#### 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) 00083772 79 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Nereida NAME Date Received **ELECTRONICALLY FILED** 01/14/2025 NICKNAME LAST **SUFFIX** Lopez-Singleterry CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 2001 W Nolana MAILING Receipt # Amount **ADDRESS** Suite A Change of Address McAllen, TX 78504 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Noelia NAME NICKNAME LAST **SUFFIX** Lopez **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); STATE: ZIP CODE APT / SUITE #; CITY; **TREASURER** 2001 W Nolana **ADDRESS** Suite A (Residence or Business) McAllen, TX 78504 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 540-8376 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 lx| appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 476th Hidalgo District Judge District 476th.

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### JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

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13 C / OH NAME Lopez-Singleterry, Nereida 14 Filer ID 00083772						nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditure	ns accepted or political expenditu is may have been made without it required to report this information	the candidate's or offi	ceholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	ME			
_	GENERAL					
	_	COMMITTEE ADD	DRESS			
	SPECIFIC					
		COMMITTEE CAN	MPAIGN TREASURER NAME			
		COMMITTEE CAN	MPAIGN TREASURER ADDRES	SS		
<b>16</b> CONTRIBUTION TOTALS	, \$	0.00				
		ICAL CONTRIBU		c)	\$	207,400.00
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES					\$	0.00
TOTALS					<b>—</b>	0.00
	4. TOTAL POLIT	ICAL EXPENDIT	URES		\$	44,515.35
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE L	AST DAY OF THE	\$	207,522.68
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		ALL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	435,000.00
17 AFFIDAVIT			I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.	of perjury, that the a	accompanying I to be reporte	g report is ed by me
				a Lopez-Singleterry  Candidate or Officeh		
			Signature of	Canadate of Officer		
AFFIX NO	TARY STAMP / SEAL AB	OVE				
	Sworn to and subscribed before me, by the said, this the					
of	, 20, to co	ertify which, witness	s my hand and seal of office.			
Signature of offi	cer administering oath	Printed name	e of officer administering oath	Title of offic	er administer	ring oath

#### **SUBTOTALS - JC/OH**

# FORM JC/OH COVER SHEET PG 3

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					0 01 10
<b>18</b> FIL	ER NAN	1E	19 Filer ID	(Ethi	cs Commission Filers)
Lo	pez-Sin	gleterry, Nereida	00083772		
		SUBTOTALS			SUBTOTAL AMOUNT
N/	ME OF	SCHEDULE			0001017
1.	Х	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	206,200.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	1,200.00
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	34,580.28
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	9,935.07
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. <u> </u>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	· 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1	
	The Instru	ction Guide explains ho	w to complete this 1	form.	1	Total pages Schedule A(J)1: Sch: 1/39 Rpt: 4/79	
2	FILER NAME Lopez-Single	eterry, Nereida			3	Filer ID (Ethics Commission Filers) 00083772	
4	Date 09/09/2024	<ul><li>5 Full name of contributor</li><li>A-Action Bail Bonds</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$) \$500	00
L		McAllen, TX 78502		Ta			
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	e (if any)	
12	2 If contributor is	s a child, law firm of parent(s) (if	f any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	_
	08/30/2024	A-Fast Bail Bonds  Contributor address; City;	<u> </u>			\$1,000	.00
		Edinburg, TX 78542					
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)	
	If contributor is	s a child, law firm of parent(s) (if	f any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	_
	08/23/2024	A-Lightening Bail Bonds	<b>—</b>	·		\$1,000	.00
		Contributor address; City;  Edinburg, TX 78541	State; Zip Code				
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>		
	Contributor 3 i	mepai Occupation		Contributor 3 30b Title			
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)	
	If contributor is	s a child, law firm of parent(s) (if	f any)				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE	A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.		al pages Schedule A(J): h: 2/39 Rpt: 5/79	1:
2	FILER NAME Lopez-Single	eterry, Nereida				er ID (Ethics Commissi 083772	ion Filers)
4	Date 07/16/2024	<ul><li>5 Full name of contributor</li><li>A-Quick Bail Bonds</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		<b>7</b> Am	ount of Contribution (\$)	\$1,500.00
		Edinburg, TX 78540					
8	Contributor's F	Principal Occupation		9 Contributor's Job Title			
10	O Contributor's employer/law firm 11 Law firm of contributor's s			oouse (if	any)		
12	! If contributor is	s a child, law firm of parent(s) (i	f any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Am	ount of Contribution (\$)	
	09/09/2024	Almaguer Law Firm  Contributor address; City;	<u> </u>				\$1,600.00
		McAllen, TX 78504					
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oouse (if	any)	
	If contributor is	s a child, law firm of parent(s) (i	f any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Am	ount of Contribution (\$)	
	09/09/2024	Almanza, Jonathan	_				\$1,000.00
		Contributor address; City;  McAllen, TX 78504	State; Zip Code				
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>		
	attorney			attorney			
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if	any)	
	Law Office o	f Jonathan Almanza					
	If contributor is	s a child, law firm of parent(s) (i	f any)				

	MONET	ARY POLITICAL CONT	RIBUTIC	DNS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains how to con	nplete this f	orm.		ages Schedule A(J)1 /39 Rpt: 6/79	:
2	FILER NAME Lopez-Single	eterry, Nereida			3 Filer ID 000837	(Ethics Commission (Ethics Commi	on Filers)
4	Date 09/10/2024	<ul> <li>Full name of contributor  out-of Ballesteros Gonzalez Law Firm</li> <li>Contributor address; City; State; Zip Contributor address; City; City; State; Zip Contributor address; City; City</li></ul>	f-state PAC (ID#:_ Code		7 Amount	t of Contribution (\$)	\$2,500.00
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	l		
10	Contributor's employer/law firm  11 Law firm of contributor's sp			oouse (if any	)		
12	If contributor is	s a child, law firm of parent(s) (if any)		<u> </u>			
	Date	Full name of contributor out-of	f-state PAC (ID#:_	)	Amount	t of Contribution (\$)	
	08/05/2024 Barrera, Sanchez & Associates  Contributor address; City; State; Zip Code  McAllen, TX 78504				(,)	\$2,500.00	
	Contributor's I	I 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)		<u> </u>			
	Date	Full name of contributor out-of	f-state PAC (ID#:_		Amount	of Contribution (\$)	
	09/09/2024	Boot Jack Media  Contributor address; City; State; Zip C  McAllen, TX 78501	Code				\$300.00
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>		
	Contributor's e	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)					

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A	\(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	otal pages Schedule A(J)1: Sch: 4/39 Rpt: 7/79	
2	FILER NAME Lopez-Single	eterry, Nereida			1	Filer ID (Ethics Commission 00083772	n Filers)
4	Date 07/26/2024	<ul><li>5 Full name of contributor Brasure, Chris (Mr.)</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		7 A	amount of Contribution (\$)	\$1,000.00
		Edinburg, TX 78539		_			
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
	Attorney			attorney			
10	O Contributor's of Brasure Law	employer/law firm r Firm		11 Law firm of contributor's sp	oouse	(if any)	
12		s a child, law firm of parent(s) (if	anv)				
		, , , , , , , , , , , , , , , , , , , ,	,,				
	Date	Full name of contributor	out-of-state PAC (ID#:	)	A	amount of Contribution (\$)	
	09/09/2024	CJE Construction LLC  Contributor address; City; S	<u> </u>				\$2,500.00
		Edinburg, TX 78539					
	Contributor's I	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	out-of-state PAC (ID#:	)	A	mount of Contribution (\$)	
	09/09/2024	Canales Melhem, Carlos	Alberto				\$1,000.00
		Contributor address; City; S Pharr , TX 78577	State; Zip Code				
	Contributor's I	rincipal Occupation		Contributor's Job Title			
	business ow	ner		business owner			
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse	(if any)	
	Texas Borde	er Business					
	If contributor is	s a child, law firm of parent(s) (if	any)				

