FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00085732 3 COMMITTEE NAME **OFFICE USE ONLY** Edinburg AFT COPE Date Received **ELECTRONICALLY FILED** 01/11/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1508 S Sugar Date Hand-delivered or Date Postmarked STE A Change of Address Edinburg, TX 78539 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Javier NAME NICKNAME LAST **SUFFIX** Olivarez STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1508 S Sugar STREET **ADDRESS** STE A (Residence or Business) Edinburg, TX 78539 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1508 S Sugar. Ste. A MAILING **ADDRESS** Edinburg, TX 78539 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 318-3238 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Edinburg AFT COPE			00085732	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M x check here if this report	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	135.96
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	2.19
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	1,442.49
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u>'</u>			
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mr. Javie	er Olivarez	
		Signature of Ca	mpaign Treasur	rer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tl	his the	day
		which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offic	er administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

			3 of 2	<u>2</u> 9
17 COMMIT	TEE NAME	18 Filer ID	(Ethics Commission Filers))
Edinburç	JAFT COPE			
19 SCHEDU NAME OF	SUBTOTAL AMOUNT	Г		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 135	5.96
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	!	\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
9.	SCHEDULE E: LOANS		\$	
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	2.19
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	0.06

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	s fori	m.	1	Total pages Schedule A1: Sch: 1/9 Rpt: 4/29	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Edinburg AF					00085732	
4	Date 07/30/2024	Full name of contributor	D#:)	7	Amount of Contribution (\$)	\$5.00
		EDINBURG, TX 78541					
8	Principal occu TEACHER	pation / Job title (See Instructions)	9	Employer (See Instructions EDINBURG CISD)		
	Date 08/28/2024	Full name of contributor	D#:)		Amount of Contribution (\$)	\$5.00
		EDINBURG, TX 78541					
	TEACHER	pation / Job title (See Instructions)		Employer (See Instructions EDINBURG CISD)		
	Date 09/28/2024	Full name of contributor out-of-state PAC (ID ALCALA, MICHELLE (Ms.) Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$5.00
		EDINBURG, TX 78541					
	Principal occu TEACHER	pation / Job title (See Instructions)		Employer (See Instructions EDINBURG CISD)		
	Date 10/30/2024	Full name of contributor out-of-state PAC (IE ALCALA, MICHELLE (Ms.) Contributor address; City; State; Zip Code EDINBURG, TX 78541	D#:			Amount of Contribution (\$)	\$5.00
	Principal occu TEACHER	pation / Job title (See Instructions)		Employer (See Instructions EDINBURG CISD)		
	Date 11/28/2024	Full name of contributor out-of-state PAC (ID ALCALA, MICHELLE (Ms.) Contributor address; City; State; Zip Code EDINBURG, TX 78541	D#:			Amount of Contribution (\$)	\$5.00
	Principal occu TEACHER	pation / Job title (See Instructions)		Employer (See Instructions EDINBURG CISD)		

