OI	Н											
	Date		Payee name										
	10/07/2024		The Print Sh	юр									
	Amount (\$)		Payee addres		State;	Zip Co	de						
	\$703.63		3906 S. Jac	-		·							
			Edinburg, T	X 78539									
	PURPOSE	(a)		e Categories listed at	the ten of this cohe	odulo)	(b)	Description					
	OF	``	Advertising I		ule top of this scrie	tuuie)	(- ,		outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE		J	•				_		officeholder living	g expense		
								Campaign Ac	lve	rtising			
	0 1. 0												
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	0	ffice sou	ght			Office h	eld		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic		/ - al Co	mmittee	Food/Beverage Expense Gift/Awards/Memorials E Legal Services	e Expense	Polling Exp Printing Exp	ense ense ges/Contrac			Travel in District Travel Out of Dis	strict category not listed	
	Credit Card Payment			The Instruction Gui	de explains l	how to con	plete this	form.				
1	Total pages Schedule F1: Sch: 11/11 Rpt: 24/27	2		IE Nora L. (The Hond	orable)					Filer ID 00067397	(Ethics Comm	nission Filers)
┝	Date	5	Payee name		,							
	10/16/2024		The Print S									
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Coo	е					
	\$108.25		3906 S. Ja	ickson Rd.								
			Edinburg, ⁻	TX 78539								
8	PURPOSE	(a)	Category /	See Categories listed at the	top of this sch	odulo)	b) Desci	rintion				
	OF	l`	Advertising		top or this some	eduic)			outsio	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			,						officeholder living	expense	
							Cam	paign Ad	lver	rtising		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Of	ficeholder name	C	Office soug	ht			Office he	eld	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		xpense Vages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILE	R NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 1/2 Rpt: 25/27	Lon	goria, Nora L. (The Honorable)				00067397
4	Date	5 Paye	ee name			•	
	10/22/2024	Circ	le K				
6	Amount (\$)	7 Paye	ee address; City; State;	Zip Co	ode		
	\$59.11 Reimbursement from political contributions intended	Edir	nburg, TX 78539				
8	PURPOSE	(a) Cate	gory (See Categories listed at the top of this sch	edule)	(b) Description	Ch	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Trav	vel In District			Ch	eck if Austin, TX, officeholder living expense
					Gas Fee		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	te/Officeholder name		Office sought		Office held
	Date	Paye	ee name				
	10/10/2024	Cob	bleheads				
	Amount (\$)	Paye	ee address; City; State;	Zip Co	ode		
	\$65.85	315	4 Central Blvd.				
	Reimbursement from political contributions intended	Brov	wnsville, TX 78520				
	PURPOSE	Cate	gory (See Categories listed at the top of this sch	edule)	Description	Ch	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Foo	d/Beverage Expense			Ch	eck if Austin, TX, officeholder living expense
	LAFENDITORE				Meal w/Constitue	ents	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	te/Officeholder name		Office sought		Office held
	Date	Paye	ee name				
	09/27/2024	Gor	zales Chamber of Commerce				
	Amount (\$)	Paye	ee address; City; State;	Zip Co	ode		
	\$104.00	304	St. Louis St.				
	Reimbursement from political contributions intended	Gor	zales, TX 78629				
	PURPOSE	Cate	gory (See Categories listed at the top of this sch	edule)	Description	=	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Eve	nt Expense		L	Ch	eck if Austin, TX, officeholder living expense
					Parade Fee		
	Complete ONLY if direct expenditure to benefit C/OH	Candida	te/Officeholder name		Office sought		Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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. Filer ID Total pages Schedule G: FILER NAME (Ethics Commission Filers) Sch: 2/2 Rpt: 26/27 Longoria, Nora L. (The Honorable) 00067397 Date Payee name 09/30/2024 **Hobby Lobby** 6 Amount (\$) Payee address; City; State; Zip Code 7600 N. 10th St. \$23.74 Reimbursement from political contributions intended Х McAllen, TX 78504 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Parade Decorations Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/18/2024 Paris Bakery Amount (\$) Payee address; City; State; Zip Code \$403.20 1046 E. University Reimbursement from political contributions Χ Edinburg, TX 78539 intended PURPOSE Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE Baked Goods for Event** 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 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Longoria, Nora L. (The Honorable) 00067397 5 Name of person from whom amount is received 8 Amount (\$) 10/17/2024 \$23.57 Lone Star National Bank 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