	MONET	'ARY POLITICAL CONTRIBU'	TIC	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete th	nis f	form.	1	Total pages Schedule A(J)1: Sch: 5/39 Rpt: 8/79
2	FILER NAME Lopez-Single	eterry, Nereida			3	Filer ID (Ethics Commission Filers) 00083772
4	Date 09/09/2024	<ul> <li>Full name of contributor  out-of-state PAC (Cantu Del Bosque Attorney at Law</li> <li>Contributor address; City; State; Zip Code</li> <li>Edinburg, TX 78540</li> </ul>	(ID#:_		7	Amount of Contribution (\$) \$375.00
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if any)		<u> </u>		
	Date	Full name of contributor  out-of-state PAC	(ID#·	)	Π	Amount of Contribution (\$)
	09/05/2024 Car Wreck Masters Attorneys At Law  Contributor address; City; State; Zip Code  Dallas, TX 75201				\$1,500.00	
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's e	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-state PAC	(ID#:_	)		Amount of Contribution (\$)
	09/09/2024	Caso Law Firm PLLC  Contributor address; City; State; Zip Code  Edinburg, TX 78539				\$1,000.00
	Contributor's I	Principal Occupation		Contributor's Job Title	<u>                                       </u>	
	Contributor's e	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE	A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	l pages Schedule A(J)1 : 6/39 Rpt: 9/79	Ŀ
2	FILER NAME	eterry, Nereida			1	ID (Ethics Commissi 83772	on Filers)
4	Date 09/10/2024	<ul><li>5 Full name of contributor Ceaser Law</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:			unt of Contribution (\$)	\$1,500.00
		Edinburg, TX 78539		_			
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oouse (if a	any)	
12	If contributor is	s a child, law firm of parent(s) (i	f any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amo	unt of Contribution (\$)	
	09/09/2024	Chavez, Daniel  Contributor address; City;	<u> </u>			,,	\$1,500.00
		Pharr, TX 78577					
	Contributor's I	Principal Occupation		Contributor's Job Title			
	attorney			attorney			
		employer/law firm		Law firm of contributor's sp	oouse (if a	any)	
	Law Office o	f Daniel Chavez					
	If contributor is	s a child, law firm of parent(s) (i	f any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amo	unt of Contribution (\$)	
	09/27/2024	Dale and Klein LLP	_				\$500.00
		Contributor address; City;  McAllen, TX 78501	State; Zip Code				
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Continuators	-ппсіраї Оссираціон		Contributor's 30b Title			
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oouse (if a	any)	
	If contributor is	s a child, law firm of parent(s) (i	f any)	I.			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE	A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	pages Schedule A(J): 7/39 Rpt: 10/79	L:
2	FILER NAME Lopez-Single	eterry, Nereida			3 Filer II 0008	D (Ethics Commissi 3772	on Filers)
4	Date 08/30/2024	<ul><li>5 Full name of contributor Davis, Timothy</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:	)	<b>7</b> Amou	nt of Contribution (\$)	\$1,000.00
		McAllen, TX 78504					
8		Principal Occupation		9 Contributor's Job Title			
	attorney			attorney			
10	Contributor's 6  Law Office o	employer/law firm of Tim Davis		11 Law firm of contributor's sp	oouse (if ar	ny)	
12	If contributor is	s a child, law firm of parent(s) (i	f any)	1			
_	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amou	nt of Contribution (\$)	
	08/20/2024	De La Garza Law Firm  Contributor address; City;	State; Zip Code				\$2,500.00
		McAllen, TX 78504		T			
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if ar	ny)	
	If contributor is	s a child, law firm of parent(s) (i	f any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amou	nt of Contribution (\$)	
	09/09/2024	Dube, Maricela	_				\$1,500.00
		Contributor address; City;  McAllen, TX 78504	State; Zip Code				
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>		
	business ow	ner		business owner			
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if ar	ny)	
	business ow	ner					
	If contributor is	s a child, law firm of parent(s) (i	f any)				

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 8/39 Rpt: 11/79
2	FILER NAME Lopez-Single	eterry, Nereida			1	Filer ID (Ethics Commission Filers) 00083772
4	Date 08/28/2024	<ul><li>5 Full name of contributor</li><li>EKR Attorneys</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$2,500.00
		McAllen, TX 78504		1		
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	oouse	e (if any)
12	! If contributor is	s a child, law firm of parent(s) (i	f any)	<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Π.	Amount of Contribution (\$)
	09/09/2024	Edinburg Fitness Group Contributor address; City;	<u> </u>			\$1,500.00
		McAllen, TX 78504				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oouse	e (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)	L		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	09/11/2024	Elite Poker Lounge	_			\$500.00
		Contributor address; City;  McAllen, TX 78503	State; Zip Code			
	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oouse	e (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)	I		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 9/39 Rpt: 12/79
2	FILER NAME Lopez-Single	eterry, Nereida			3	Filer ID (Ethics Commission Filers) 00083772
4	Date 12/04/2024	<ul><li>5 Full name of contributor</li><li>Fela Olivarez Attorney a</li><li>6 Contributor address; City;</li></ul>		)	7	Amount of Contribution (\$) \$1,500.00
		McAllen, TX 78502				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (i	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)
	08/23/2024	Flores, Moises  Contributor address; City;	State; Zip Code		•	\$2,500.00
		Weslaco, TX 78596		T		
		Principal Occupation		Contributor's Job Title		
	attorney			attorney		<i>(t)</i>
		employer/law firm of Moises Flores		Law firm of contributor's sp	oous	se (IT any)
			: A			
	if contributor is	s a child, law firm of parent(s) (i	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	08/28/2024	Flores, Oscar Rene				\$2,500.00
		Contributor address; City;  Ednburg, TX 78539	State; Zip Code		•	
_	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney	inicipal Cocapation		attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		f Oscar Rene Flores		·		
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE	A(J)1
	The Instru	ction Guide explains ho	w to complete this f	form.	1	otal pages Schedule A(J): ch: 10/39 Rpt: 13/79	L:
2	FILER NAME Lopez-Single	eterry, Nereida			1	ler ID (Ethics Commissi 0083772	on Filers)
4	Date 09/11/2024	<ul><li>5 Full name of contributor Frank Garza Law Firm</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:	)	<b>7</b> Ar	nount of Contribution (\$)	\$1,000.00
		Weslaco, TX 78599					
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	ouse (	if any)	
12	2 If contributor is	s a child, law firm of parent(s) (i	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Ar	mount of Contribution (\$)	
	09/10/2024	Franz Limited Partnersh  Contributor address; City;	 ip				\$5,000.00
		McAllen, TX 78501		1			
	Contributor's F	Principal Occupation		Contributor's Job Title			
	Contributor's 6	employer/law firm		Law firm of contributor's sp	ouse (	if any)	
	If contributor is	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Ar	mount of Contribution (\$)	
	09/09/2024	Fuentes, David  Contributor address; City;	State; Zip Code				\$1,000.00
		Weslaco, TX 78596					
		Principal Occupation		Contributor's Job Title			
	business ow			business owner			
	Contributor's e	employer/law firm		Law firm of contributor's sp	ouse (	if any)	
		s a child, law firm of parent(s) (if	any)				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A(J)1: Sch: 11/39 Rpt: 14/79
2	FILER NAME	FILER NAME Lopez-Singleterry, Nereida			Filer ID (Ethics Commission Filers) 00083772
4	Date 09/09/2024	Garza, Rogelio (Mr.)  6 Contributor address; City; State; Zip Code		_	Amount of Contribution (\$) \$500.00
		Mission, TX 78572			
8		Principal Occupation	9 Contributor's Job Title		
	attorney		attorney		
10		employer/law firm of Rogelio Garza	11 Law firm of contributor's sp	oous	e (if any)
12	If contributor is	s a child, law firm of parent(s) (if any)	1		
F	Date	Full name of contributor  ut-of-state PAC (ID#:	)	Ī	Amount of Contribution (\$)
	10/08/2024	Garza De Luna, Carina (Mrs.)  Contributor address; City; State; Zip Code			\$5,000.00
		McAllen, TX 78504			
		Principal Occupation	Contributor's Job Title		
	attorney		attorney		
		employer/law firm	Law firm of contributor's sp	oous	e (if any)
		a De Luna PC			
	If contributor is	s a child, law firm of parent(s) (if any)			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	09/04/2024	Gonzalez & Associates Law Firm			\$2,500.00
		Contributor address; City; State; Zip Code  McAllen, TX 78501			
_	Contributor's I	Principal Occupation	Contributor's Job Title		
	Contributor 3 i	ппора Оссираноп	Contributor 3 30b Title		
	Contributor's	employer/law firm	Law firm of contributor's sp	oous	e (if any)
	If contributor is	s a child, law firm of parent(s) (if any)	1		