	MONETARY POLITICAL CONTRIBUTIONS				■ A1		
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 2/9 Rpt: 5/29	
2	FILER NAME Edinburg AF	T COPE			3	Filer ID (Ethics Commission 00085732	Filers)
4	Date 12/28/2024	5 Full name of contributor out-of-state PAC (ID# ALCALA, MICHELLE (Ms.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$5.00
_		EDINBURG, TX 78541					
8	TEACHER	pation / Job title (See Instructions)	9	Employer (See Instructions EDINBURG CISD	5)		
	Date 08/28/2024	Full name of contributor out-of-state PAC (ID# CANTU, ISRAEL, (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Deire die alle access	EDINBURG, TX 78541	_	Facelouse (One leaders time			
	TEACHER	pation / Job title (See Instructions)		Employer (See Instructions EDINBURG CISD	5)		
	Date 09/28/2024	Full name of contributor out-of-state PAC (ID# CANTU, ISRAEL, (Mr.) Contributor address; City; State; Zip Code	#:		•	Amount of Contribution (\$)	\$5.00
	Deire die alle acces	EDINBURG, TX 78541		Facelouse (One leaders time			
	TEACHER	pation / Job title (See Instructions)		Employer (See Instructions EDINBURG CISD	5)		
	Date 10/30/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu TEACHER	pation / Job title (See Instructions)		Employer (See Instructions EDINBURG CISD	<u> </u> s)		
	Date 11/28/2024	Full name of contributor out-of-state PAC (ID# CANTU, ISRAEL, (Mr.) Contributor address; City; State; Zip Code EDINBURG, TX 78541	#:)		Amount of Contribution (\$)	\$5.00
	Principal occu TEACHER	pation / Job title (See Instructions)		Employer (See Instructions EDINBURG CISD	s)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/9 Rpt: 6/29	
2	FILER NAME Edinburg AF			3	Filer ID (Ethics Commission 00085732	Filers)
4	Date 12/28/2024	5 Full name of contributor out-of-state PAC (ID#:_ CANTU, ISRAEL, (Mr.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$5.00
_		EDINBURG, TX 78541				
8	TEACHER	pation / Job title (See Instructions)	9 Employer (See Instructions) EDINBURG CISD)		
	Date 07/30/2024	Full name of contributor out-of-state PAC (ID#:_CANTU, IVAN (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.08
	Deinainal agai	EDINBURG, TX 78541	Fareleyer (Cook lastructions)			
	TEACHER	pation / Job title (See Instructions)	Employer (See Instructions) EDINBURG CISD)		
	Date 08/28/2024	Full name of contributor out-of-state PAC (ID#: CANTU, IVAN (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.08
		EDINBURG, TX 78541				
	Principal occu TEACHER	pation / Job title (See Instructions)	Employer (See Instructions) EDINBURG CISD)		
	Date 09/28/2024	Full name of contributor out-of-state PAC (ID#:_ CANTU, IVAN (Mr.) Contributor address; City; State; Zip Code EDINBURG, TX 78541)		Amount of Contribution (\$)	\$2.08
	Principal occu TEACHER	pation / Job title (See Instructions)	Employer (See Instructions) EDINBURG CISD)		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_ CANTU, IVAN (Mr.) Contributor address; City; State; Zip Code EDINBURG, TX 78541)		Amount of Contribution (\$)	\$2.08
	Principal occu TEACHER	pation / Job title (See Instructions)	Employer (See Instructions) EDINBURG CISD)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 4/9 Rpt: 7/29	
2	FILER NAME Edinburg AF	T COPE			3	Filer ID (Ethics Commission 00085732	Filers)
4	Date 11/28/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$2.08
_	Deinsinal	EDINBURG, TX 78541	_	Foundation (October to the street)			
8	TEACHER	pation / Job title (See Instructions)	9	Employer (See Instructions EDINBURG CISD	5)		
	Date 12/28/2024	Full name of contributor				Amount of Contribution (\$)	\$2.08
	Principal occu	EDINBURG, TX 78541 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	TEACHER	pation / Job title (See Instructions)		Employer (See Instructions EDINBURG CISD	»)		
	Date 08/30/2024	Full name of contributor out-of-state PAC (ID#:_ CONTRERAS, ANA (Miss) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
		MCALLEN, TX 78504					
	Principal occu TEACHER	pation / Job title (See Instructions)		Employer (See Instructions EDINBURG CISD	s)		
	Date 10/02/2024	Full name of contributor out-of-state PAC (ID#:_ CONTRERAS, ANA (Miss) Contributor address; City; State; Zip Code MCALLEN, TX 78504)		Amount of Contribution (\$)	\$5.00
	Principal occu TEACHER	pation / Job title (See Instructions)		Employer (See Instructions EDINBURG CISD	5)		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_ CONTRERAS, ANA (Miss) Contributor address; City; State; Zip Code MCALLEN, TX 78504)		Amount of Contribution (\$)	\$5.00
	Principal occu TEACHER	pation / Job title (See Instructions)		Employer (See Instructions EDINBURG CISD	5)		
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	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE	E A1	
	The Instru	ction Guide explains how to complete this fo	orr	m.	1	Total pages Schedule A1: Sch: 5/9 Rpt: 8/29	
2	FILER NAME Edinburg AF	T COPE			3	Filer ID (Ethics Commission 00085732	Filers)
4	Date 07/30/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$3.08
_		EDINBURG, TX 78541-1300	-				
8	Principal occu TEACHER	pation / Job title (See Instructions)	9	Employer (See Instructions EDINBURG CISD	5)		
	Date 08/28/2024	Full name of contributor)		Amount of Contribution (\$)	\$3.08
	Principal occu	EDINBURG, TX 78541-1300 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	TEACHER	,		EDINBURG CISD			
	Date 09/28/2024	Full name of contributor				Amount of Contribution (\$)	\$3.08
		EDINBURG, TX 78541-1300					
	Principal occu TEACHER	pation / Job title (See Instructions)		Employer (See Instructions EDINBURG CISD	i)		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_FAUBION, ERIKA (Ms.) Contributor address; City; State; Zip Code EDINBURG, TX 78541-1300				Amount of Contribution (\$)	\$3.08
	Principal occu TEACHER	pation / Job title (See Instructions)		Employer (See Instructions EDINBURG CISD	()		
	Date 11/28/2024	Full name of contributor out-of-state PAC (ID#:_FAUBION, ERIKA (Ms.) Contributor address; City; State; Zip Code EDINBURG, TX 78541-1300)		Amount of Contribution (\$)	\$3.08
	Principal occu TEACHER	pation / Job title (See Instructions)		Employer (See Instructions EDINBURG CISD	()		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE	A1	
	The Instruc	ction Guide explains how to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 6/9 Rpt: 9/29	
2	FILER NAME Edinburg AF	T COPE			3	Filer ID (Ethics Commission 00085732	Filers)
4	Date 12/28/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$3.08
_	5	EDINBURG, TX 78541-1300	_				
8	Principal occu TEACHER	pation / Job title (See Instructions)	9	Employer (See Instructions EDINBURG CISD	s) 		
	Date 07/30/2024	Full name of contributor)		Amount of Contribution (\$)	\$3.00
	Principal occu	WESLACO, TX 78599-4640 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	TEACHER	pation / oob title (ood mottadaone)		EDINBURG CISD	,,		
	Date 08/28/2024	Full name of contributor)		Amount of Contribution (\$)	\$3.00
		WESLACO, TX 78599-4640					
	Principal occu TEACHER	pation / Job title (See Instructions)		Employer (See Instructions EDINBURG CISD	5)		
	Date 09/28/2024	Full name of contributor out-of-state PAC (ID#:_GARZA, DELORES (Ms.) Contributor address; City; State; Zip Code WESLACO, TX 78599-4640				Amount of Contribution (\$)	\$3.00
	Principal occu TEACHER	pation / Job title (See Instructions)		Employer (See Instructions EDINBURG CISD	5)		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_GARZA, DELORES (Ms.) Contributor address; City; State; Zip Code WESLACO, TX 78599-4640)		Amount of Contribution (\$)	\$3.00
	Principal occu TEACHER	pation / Job title (See Instructions)		Employer (See Instructions EDINBURG CISD	5)		
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MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE	ILE A1		
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 7/9 Rpt: 10/29	
2	FILER NAME Edinburg AF	T COPE			3	Filer ID (Ethics Commission 00085732	Filers)
4	Date 11/28/2024	5 Full name of contributor out-of-state PAC (ID#:_GARZA, DELORES (Ms.) 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$3.00
		WESLACO, TX 78599-4640					
8	Principal occu TEACHER	pation / Job title (See Instructions)	9	Employer (See Instructions EDINBURG CISD	s)		
	Date 12/28/2024	Full name of contributor out-of-state PAC (ID#:_GARZA, DELORES (Ms.) Contributor address; City; State; Zip Code)	-	Amount of Contribution (\$)	\$3.00
	Principal occu	WESLACO, TX 78599-4640 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	TEACHER	pation / 300 title (See Instructions)		EDINBURG CISD	·)		
	Date 07/30/2024	Full name of contributor out-of-state PAC (ID#:_ GONZALEZ, MARSHA (Ms.) Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$1.00
		EDINBURG, TX 78539			L		
	RETIRED TE	pation / Job title (See Instructions) EACHER		Employer (See Instructions EDINBURG CISD	5)		
	Date 08/28/2024	Full name of contributor out-of-state PAC (ID#:_ GONZALEZ, MARSHA (Ms.) Contributor address; City; State; Zip Code EDINBURG, TX 78539)	•	Amount of Contribution (\$)	\$1.00
	Principal occu RETIRED TE	pation / Job title (See Instructions)		Employer (See Instructions EDINBURG CISD	<u>l</u> S)		
	Date 09/28/2024	Full name of contributor out-of-state PAC (ID#:_GONZALEZ, MARSHA (Ms.) Contributor address; City; State; Zip Code EDINBURG, TX 78539				Amount of Contribution (\$)	\$1.00
	Principal occu RETIRED TE	pation / Job title (See Instructions) EACHER		Employer (See Instructions EDINBURG CISD	5)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 8/9 Rpt: 11/29	
2	FILER NAME Edinburg AF	T COPE			3	Filer ID (Ethics Commission 00085732	Filers)
4	Date 10/30/2024	5 Full name of contributor out-of-state PAC (ID#:_ GONZALEZ, MARSHA (Ms.) 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$1.00
_		EDINBURG, TX 78539	_	5 1 (0 1 1 1	<u></u>		
8	Principal occu RETIRED TE	pation / Job title (See Instructions) EACHER	9	Employer (See Instructions EDINBURG CISD	5)		
	Date 11/28/2024	Full name of contributor out-of-state PAC (ID#:_ GONZALEZ, MARSHA (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1.00
		EDINBURG, TX 78539			Ĺ		
	Principal occu RETIRED TE	pation / Job title (See Instructions) EACHER		Employer (See Instructions EDINBURG CISD	5)		
	Date 12/28/2024	Full name of contributor out-of-state PAC (ID#:_ GONZALEZ, MARSHA (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1.00
	Principal occu	EDINBURG, TX 78539 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	RETIRED TE	·		EDINBURG CISD			
	Date 07/30/2024	Full name of contributor out-of-state PAC (ID#:_ VIDAL, OLGA (Ms.) Contributor address; City; State; Zip Code EDINBURG, TX 78540-2192)		Amount of Contribution (\$)	\$1.00
	Principal occu TEACHER	pation / Job title (See Instructions)		Employer (See Instructions EDINBURG CISD	5)		
	Date 08/28/2024	Full name of contributor out-of-state PAC (ID#:_VIDAL, OLGA (Ms.) Contributor address; City; State; Zip Code EDINBURG, TX 78540-2192				Amount of Contribution (\$)	\$1.00
	Principal occu TEACHER	pation / Job title (See Instructions)		Employer (See Instructions EDINBURG CISD	5)		