	MONET	ARY POLITICAL C	ONTRIBUTIO	ONS	SCHEDULE A(J)1	L
	The Instru	ction Guide explains how	to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 12/39 Rpt: 15/79	
2	FILER NAME Lopez-Single	eterry, Nereida			3 Filer ID (Ethics Commission Filers 00083772	)
4	Date 07/24/2024			7 Amount of Contribution (\$) \$500	).00	
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	attorney			attorney		
10	Contributor's of Oxford and of	employer/law firm Gonzalez		11 Law firm of contributor's sp	pouse (if any)	
12	If contributor is	s a child, law firm of parent(s) (if an	y)			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
	O8/23/2024 Guerra Law Group  Contributor address; City; State; Zip Code  McAllen , TX 78504		\$1,500	0.00		
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if an	у)			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
	07/26/2024	HKC LawFirm  Contributor address; City; Sta  McAllen, TX 78504	te; Zip Code		  \$5,000	0.00
	Contributor's I	I Principal Occupation		Contributor's Job Title	1	
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)	
	If contributor is	s a child, law firm of parent(s) (if an	y)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this f	form.	1	Total pages Schedule A(J)1: Sch: 13/39 Rpt: 16/79
2	FILER NAME	eterry, Nereida			3	Filer ID (Ethics Commission Filers) 00083772
4	Date 09/09/2024			7	Amount of Contribution (\$) \$2,500.00	
		Edinburg, TX 78539				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	oou	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Π	Amount of Contribution (\$)
	09/04/2024	Holguin, Erick  Contributor address; City;	State; Zip Code			\$1,500.00
	0	Edinburg, TX 78539		Contributorio Job Title		
		Principal Occupation		Contributor's Job Title		
_	attorney	and a sault assisting		attorney		(if a.m.)
	Perez Law F	employer/law firm Firm		Law firm of contributor's sp	JOU:	se (ii any)
			i anu)			
	ii contributor i	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)
	08/30/2024	Izaguirre, Eduardo				\$5,000.00
		Contributor address; City;  Mission, TX 78572	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	attorney			attorney		
		employer/law firm		Law firm of contributor's sp	oou	se (if any)
		f Eduardo Izaguirre				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 14/39 Rpt: 17/79
2	FILER NAME Lopez-Single	eterry, Nereida		3 Filer ID (Ethics Commission Filers) 00083772
4	Date 12/19/2024			7 Amount of Contribution (\$) \$3,500.00
8	Contributor's I	Principal Occupation	9 Contributor's Job Title	<u> </u>
10	Contributor's 6	employer/law firm	11 Law firm of contributor's sp	ouse (if any)
12	If contributor is	s a child, law firm of parent(s) (if any)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/05/2024 Jones, Galligan, Key & Lozano LLP  Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$1,000.00	
	Contributor's I	Weslaco, TX 78596 Principal Occupation	Contributor's Job Title	
	Contributor's	employer/law firm	Law firm of contributor's sp	ouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)		
	Date 08/20/2024	Full name of contributor out-of-state PAC (ID# Keystone Cold  Contributor address; City; State; Zip Code  Pharr, TX 78577	:)	Amount of Contribution (\$) \$1,000.00
	Contributor's I	I Principal Occupation	Contributor's Job Title	l
	Contributor's e	employer/law firm	Law firm of contributor's sp	ouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any)	1	

	MONET	ARY POLITICAL C	ONTRIBUTIO	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 15/39 Rpt: 18/79
2	FILER NAME Lopez-Single	FILER NAME Lopez-Singleterry, Nereida		3	Filer ID (Ethics Commission Filers) 00083772	
4	Date 08/07/2024	B/07/2024 Khit, Alejandra (Mrs.)  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$2,500.00	
		Palmhurst, TX 78573				
8		Principal Occupation		9 Contributor's Job Title		
	business ow			Chiropractor		
10	Contributor's 6 Khit Chiropra	employer/law firm actor		11 Law firm of contributor's sp	ous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if ar	ny)			
F	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)
	08/28/2024	Koeneke & Gutierrez  Contributor address; City; Sta	ate; Zip Code			\$1,000.00
		McAllen, TX 78501		T		
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if ar	ny)	<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)
	08/27/2024	Law Office Of Raul Medina				\$2,500.00
		Contributor address; City; Sta McAllen, TX 78501	ate; Zip Code			
-	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor 3 i	ппора Оссараноп		Continuator 3 300 Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if ar	ny)			

MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A(J)1
The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1: Sch: 16/39 Rpt: 19/79
2 FILER NAME Lopez-Single	eterry, Nereida		3 Filer ID (Ethics Commission Filers) 00083772
4 Date 08/21/2024			7 Amount of Contribution (\$) \$1,500.00
	McAllen, TX 78502		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)	1	
Date	Full name of contributor  out-of-state PAC (ID#:	: )	Amount of Contribution (\$)
08/23/2024	Law Office of Anthony Ortega  Contributor address; City; State; Zip Code		\$1,500.00
	Alamo, TX 78518		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	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 out-of-state PAC (ID#:		Amount of Contribution (\$)
08/30/2024	Law Office of Brandy Wingate Voss		\$250.00
	Contributor address; City; State; Zip Code  Edinburg , TX 78539		
Contributor's F	Principal Occupation	Contributor's Job Title	I
Contributor's e	employer/law firm	Law firm of contributor's sp	pouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE /	4(J)1
	The Instru	ction Guide explains how to complete this f	orm.	1	es Schedule A(J)1 39 Rpt: 20/79	:
2	FILER NAME	eterry, Nereida		3 Filer ID 0008377	(Ethics Commission 2	on Filers)
4	Date 09/09/2024	Law Office of Calixtro Villarreal  6 Contributor address; City; State; Zip Code			f Contribution (\$)	\$1,000.00
		Rio Grande City, TX 78582				
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	oouse (if any)		
12	2 If contributor is	s a child, law firm of parent(s) (if any)				
F	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of	f Contribution (\$)	
	08/21/2024	Law Office of Catarina S Alvarado  Contributor address; City; State; Zip Code			(,)	\$1,500.00
		McAllen, TX 78504				
	Contributor's F	Principal Occupation	Contributor's Job Title			
	Contributor's 6	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)	l			
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of	f Contribution (\$)	
	08/23/2024	Law Office of Dallas Gutierrez  Contributor address; City; State; Zip Code				\$1,500.00
		McAllen, TX 78504				
	Contributor's F	Principal Occupation	Contributor's Job Title			
	Contributor's e	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)				