ıle A1:
ommission Filers)
tion (\$) \$1.00
tion (\$) \$1.00
tion (\$) \$1.00
tion (\$) \$1.00
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1. Total pages Calculula 54	
1 Total pages Schedule F1:	
Sch: 1/15 Rpt: 13/29	Edinburg AFT COPE 00085732
4 Date	5 Payee name
07/30/2024	ALCALA, MICHELLE (Ms.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.07	3404 SAHARA DR APT 2
Ψ0.01	5404 5/41/41/CDIC/ALT 2
Expenditure from	
corporate funds	EDINBURG, TX 78541
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.
LAPENDITORE	Check if Austin, TX, officeholder living expense
	TRANSACTION FEE
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
08/28/2024	ALCALA, MICHELLE (Ms.)
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$0.07	3404 SAHARA DR APT 2
Expenditure from	
corporate funds	EDINBURG, TX 78541
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE	Check if Austin, TX, officeholder living expense
	TRANSACTION FEE
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
09/28/2024	ALCALA, MICHELLE (Ms.)
	` '
Amount (\$)	Payee address; City; State; Zip Code
\$0.07	3404 SAHARA DR APT 2
Expenditure from	
corporate funds	EDINBURG, TX 78541
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EAPENDITUKE	Check if Austin, TX, officeholder living expense
	TRANSACTION FEE
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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: 2/15 Rpt: 14/29	Edinburg AFT COPE 00085732
4 Date	5 Payee name
10/30/2024	ALCALA, MICHELLE (Ms.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.07	3404 SAHARA DR APT 2
Expenditure from corporate funds	EDINBURG, TX 78541
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 TRANSACTION FEE
	THO WAS ACTION 1 EE
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Davies same
	Payee name
11/28/2024	ALCALA, MICHELLE (Ms.)
Amount (\$)	Payee address; City; State; Zip Code
\$0.07	3404 SAHARA DR APT 2
Expenditure from	
corporate funds	EDINBURG, TX 78541
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
_/	Check if Austin, TX, officeholder living expense
	TRANSACTION FEE
Commission ONII V if disposi	Condidate/Officeholder name Office county
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/28/2024	ALCALA, MICHELLE (Ms.)
Amount (\$)	Payee address; City; State; Zip Code
\$0.07	3404 SAHARA DR APT 2
— Constantitude forms	
Expenditure from corporate funds	EDINBURG, TX 78541
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	TRANSACTION FEE
Operated Objects "	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to con	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 3/15 Rpt: 15/29	Edinburg AFT COPE		00085732	
4 Date	5 Payee name			
08/28/2024	CANTU, ISRAEL (Mr.)			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$0.14	1406 MARCY STREET			
Expenditure from				
corporate funds	EDINBURG, TX 78541			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Fees		avel outside of Texas. Com ustin, TX, officeholder living	
			CTION FEE	y expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office he	eld
expenditure to benefit C/O	4			
Date	Payee name			
09/28/2024	CANTU, ISRAEL (Mr.)			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$0.07	1406 MARCY STREET			
Expenditure from				
corporate funds	EDINBURG, TX 78541			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees		evel outside of Texas. Com ustin, TX, officeholder living	
		TRANSAC		у схропас
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office he	eld
expenditure to benefit C/OI	1			
Date	Payee name			
10/30/2024	CANTU, ISRAEL (Mr.)			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$0.07	1406 MARCY STREET			
Expenditure from				
corporate funds	EDINBURG, TX 78541			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Fees	=	avel outside of Texas. Com ustin, TX, officeholder living	
		TRANSAC		у схропас
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office he	eld
expenditure to benefit C/O	4			

SCHEDULE F1

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

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

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/15 Rpt: 16/29	Edinburg AFT COPE 00085732
4 Date	5 Payee name
11/28/2024	CANTU, ISRAEL (Mr.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.07	1406 MARCY STREET
- Evpanditura from	
Expenditure from corporate funds	EDINBURG, TX 78541
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 TRANSACTION FEE
	THO WORLD THE E
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
12/28/2024	CANTU, ISRAEL (Mr.)
Amount (\$)	Payee address; City; State; Zip Code
\$0.07	1406 MARCY STREET
Expenditure from	
corporate funds	EDINBURG, TX 78541
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense TRANSACTION FEE
	TRANSACTION FLE
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Dougo nama
07/30/2024	Payee name CANTU, IVAN (Mr.)
Amount (\$)	Payee address; City; State; Zip Code
\$0.03	3205 LA PUERTA AVE
Expenditure from	
corporate funds	EDINBURG, TX 78541-4397
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
	TRANSACTION FEE
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

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

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/15 Rpt: 17/29	Edinburg AFT COPE 00085732
4 Date	5 Payee name
08/28/2024	CANTU, IVAN (Mr.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.03	3205 LA PUERTA AVE
Expenditure from corporate funds	EDINBURG, TX 78541-4397
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	TRANSACTION FEE
	THE WAS TO THE TELE
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
·	
Date	Payee name
09/28/2024	CANTU, IVAN (Mr.)
Amount (\$)	Payee address; City; State; Zip Code
\$0.03	3205 LA PUERTA AVE
Expenditure from corporate funds	EDINBURG, TX 78541-4397
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 TRANSACTION FEE
	TRANSACTION FEE
2 1 2 2 1 1 2 1 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/30/2024	CANTU, IVAN (Mr.)
Amount (\$)	Payee address; City; State; Zip Code
\$0.03	3205 LA PUERTA AVE
Expenditure from corporate funds	EDINBURG, TX 78541-4397
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	TRANSACTION FEE
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/15 Rpt: 18/29	Edinburg AFT COPE 00085732
4 Date	5 Payee name
11/28/2024	CANTU, IVAN (Mr.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.03	3205 LA PUERTA AVE
Expenditure from corporate funds	EDINBURG, TX 78541-4397
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
	TRANSACTION FEE
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/28/2024	CANTU, IVAN (Mr.)
Amount (\$)	Payee address; City; State; Zip Code
\$0.03	3205 LA PUERTA AVE
Ψ0.03	3233 EAT GERTAANE
Expenditure from corporate funds	EDINBURG, TX 78541-4397
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.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	TRANSACTION FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/30/2024	CONTRERAS, ANA (Miss)
Amount (\$)	Payee address; City; State; Zip Code
\$0.19	4112 NORTH 43RD STREET
Expenditure from corporate funds	MCALLEN, TX 78504
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
	TRANSACTION FEE
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 Contributions/ Donations Made By -