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains how to complete this	form.		pages Schedule A(J)1: 18/39 Rpt: 21/79	:
2	FILER NAME Lopez-Single	eterry, Nereida			ID (Ethics Commission 33772	on Filers)
4	Date 08/30/2024	6 Contributor address; City; State; Zip Code			unt of Contribution (\$)	\$500.00
		Pharr, TX 78577				
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	oouse (if a	ny)	
12	2 If contributor is	s a child, law firm of parent(s) (if any)				
F	Date	Full name of contributor  out-of-state PAC (ID#	<i>‡</i> : )	Amou	unt of Contribution (\$)	
	09/09/2024	Law Office of Diana Fuentes Aguilar  Contributor address; City; State; Zip Code			· ·	\$375.00
		Weslaco, TX 78599				
	Contributor's F	Principal Occupation	Contributor's Job Title			
	Contributor's 6	employer/law firm	Law firm of contributor's sp	oouse (if a	ny)	
	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-of-state PAC (ID#	t:)	Amou	unt of Contribution (\$)	
	07/26/2024	Law Office of Dora A. Garza				\$1,500.00
		Contributor address; City; State; Zip Code  Edinburg, TX 78541				
	Contributor's F	Principal Occupation	Contributor's Job Title			
	Contributor's 6	employer/law firm	Law firm of contributor's sp	oouse (if a	ny)	
	If contributor is	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A(J)1
	The Instru	ction Guide explains how to complete this	form.	1	al pages Schedule A(J)1 h: 19/39 Rpt: 22/79	:
2	FILER NAME Lopez-Single	FILER NAME Lopez-Singleterry, Nereida			er ID (Ethics Commissi 083772	on Filers)
4	Date 09/10/2024	6 Contributor address; City; State; Zip Code		<b>7</b> Am	nount of Contribution (\$)	\$375.00
		Edinburg, TX 78539				
8	Contributor's I	Principal Occupation	9 Contributor's Job Title			
10	Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if	any)	
12	2 If contributor is	s a child, law firm of parent(s) (if any)	1			
H	Date	Full name of contributor  out-of-state PAC (ID#	: )	Am	ount of Contribution (\$)	
	09/09/2024	Law Office of Emerson Arellano  Contributor address; City; State; Zip Code				\$2,000.00
		Edinburg, TX 78539				
	Contributor's I	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)	1			
	Date	Full name of contributor  ut-of-state PAC (ID#	:)	Am	ount of Contribution (\$)	
	08/28/2024	Law Office of Francisco Martinez				\$1,000.00
		Contributor address; City; State; Zip Code  McAllen, TX 78501				
	Contributor's I	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)				

	MONET	ARY POLITICAL CONTR	IBUTIC	ONS		SCHEDULE	A(J)1
	The Instru	ction Guide explains how to compl	lete this f	orm.	l	pages Schedule A(J)2 20/39 Rpt: 23/79	L:
2	FILER NAME Lopez-Single	eterry, Nereida			l	ID (Ethics Commissi 33772	on Filers)
4	Date 09/05/2024			<b>7</b> Amo	unt of Contribution (\$)	\$1,500.00	
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	ouse (if a	ny)	
12	If contributor is	s a child, law firm of parent(s) (if any)		<u> </u>			
	Date Full name of contributor out-of-state PAC (ID#:)  08/30/2024 Law Office of Jorge Munoz  Contributor address; City; State; Zip Code		Amo	unt of Contribution (\$)	\$2,500.00		
	Contributor's I	Edonburg, TX 78539 Principal Occupation		Contributor's Job Title			
	Contributor's 6	employer/law firm		Law firm of contributor's sp	ouse (if a	ny)	
	If contributor is	s a child, law firm of parent(s) (if any)					
	Date 09/09/2024	Full name of contributor out-of-stal Law Office of Jose Bravo Contributor address; City; State; Zip Code	ate PAC (ID#:_ e	)	Amo	unt of Contribution (\$)	\$2,500.00
	Contributor's I	I Principal Occupation		Contributor's Job Title			
	Contributor's e	employer/law firm		Law firm of contributor's sp	ouse (if a	iny)	
	If contributor is	s a child, law firm of parent(s) (if any)					

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE /	A(J)1
	The Instru	ction Guide explains how to complete this	form.		pages Schedule A(J)1 : 21/39 Rpt: 24/79	:
2	FILER NAME	FILER NAME Lopez-Singleterry, Nereida			ID (Ethics Commission 33772	on Filers)
4	Date 09/09/2024	Law Office of Melissa Carranza  6 Contributor address; City; State; Zip Code			unt of Contribution (\$)	\$375.00
		McAllen, TX 78501				
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	oouse (if a	uny)	
12	! If contributor is	s a child, law firm of parent(s) (if any)	1			
H	Date	Full name of contributor  uut-of-state PAC (ID#:	: )	Amo	unt of Contribution (\$)	
	09/10/2024	Law Office of Melissa R. Montes  Contributor address; City; State; Zip Code			(,	\$250.00
		Edinburg, TX 78541	-			
	Contributor's F	Principal Occupation	Contributor's Job Title			
	Contributor's 6	employer/law firm	Law firm of contributor's sp	oouse (if a	uny)	
	If contributor is	s a child, law firm of parent(s) (if any)	1			
	Date	Full name of contributor out-of-state PAC (ID#:	:)	Amo	unt of Contribution (\$)	
	08/23/2024	Law Office of Ray Thomas				\$2,500.00
		Contributor address; City; State; Zip Code  McAllen, TX 78504				
	Contributor's F	I Principal Occupation	Contributor's Job Title			
	Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if a	uny)	
	If contributor is	s a child, law firm of parent(s) (if any)	1			

	MONET	ARY POLITICAL CONTRIBUT	IONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A(J)1: Sch: 22/39 Rpt: 25/79
2	FILER NAME Lopez-Single	eterry, Nereida		3 Filer ID (Ethics Commission Filers) 00083772
4	Date 07/26/2024	24 Law Office of Robert Capello Jr.  6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$1,000.00
8	Contributor's I	Edinburg, TX 78539 Principal Occupation	9 Contributor's Job Title	
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 O9/04/2024 Full name of contributor out-of-state PAC (ID#:) Law Office of Savannah Gonzalez Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$1,500.00	
	Contributor's I	Edinburg, TX 78539 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)		
	Date 08/30/2024	Full name of contributor out-of-state PAC (IE Law Office of Terry Canales Contributor address; City; State; Zip Code Edinburg, TX 78539	D#:)	Amount of Contribution (\$) \$2,500.00
	Contributor's I	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 CONTRIBUT	IONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 23/39 Rpt: 26/79	
2	FILER NAME Lopez-Single	eterry, Nereida		3 Filer ID (Ethics Commission Filers) 00083772
4	Date 08/19/2024			7 Amount of Contribution (\$) \$1,500.00
8	Contributor's I	McAllen, TX 78501 Principal Occupation	9 Contributor's Job Title	<u> </u>
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)	<b>I</b>	
	Date	Full name of contributor  ut-of-state PAC (ID	D#: )	Amount of Contribution (\$)
	11/04/2024 Law Offices of Rodriguez and Rodriguez  Contributor address; City; State; Zip Code			\$500.00
	Contributor's I	Edinburg, TX 78539 Principal Occupation	Contributor's Job Title	
	Continuator 3 i	This paracecupation	Contributor 5 005 Title	
	Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor  uut-of-state PAC (ID	)#:)	Amount of Contribution (\$)
	09/09/2024	Law Offices of Sergio Munoz  Contributor address; City; State; Zip Code  Edinburg, TX 78539		. \$2,500.00
	Contributor's I	Principal Occupation	Contributor's Job Title	<u> </u>
	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 Instruction Guide explains how to complete this form.					l pages Schedule A(J)1 : 24/39 Rpt: 27/79	:
2	FILER NAME Lopez-Single	eterry, Nereida				ID (Ethics Commissi 83772	on Filers)
4	Date 08/15/2024	ate 5 Full name of contributor out-of-state PAC (ID#:) 7			unt of Contribution (\$)	\$1,000.00	
		Edinburg, TX 78542		,			
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	oouse (if a	any)	
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)				
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amo	unt of Contribution (\$)	
	08/30/2024 Linebarger Goggan Blair & Sampson LLP  Contributor address; City; State; Zip Code				,,	\$2,500.00	
		Austin, TX 78760					
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if a	any)	
	If contributor is	s a child, law firm of parent(s) (i	f any)	1			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amo	unt of Contribution (\$)	
	10/04/2024	Lugo, Jose E	<del>_</del>				\$750.00
		Contributor address; City;  Donna, TX 78537	State; Zip Code				
	Contributor's I	Principal Occupation		Contributor's Job Title			
	business ow			business owner			
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if a	any)	
		h Adult Care			•	,	
	If contributor is	s a child, law firm of parent(s) (i	f any)	1			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE	A(J)1
	The Instru	ction Guide explains ho	w to complete this f	form.		ages Schedule A(J)1 5/39 Rpt: 28/79	Ŀ
2	FILER NAME Lopez-Single	eterry, Nereida			3 Filer ID 00083	(Ethics Commissi 772	on Filers)
4	Date 08/20/2024	e 5 Full name of contributor out-of-state PAC (ID#:) 7		7 Amount	t of Contribution (\$)	\$1,000.00	
		Palmview, TX 78572					
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	oouse (if any	)	
12	2 If contributor is	s a child, law firm of parent(s) (i	any)				
	Date 08/20/2024	Full name of contributor MAILIT Contributor address; City;	out-of-state PAC (ID#:_		Amount	t of Contribution (\$)	\$500.00
		Palmview, TX 78572					
	Contributor's I	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	out-of-state PAC (ID#:	)	Amount	t of Contribution (\$)	
	09/03/2024	McAllen Firefighters for Contributor address; City;  McAllen, TX 78504		ent			\$500.00
	Contributor's I	Principal Occupation		Contributor's Job Title	1		
	Contributor's e	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)				

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 26/39 Rpt: 29/79
2	FILER NAME Lopez-Single	ME gleterry, Nereida		3	Filer ID (Ethics Commission Filers) 00083772	
4	Date 08/30/2024	Date 5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$2,500.00	
		Edinburg, TX 78539				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	attorney			attorney		
10		employer/law firm ice of Willie McAllen		11 Law firm of contributor's sp	ous	e (if any)
12		s a child, law firm of parent(s) (if a	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	09/09/2024	Melissandra Mendoza Att Contributor address; City; S				\$2,500.00
		Rio Grande Clty, TX 7858	32			
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	If contributor is	s a child, law firm of parent(s) (if a	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)
	08/30/2024	Mendoza, Ignacio (Mr.) Contributor address; City; S	tate; Zip Code			\$300.00
		McAllen, TX 78504				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Attorney			attorney		
		employer/law firm		Law firm of contributor's sp	ous	e (if any)
		f Ignacio Mendoza				
	If contributor is	s a child, law firm of parent(s) (if a	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A(J)1: Sch: 27/39 Rpt: 30/79
2	FILER NAME Lopez-Single	eterry, Nereida			3	Filer ID (Ethics Commission Filers) 00083772
4	Date 09/27/2024			Amount of Contribution (\$) \$1,500.00		
		Edinburg, TX 78539				
8		Principal Occupation		9 Contributor's Job Title		
	business ow			business owner		
10	Contributor's e business ow	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)
12		s a child, law firm of parent(s) (i	f any)			
	- II dontingator i	o a orma, iaw iiiii or paroni(o) (i				
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	08/28/2024	Nava Law Group	<b>_</b>			\$2,500.00
		Contributor address; City;  McAllen, TX 78504	State; ZIP Code			
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)	<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	09/09/2024	Nava, Saul				\$2,500.00
		Contributor address; City; Edinburg, TX 78539				
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	business ow	ner		business owner		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	business					
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL C	ONTRIBUTIO	DNS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A(J)1: Sch: 28/39 Rpt: 31/79	
2	FILER NAME Lopez-Single	ME 3 gleterry, Nereida		3	Filer ID (Ethics Commission Filers) 00083772	
4	Date 08/28/2024	ate 5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$) \$5,000.00	
		McAllen, TX 78501				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if ar	ny)			
F	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Π	Amount of Contribution (\$)
	08/20/2024	Orendain & Dominguez Contributor address; City; Sta				\$1,000.00
		McAllen, TX 78501				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if ar	ny)	<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)
	08/23/2024	Palacios & Love Law PLLC	<del>_</del>			\$500.00
		Contributor address; City; Sta Edinburg, TX 78539	tte; Zip Code		•	
	Contributorio	Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributors	этпстрат Оссирация		Continuator's 300 Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if ar	ny)			

	MONET	ARY POLITICAL CONTRIBUT	IONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A(J)1: Sch: 29/39 Rpt: 32/79
2	FILER NAME Lopez-Single	eterry, Nereida		3 Filer ID (Ethics Commission Filers) 00083772
4	Date 09/09/2024			7 Amount of Contribution (\$) \$2,000.00
8	Contributor's I	Principal Occupation	9 Contributor's Job Title	1
	attorney		attorney	
10	Contributor's of Tijerina Law	employer/law firm Group	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	p#:)	Amount of Contribution (\$)
	08/28/2024 Patino and Associates PLLC  Contributor address; City; State; Zip Code  McAllen, TX 78501			\$1,500.00
	Contributor's I	Principal Occupation	Contributor's Job Title	
	Continuator 3 i	Thicipal Occupation	Contributor 3 300 Title	
	Contributor's	employer/law firm	Law firm of contributor's s	pouse (if any)
	If contributor i	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor out-of-state PAC (ID	#:)	Amount of Contribution (\$)
	09/09/2024	Patricia Rigney Attorney at Law  Contributor address; City; State; Zip Code  McAllen, TX 78504		\$250.00
	Contributor's I	I 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)	l	

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A(J)1: Sch: 30/39 Rpt: 33/79
2	FILER NAME Lopez-Single	AME Singleterry, Nereida		3	Filer ID (Ethics Commission Filers) 00083772	
4	Date 08/23/2024	Date 5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$) \$2,500.00	
		Weslaco, TX 76586				
8		Principal Occupation		9 Contributor's Job Title		
	attorney			attorney		
10	Contributor's 6  Law Office o	employer/law firm If Fidel Pena		11 Law firm of contributor's sp	oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	09/05/2024	Peralez Franz LLP  Contributor address; City; \$	State; Zip Code			\$2,500.00
		McAllen, TX 78504		1		
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	09/09/2024	Perdue, Brandon, Fielde Contributor address; City; \$			<u> </u>	\$1,000.00
		Houston, TX 77008				
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			