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

Candidate/Officeholder/Politica Credit Card Payment	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: 7/15 Rpt: 19/29	Edinburg AFT COPE 00085732
4 Date	5 Payee name
10/02/2024	CONTRERAS, ANA (Miss)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.19	4112 NORTH 43RD STREET
Expenditure from corporate funds	MCALLEN, TX 78504
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 TRANSACTION FEE
	THANNOACTION I EE
Complete CNI V if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
10/30/2024	CONTRERAS, ANA (Miss)
Amount (\$)	Payee address; City; State; Zip Code
\$0.19	4112 NORTH 43RD STREET
Expenditure from corporate funds	MCALLEN, TX 78504
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
	TRANSACTION FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit ever	
Date	Payee name
07/30/2024	FAUBION, ERIKA (Ms.)
Amount (\$)	Payee address; City; State; Zip Code
\$0.04	540 BARTON DR
Expenditure from corporate funds	EDINBURG, TX 78541-1300
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.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	TRANSACTION FEE
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<u> </u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/15 Rpt: 20/29 Edinburg AFT COPE 00085732 4 Date Payee name 08/28/2024 FAUBION, ERIKA (Ms.) 6 Amount (\$) Payee address; City; State; Zip Code \$0.04 540 BARTON DR Expenditure from EDINBURG, TX 78541-1300 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense TRANSACTION FEE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/28/2024 FAUBION, ERIKA (Ms.) Amount (\$) Payee address; City; State; Zip Code \$0.04 540 BARTON DR Expenditure from EDINBURG, TX 78541-1300 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense TRANSACTION FEE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/30/2024 FAUBION, ERIKA (Ms.) Amount (\$) Payee address: City; State; Zip Code \$0.04 540 BARTON DR Expenditure from corporate funds EDINBURG, TX 78541-1300 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense TRANSACTION FEE Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense Travel in District