M	IONET	ARY POLITICAL	CONTRIBUTION	ONS	SCHEDULE A(J)1
TI	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 31/39 Rpt: 34/79	
	LER NAME	-		3 Filer ID (Ethics Commission Filers)	
	ppez-Single	eterry, Nereida			00083772
4 Da	ate 7/26/2024	5 Full name of contributor		7 Amount of Contribution (\$) \$5,000.00	
		6 Contributor address; City;	State; Zip Code		
		Edinburg, TX 78539			
<b>8</b> Co	ontributor's I	Principal Occupation		9 Contributor's Job Title	
<b>10</b> Co	ontributor's e	employer/law firm		11 Law firm of contributor's s	spouse (if any)
<b>12</b> If (	contributor is	s a child, law firm of parent(s) (i	f any)		
Da	ate	Full name of contributor	out-of-state PAC (ID#:	: )	Amount of Contribution (\$)
09	9/09/2024	Robert Salinas Attorney	_		\$500.00
		Contributor address; City;			
		Donna, TX 78537			
Co	ontributor's I	Principal Occupation		Contributor's Job Title	
Co	ontributor's e	employer/law firm		Law firm of contributor's s	spouse (if any)
lf (	contributor is	s a child, law firm of parent(s) (i	f any)		
Da	ate	Full name of contributor	out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
30	3/23/2024	Rodriguez, Raul	_		\$2,500.00
		Contributor address; City;	State; Zip Code		
		Edinburg, TX 78539			
Co	ontributor's I	Principal Occupation		Contributor's Job Title	
at	torney			attorney	
		employer/law firm		Law firm of contributor's s	spouse (if any)
		f Raul Rordriguez			
IT (	contributor is	s a child, law firm of parent(s) (i	t any)		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 32/39 Rpt: 35/79
2	FILER NAME Lopez-Single	eterry, Nereida			3	Filer ID (Ethics Commission Filers) 00083772
4	Date 08/08/2024	Date 5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$2,500.00	
		Mission, TX 78572				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Г	Amount of Contribution (\$)
	08/22/2024	Ryan Solis Law Group  Contributor address; City;	<u> </u>			\$2,500.00
		McAllen, TX 78501				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	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 (\$)
	09/09/2024	Salinas, Rubio  Contributor address; City;	State; Zip Code			\$2,500.00
		Edinburg, TX 78541				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	attorney			attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		ice of Rubio Salinas				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A(J)1: Sch: 33/39 Rpt: 36/79
2	FILER NAME Lopez-Single	ME 3 ingleterry, Nereida		3	Filer ID (Ethics Commission Filers) 00083772	
4	Date 09/09/2024	tte 5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$) \$2,500.00	
		Mission, TX 78572				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)
	09/09/2024	Solis, Jose Antonio  Contributor address; City;	<u> </u>			\$2,000.00
		McAllen, TX 78504		I		
		Principal Occupation		Contributor's Job Title		
	attorney			attorney		
	De La Fuent	employer/law firm		Law firm of contributor's sp	oous	se (If any)
			:			
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	09/09/2024	South Texas Bail Bonds	<del></del>			\$2,500.00
		Contributor address; City; Edinburg, TX 78542	State; Zip Code			
	Contributorio	l		Contributor's Job Title		
	Contributors	Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	l		

	MONET	ARY POLITICAL (	CONTRIBUTIO	DNS		SCHEDULE A	J)1
	The Instru	ction Guide explains hov	1	Total pages Schedule A(J)1: Sch: 34/39 Rpt: 37/79			
2	FILER NAME Lopez-Single	eterry, Nereida			3	Filer ID (Ethics Commission F 00083772	ilers)
4	Date 09/09/2024	5 Full name of contributor out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$500.00
		Linn, TX 78563					
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	oous	se (if any)	
12	2 If contributor is	s a child, law firm of parent(s) (if a	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Г	Amount of Contribution (\$)	
	08/20/2024	Tamez & Ortegon  Contributor address; City; S	<u> </u>			\$1	.,500.00
		Pharr, TX 78577					
	Contributor's F	Principal Occupation		Contributor's Job Title			
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)	
	If contributor is	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	09/09/2024	Tania Ramirez Law Grou	p			\$1	,000.00
		Contributor address; City; S  McAllen, TX 78501	tate; Zip Code		•		
	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)	
	If contributor is	s a child, law firm of parent(s) (if	any)	I			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains hov	w to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 35/39 Rpt: 38/79
2	FILER NAME	eterry, Nereida			3	Filer ID (Ethics Commission Filers) 00083772
4	Date 08/28/2024	5 Full name of contributor  ut-of-state PAC (ID#:			7	Amount of Contribution (\$) \$2,500.00
		McAllen, TX 78504		<u>,                                      </u>		
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:_	)	T	Amount of Contribution (\$)
	09/05/2024	The Garcia Legal Firm  Contributor address; City; S	<u> </u>			\$1,500.00
		McAllen, TX 78504				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)
	09/05/2024	The Law Office Alejandro Contributor address; City; S				\$1,500.00
		Edinburg, TX 78539				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL CONT	TRIBUTIC	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains how to co	1	Total pages Schedule A(J)1: Sch: 36/39 Rpt: 39/79		
2	FILER NAME Lopez-Single	eterry, Nereida			3	Filer ID (Ethics Commission Filers) 00083772
4	Date 09/09/2024	5 Full name of contributor  uut-of-state PAC (ID#:		)	7	Amount of Contribution (\$) \$2,000.00
		McAllen, TX 78504				
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	ous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-	of-state PAC (ID#:_	)		Amount of Contribution (\$)
	09/03/2024	The Law Office of Hector Hernan  Contributor address; City; State; Zip	dez Jr.			\$2,500.00
		Edinburg, TX 78539				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor out-o	of-state PAC (ID#:_	)		Amount of Contribution (\$)
	08/28/2024	The Law Office of Rene A Flores				\$5,000.00
		Contributor address; City; State; Zip  Mission, TX 78572	Code			
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's e	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this 1	form.	1	Total pages Schedule A(J)1: Sch: 37/39 Rpt: 40/79
2	FILER NAME	eterry, Nereida			3	Filer ID (Ethics Commission Filers) 00083772
4	Date 08/28/2024	5 Full name of contributor out-of-state PAC (ID#:			7	Amount of Contribution (\$) \$1,500.00
		Edinburg, TX 78539				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	08/16/2024	The Law office of Juan Z  Contributor address; City; S  McAllen, TX 78504				\$2,500.00
	Contributor's I	l		Contributor's Job Title		
	Continuators	Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	09/09/2024	The Vargas Law Firm  Contributor address; City; \$	State; Zip Code			\$1,500.00
		Edinburg, TX 78539				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	1	Total pages Schedule A(J)1: Sch: 38/39 Rpt: 41/79		
2	FILER NAME Lopez-Single	eterry, Nereida			3	Filer ID (Ethics Commission Filers) 00083772
4	Date 10/10/2024	5 Full name of contributor out-of-state PAC (ID#:			7	Amount of Contribution (\$) \$1,000.00
		McAllen, TX 78504				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	e (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	09/09/2024	Tijerina Legal Group  Contributor address; City; \$	—			\$5,000.00
		McAllen, TX 78501		•		
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	09/09/2024	Vidaurri Rodriguez & Re	yna LLP			\$1,500.00
		Contributor address; City; S  Edinburg, TX 78541	State; Zip Code			
-	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor 3 i	тпера Оссираноп		Contributor 3 300 Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	ee (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE	A(J)1
	The Instru	ction Guide explains ho	1	ges Schedule A(J): /39 Rpt: 42/79	1:		
2	FILER NAME	eterry, Nereida	3 Filer ID 0008377	(Ethics Commiss	ion Filers)		
4	Date 08/15/2024  5 Full name of contributor  out-of-state PAC (ID#:) Walsh McGurk Cordova Nixon PLLC  6 Contributor address; City; State; Zip Code		<b>7</b> Amount o	of Contribution (\$)	\$2,500.00		
	Contributor's I	Ediburg, TX 78539 Principal Occupation		9 Contributor's Job Title			
°	Continuators	-ппстрат Оссирацоп		9 Continuator'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	out-of-state PAC (ID#:	)	Amount o	of Contribution (\$)	
	08/28/2024	Zambrano Law Firm					\$2,500.00
	Contributor's I	Contributor address; City; S  Alamo , TX 78516		Contributorio Joh Titlo			
	Contributors	Principal Occupation		Contributor's Job Title			
	Contributor's 6	employer/law firm		Law firm of contributor's sp	pouse (if any)		
	If contributor is	s a child, law firm of parent(s) (if	any)				

### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 43/79 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Lopez-Singleterry, Nereida 00083772 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 09/07/2024 Taco Palengue \$1,200.00 Food for event 7 Contributor address; City; State; Zip Code McAllen, TX 78501 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

#### 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 Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1: Sch: 1/30 Rpt: 44/79	2 FILER NAME Lopez-Singleterry, Nereida 3 Filer ID (Ethics Commission Filers) 00083772
4	Date	5 Payee name
	09/12/2024	American Express
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$211.09	P.O Box 981535
		El Paso, TX 79998
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		CC payment reimbursement
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<b>-</b>	Date	Payee name
	09/12/2024	American Express
_	Amount (\$)	Payee address; City; State; Zip Code
	\$318.16	P.O Box 981535
	φ510.10	F.O BOX 301333
		FI D
		El Paso, TX 79998
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  CC payment
		CO payment
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date	Payee name
	09/12/2024	American Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$692.31	P.O Box 981535
		El Paso, TX 79998
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		CC payment
_	Operation ONE V. C. P.	Open districts (Office health are now as a constitution of the con
	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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services	s Expense	Salaries/W		e /Contract Labor		OTHER (enter	istrict a category not listed a	above)
	Credit Card Payment			The Instruction G	uide explains h	low to col	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 2/30 Rpt: 45/79		Lopez-Single	eterry, Nereida	l					00083772		
4	Date	5	Payee name									
	09/12/2024	ı	American Ex	rpress								
6	Amount (\$)	7	Payee addres	s; City;	State:	Zip Co	de					
	\$779.40	ı	P.O Box 981		,	_,						
	******											
			El Paso, TX	70008								
Ļ		⊢				-						
8	PURPOSE OF	(a)		e Categories listed at	the top of this sche	dule)	(b)	Description	outo:	de of Toyon Cor	nplete Schedule T.	
	EXPENDITURE		Credit Card	Payment						officeholder livin		
								CC payment			3 - 1	
								. ,				
9	Complete ONLY if direct		Candidate/Offic	eholder name	0	ffice sou	ght			Office h	ield	
	expenditure to benefit C/O	Н					•					
$\vdash$	Date	Г	Payee name									
	09/12/2024		American Ex	oress								
	Amount (\$)	_	Payee addres	·	State:	Zip Co	de					
	\$974.10	ı	P.O Box 981		o tato,	<b>,p                                    </b>						
	Ψ014.10		1 .O Box 303									
			El Paso, TX	70000								
	DUDDOGE	(-)				-	/I- \					
	PURPOSE OF	(a) 		e Categories listed at	the top of this sche	dule)	(a)	Description  Check if travel (	nutei	de of Teyes Cor	nplete Schedule T.	
	EXPENDITURE		Credit Card	Payment				<b>=</b>		officeholder livin		
								CC payment				
	Complete ONLY if direct		Candidate/Offic	eholder name	0	ffice sou	ght			Office h	ield	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	09/13/2024		American Ex	rpress								
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$167.97		P.O Box 981	L535								
			El Paso, TX	79998								
	PURPOSE	(a)	Category (Se	e Categories listed at	the ton of this sche	idule)	(b)	Description				
	OF	l`´	Credit Card		une top or this serie	uuic)	` '		outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE			,						officeholder livin	ig expense	
								CC Payment				
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Office	eholder name	0	ffice sou	ght			Office h	ield	
	experiencie to beliefft C/Of											

#### 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: 3/30 Rpt: 46/79	Lopez-Singleterry, Nereida 00083772
4	Date	5 Payee name
	09/16/2024	American Express
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$112.08	P.O Box 981535
		El Paso, TX 79998
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		loan payment
		iour paymont
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	09/16/2024	American Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$137.92	P.O Box 981535
	, ,	
		El Paso, TX 79998
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		CC payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/23/2024	American Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,830.00	P.O Box 981535
	, ,	
		El Paso, TX 79998
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment
	_/	CC Poymont
		CC Payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

Credit Card Payment

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

Printing Expense Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.	

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

ட		The instruction duide explains now to com	p.0					
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
	Sch: 4/30 Rpt: 47/79	Lopez-Singleterry, Nereida	Lopez-Singleterry, Nereida 00083772					
4	Date	5 Payee name						
	12/04/2024	American Express						
6	Amount (\$)	7 Payee address; City; State; Zip Code	е					
	\$131.99	P.O Box 981535						
L		El Paso, TX 79998						
8	PURPOSE OF		b)	Description				
	EXPENDITURE	Credit Card Payment		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
				CC payment				
				, ,				
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held				
	expenditure to benefit C/OI	1						
F	Date	Payee name						
	12/06/2024	American Express						
	Amount (\$)	Payee address; City; State; Zip Code	е					
	\$653.46	P.O Box 981535						
		El Paso, TX 79998						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	b)	Description				
	EXPENDITURE	Credit Card Payment	ļ	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
				CC Payment				
				•				
Г	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held				
	expenditure to benefit C/OI	1						
Г	Date	Payee name						
	09/09/2024	Barabasz, Stephanie						
	Amount (\$)	Payee address; City; State; Zip Code	е					
	\$500.00	2209 N 23rd						
l								
		McAllen, TX 78501						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description				
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
				event expense/ music				
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held				
	expenditure to benefit C/OI							
Г								

#### SCHEDULE F1

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

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

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	ll 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: 5/30 Rpt: 48/79	Lopez-Singleterry, Nereida 00083772
4	Date	5 Payee name
	09/09/2024	Campano, Adriana
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$350.00	1341 Seminole Valley Dr
		Alamo, TX 78516
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		contract labor
		Contract lass.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>⊣</b>
	Date	Payee name
	09/16/2024	Campano, Adriana
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	1341 Seminole Valley Dr
	,	,
		Alamo, TX 78516
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense  Contract labor
		Contractiasor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/11/2024	Flower Shack
	Amount (\$)	Payee address; City; State; Zip Code
	\$245.86	3123 S Closner
	Ψ2-10.00	OLEG G GIGGHEI
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		event expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
	Complete ONLY if direct expenditure to benefit C/OH	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 Comm

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	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: 6/30 Rpt: 49/79	Lopez-Singleterry, Nereida 00083772
4	Date	5 Payee name
	12/24/2024	Gorditas y Tacos El Chilito
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$194.85	284 S La Homa Rd. Ste. D
		Mission, TX 78572
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		event expense
		event expense
9	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	
$\vdash$	Dete	
	Date	Payee name
	09/09/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.39	901 Trenton Rd.
		McAllen, TX 78501
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		event expense
		event expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	09/17/2024	Hinojosa, Raynaldo (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$69.77	8301 N Ware Rd.
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		event expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to benefit 6/01	

#### 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 Commit

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: 7/30 Rpt: 50/79	Lopez-Singleterry, Nereida 00083772
4	Date	5 Payee name
	09/03/2024	Hobby Lobby
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.42	3300 Expressway 83 Ste 700
		McAllen, TX 78501
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		event expense
		over expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Data	
	Date	Payee name
	09/03/2024	Hobby Lobby
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.85	3300 Expressway 83 Ste 700
		McAllen, TX 78501
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		event expense
		event expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>o</b>
	<b>D</b> .	
	Date	Payee name
	09/06/2024	JL Print House
	Amount (\$)	Payee address; City; State; Zip Code
	\$476.30	414 S Broadway St.
		McAllen, TX 78501
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		printing expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onpenditure to beliefft C/Of	•