Solicitation/Fundraising Expense

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/15 Rpt: 21/29 Edinburg AFT COPE 00085732 4 Date Payee name 11/28/2024 FAUBION, ERIKA (Ms.) 6 Amount (\$) Payee address; City; State; Zip Code \$0.04 540 BARTON DR Expenditure from EDINBURG, TX 78541-1300 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense TRANSACTION FEE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/28/2024 FAUBION, ERIKA (Ms.) Amount (\$) Payee address; City; State; Zip Code \$0.04 540 BARTON DR Expenditure from EDINBURG, TX 78541-1300 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense TRANSACTION FEE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/30/2024 GARZA, DELORES (Ms.) Amount (\$) Payee address: City: State; Zip Code \$0.04 1312 W MILE 10 N Expenditure from WESLACO, TX 78599-4640 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense TRANSACTION FEE Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	
4 7 1 0 1 1 54	
1 Total pages Schedule F1: Sch: 10/15 Rpt: 22/29	2 FILER NAME Edinburg AFT COPE 3 Filer ID (Ethics Commission Filers) 00085732
4 Date	5 Payee name
08/28/2024	GARZA, DELORES (Ms.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.04	1312 W MILE 10 N
Expenditure from corporate funds	WESLACO, TX 78599-4640
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense
	TRANSACTION FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/28/2024	GARZA, DELORES (Ms.)
Amount (\$)	Payee address; City; State; Zip Code
\$0.04	1312 W MILE 10 N
Expenditure from corporate funds	WESLACO, TX 78599-4640
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.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	TRANSACTION FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/30/2024	GARZA, DELORES (Ms.)
Amount (\$)	Payee address; City; State; Zip Code
\$0.04	1312 W MILE 10 N
\$6.64	TOTE WINNEL TO IV
Expenditure from	
corporate funds	WESLACO, TX 78599-4640
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	TRANSACTION FEE
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to c	complet	e this form.
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 11/15 Rpt: 23/29	Edinburg AFT COPE		00085732
4 Date	5 Payee name		
11/28/2024	GARZA, DELORES (Ms.)		
6 Amount (\$)	7 Payee address; City; State; Zip C	Code	
\$0.04	1312 W MILE 10 N		
Expenditure from corporate funds	WESLACO, TX 78599-4640		
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.
EXPENDITORE		[Check if Austin, TX, officeholder living expense
			TRANSACTION FEE
O Commission ONII V if direct	Constitute / Office helder regree		Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ougnt	Office held
Date	Payee name		
12/28/2024	GARZA, DELORES (Ms.)		
Amount (\$)	Payee address; City; State; Zip C	Code	
\$0.04	1312 W MILE 10 N		
Expenditure from			
corporate funds	WESLACO, TX 78599-4640		
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
		!	TRANSACTION FEE
Complete ONLY if direct	Candidate/Officeholder name Office so	 ought	Office held
expenditure to benefit C/O	Н	-	
Date	Payee name		
07/30/2024	GONZALEZ, MARSHA (Ms.)		
Amount (\$)	Payee address; City; State; Zip C	:ode	
\$0.01	603 PEBBLE CREEK APT 4	Jouc	
Expenditure from corporate funds	EDINBURG, TX 78539-2324		
PURPOSE	1	(b)	December
OF	(a) Category (See Categories listed at the top of this schedule) Fees	(0)	Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	1 003	li	Check if Austin, TX, officeholder living expense
		'	TRANSACTION FEE
Complete ONLY if direct	Candidate/Officeholder name Office so	ought	Office held
expenditure to benefit C/O			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 12/15 Rpt: 24/29	Edinburg AFT COPE 00085732	
4 Date	5 Payee name	
08/28/2024	GONZALEZ, MARSHA (Ms.)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$0.01	603 PEBBLE CREEK APT 4	
Expenditure from corporate funds	EDINBURG, TX 78539-2324	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	TRANSACTION FEE	
	THE WORLD THE WILL BE A STATE OF THE STATE O	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
		_
Date	Payee name	
09/28/2024	GONZALEZ, MARSHA (Ms.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$0.01	603 PEBBLE CREEK APT 4	
Expenditure from corporate funds	EDINBURG, TX 78539-2324	
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 TRANSACTION FEE	
	TRANSACTION FEE	
Operation ONE Wife discont	Our stide to 10 th as health as many as the state of the second to the s	_
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
<u>'</u>		
Date	Payee name	
10/30/2024	GONZALEZ, MARSHA (Ms.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$0.01	603 PEBBLE CREEK APT 4	
Expenditure from corporate funds	EDINBURG, TX 78539-2324	
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.	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	TRANSACTION FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experialitate to belieff 6/61		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 13/15 Rpt: 25/29	Edinburg AFT COPE	00085732
4 Date	5 Payee name	
11/28/2024	GONZALEZ, MARSHA (Ms.)	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$0.01	603 PEBBLE CREEK APT 4	
Expenditure from corporate funds	EDINBURG, TX 78539-2324	
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 TRANSACTION FEE
		TRANSACTION FEE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght Office held
experience to belief Gree	•	
Date	Payee name	
12/28/2024	GONZALEZ, MARSHA (Ms.)	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$0.01	603 PEBBLE CREEK APT 4	
Ψ0.01	0001 EBBLE CREEK ALT 4	
Expenditure from corporate funds	EDINBURG, TX 78539-2324	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	. 555	Check if Austin, TX, officeholder living expense
		TRANSACTION FEE
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI	1	
Data	Parameter	
Date	Payee name	
07/30/2024	VIDAL, OLGA (Ms.)	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$0.01	P.O. BOX 2192	
Expenditure from corporate funds	EDINBURG, TX 78540-2192	
PURPOSE	(2) 6	(h) Description
OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees	Check if Austin, TX, officeholder living expense
		TRANSACTION FEE
Complete ONLY if direct	Candidate/Officeholder name Office sou	light Office held
expenditure to benefit C/OI		git Since held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
_	Sch: 14/15 Rpt: 26/29	Edinburg AFT COPE 00085732
4	Date	5 Payee name
	08/28/2024	VIDAL, OLGA (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.01	P.O. BOX 2192
	Expenditure from corporate funds	EDINBURG, TX 78540-2192
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 TRANSACTION FEE
		THO WO NOTION I LE
0	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	09/28/2024	VIDAL, OLGA (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.01	P.O. BOX 2192
_	T Expenditure from	
	corporate funds	EDINBURG, TX 78540-2192
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		TRANSACTION FEE
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/30/2024	VIDAL, OLGA (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.01	P.O. BOX 2192
	- Formanditura franc	
	Expenditure from corporate funds	EDINBURG, TX 78540-2192
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		TRANSACTION FEE
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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: 15/15 Rpt: 27/29	Edinburg AFT COPE 00085732
4 Date	5 Payee name
11/28/2024	VIDAL, OLGA (Ms.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.01	P.O. BOX 2192
Expenditure from corporate funds	EDINBURG, TX 78540-2192
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
	TRANSACTION FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/28/2024	VIDAL, OLGA (Ms.)
Amount (\$)	Payee address; City; State; Zip Code
\$0.01	P.O. BOX 2192
Expenditure from corporate funds	EDINBURG, TX 78540-2192
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
	TRANSACTION FEE
2 1 2 2 2 2 2 2 2	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

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

SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1			ages Schedule K: /2 Rpt: 28/29	
2	FILER NAME		3	Filer	· ID	(Ethics Commission F	ilers)
	Edinburg AFT COPE			000	85	732	
4		5 Name of person from whom amount is received			_	8 Amount (\$)	
ľ	07/31/2024	Bank Of America				σ Amount (φ)	\$0.01
	01/31/2024	ļ					Ψ0.01
		6 Address of person from whom amount is received; City; State; Zip Code					
		Edinburg, TX 78539					
			ck if politi	cal co	ntri	ibution returned to filer	
		INTEREST EARNED					
F	Date	Name of person from whom amount is received				Amount (\$)	
	08/30/2024	Bank Of America					\$0.01
		Address of person from whom amount is received; City; State; Zip Code					
		Address of person from whom amount is received, City, State, 21p Code					
		Edinburg, TX 78539					
		<u> </u>	sk if politi	cal co	ntri	ibution returned to filer	
		INTEREST EARNED	k ii politi	cai cc	וווווו	ibulion relamed to mei	
L		INTEREST EXIMED			_		
	Date	Name of person from whom amount is received				Amount (\$)	
	09/30/2024 Bank Of America						\$0.01
	Address of person from whom amount is received; City; State; Zip Code						
		Edinburg, TX 78539					
		Purpose for which amount is received	ck if politi	cal co	ntri	ibution returned to filer	
		INTEREST EARNED					
	Date	Name of person from whom amount is received				Amount (\$)	
	10/31/2024	Bank Of America					\$0.01
		Address of person from whom amount is received; City; State; Zip Code					
		Address of person from whom amount is received, Only, State, 21p Sode					
		Edinburg, TX 78539					
		<u> </u>	sk if politi	cal co	ntri	ibution returned to filer	
		INTEREST EARNED	k ii politi	cai cc	וווווו	ibution returned to mer	
⊨					_		
	Date	Name of person from whom amount is received				Amount (\$)	
	11/29/2024	Bank Of America					\$0.01
		Address of person from whom amount is received; City; State; Zip Code					
1							
1		Edinburg, TX 78539					
		Purpose for which amount is received	ck if politi	cal co	ntri	ibution returned to filer	
1		INTEREST EARNED					
		ı					
1							

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: 2/2 Rpt: 29/29 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Edinburg AFT COPE 00085732 4 Date 8 Amount (\$) 5 Name of person from whom amount is received 12/31/2024 \$0.01 Bank Of America 6 Address of person from whom amount is received; City; State; Zip Code Edinburg, TX 78539 7 Purpose for which amount is received Check if political contribution returned to filer **INTEREST EARNED**