#### 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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
_	Sch: 8/30 Rpt: 51/79	Lopez-Singleterry, Nereida 00083772
4	Date	5 Payee name
	07/05/2024	Martinez, Jessica
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,400.00	2104 FULLERTON AVE
		MCALLEN, TX 78504
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		contract labor
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit G/OI	<u>'</u>
	Date	Payee name
	07/25/2024	Martinez, Jessica
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,200.00	2104 FULLERTON AVE
		MCALLEN, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense  contract labor
		Contract labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Data	
	Date 08/06/2024	Payee name  Martinez Jessica
		Martinez, Jessica
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,200.00	2104 FULLERTON AVE
		MCALLEN, TX 78504
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		contract labor
	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/ Onations 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/Political Com Credit Card Payment		I Committee	Legal Services  The Instruction Guide expl		Vages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Commission Filers)	$\neg$
	Sch: 9/30 Rpt: 52/79		lleterry, Nereida					00083772		
4	Date	5 Payee name								
	08/20/2024	Martinez, J	essica							
6	Amount (\$)	<b>7</b> Payee addre	ess; City; S	State; Zip Co	de					
	\$1,200.00	2104 FULL	ERTON AVE							
		MCALLEN,	TX 78504							
8	PURPOSE	(a) Category (S	ee Categories listed at the top of the	nis schedule)	(b)	Description				
	OF EXPENDITURE	Salaries/W	ages/Contract Labor			<b>=</b>		de of Texas. Comp		
						contract labor		officeholder living	expense	
						CONTRACT IADOI				
9	Complete ONLY if direct	Candidata/Off	iceholder name	Office sou	abt			Office he	ald.	_
9	expenditure to benefit C/O		icenoluer name	Office sou	igrit			Office fie	au	
_	Date	Payee name								_
	09/23/2024	Martinez, J								
_	Amount (\$)	Payee addre		State; Zip Co	ndo.					_
	\$600.00		ERTON AVE	riale, Zip Cc	ue					
	φ000.00	2104 FOLL	ERION AVE							
			TV 70504							
		MCALLEN,	TX 78504							
	PURPOSE OF		see Categories listed at the top of the	nis schedule)	(b)	Description				
	EXPENDITURE	Salaries/W	ages/Contract Labor			<u></u>		de of Texas. Comp officeholder living		
						contract labor		omoonoider iiviiig	одролос	
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ght			Office he	eld	_
	expenditure to benefit C/OI	4								
	Date	Payee name								=
	09/13/2024	Martinez, S	Selene (Mrs.)							
	Amount (\$)	Payee addre	ess; City; S	State; Zip Co	de					
	\$76.05	8301 N Wa	re Rd							
		McAllen, T	X 78504							
	PURPOSE	(a) Category (S	see Categories listed at the top of the	nis schedule)	(b)	Description				
	OF EXPENDITURE	Event Expe	ense			므		de of Texas. Comp		
						ш		officeholder living	expense	
						event expens	C			
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	aht			Office he	ald.	
	expenditure to benefit C/O		IOCHOIGEI HAITIE	Office 300	giil			Office He	JIQ.	
										_

#### 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

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

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

	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: 10/30 Rpt: 53/79	Lopez-Singleterry, Nereida 00083772
4	Date	5 Payee name
	09/06/2024	Printee's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$995.00	200 E Interstate 2 Ste J2
		Pharr, TX 78577
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		printing expense
_	Operation ONLY & Street	Out it is to 100 as he is a second to the se
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/09/2024	Pulido, Agapita
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	1220 E Lovett St.
		Edinburg, TX 78541
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Dayso name
	09/06/2024	Payee name SAM'S CLUB
		Payee address; City; State; Zip Code
	Amount (\$) \$331.11	7601 N Trenton St.
	Ψ551.11	7001 N Heliton St.
		McAllen, TX 78504
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		event expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

#### 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

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

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

	Candidate/Officeholder/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: 11/30 Rpt: 54/79	Lopez-Singleterry, Nereida 00083772
4	Date	5 Payee name
	08/16/2024	Salinas, Peter (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$310.00	601 E Van Week St.
		Edinburg, TX 78541
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		event expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>-</del>
	Date	Payee name
	09/04/2024	Silva, Galilea (Miss)
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,400.00	2104 Fullerton Ave
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense  contract labor
		Contract labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>y</b>
	Date	Payee name
	12/05/2024	TJX Master Card
	Amount (\$)	Payee address; City; State; Zip Code
	\$373.23	PO BOX 71724
		Philadelphia, PA 19176
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		CC Payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### 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 Salaries/Magney/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/30 Rpt: 55/79	Lopez-Singleterry, Nereida 00083772
4	Date	5 Payee name
	12/05/2024	TJX Master Card
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$553.36	PO BOX 71724
		Philadelphia, PA 19176
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		CC Payment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	07/01/2024	Texas National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$69.95	4908 S Jackson Rd.
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense bank fees / loan payment
		Saint loos / loan paymont
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	07/05/2024	Texas National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$289.65	4908 S Jackson Rd.
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		loan payment
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
l		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 13/30 Rpt: 56/79	Lopez-Singleterry, Nereida 00083772
4	Date	5 Payee name
	07/08/2024	Texas National Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$139.90	4908 S Jackson Rd.
		Edinburg, TX 78539
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		loan payment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/15/2024	Texas National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.97	4908 S Jackson Rd.
		Edinburg, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		loan payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/16/2024	Texas National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$186.53	4908 S Jackson Rd.
		Edinburg, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  loan payment
		ισαπ ραγιπεπτ
_	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 -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 Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 14/30 Rpt: 57/79	Lopez-Singleterry, Nereida 00083772
4	Date	5 Payee name
	07/19/2024	Texas National Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$453.40	4908 S Jackson Rd.
		Edinburg, TX 78539
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		bank loan fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
J	expenditure to benefit C/O	
_	Date	
	07/26/2024	Payee name Texas National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$116.57	4908 S Jackson Rd.
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  loan payment
		iour payment
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name Taylor National Bank
	07/26/2024	Texas National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.64	4908 S Jackson Rd.
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		loan payment
	Operation ONLY if direct	Our distance (Office health an arrange of the arrange)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

se Event Expense Loan Repayment/Reimbu

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

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: 15/30 Rpt: 58/79	Lopez-Singleterry, Nereida 00083772
4	Date	5 Payee name
	08/01/2024	Texas National Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$72.28	4908 S Jackson Rd.
		Edinburg, TX 78539
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  loan payment
		loan paymont
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/02/2024	Texas National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$280.30	4908 S Jackson Rd.
	Ψ200.00	1000 G GGGGGT TG
		Edinburg, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		payment
		pags
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/08/2024	Texas National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$144.55	4908 S Jackson Rd.
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense payment loan
		ραγιτιστίτ
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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: 16/30 Rpt: 59/79	Lopez-Singleterry, Nereida 00083772
4	Date	5 Payee name
	08/09/2024	Texas National Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$477.72	4908 S Jackson Rd.
		Edinburg, TX 78539
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  loan payment
		iodii payment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name
	08/16/2024	Texas National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$192.74	4908 S Jackson Rd.
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  loan payment
		loan payment
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	08/16/2024	Texas National Bank
	Amount (\$) \$83.97	Payee address; City; State; Zip Code 4908 S Jackson Rd.
	Φ03.97	4906 S Jackson Ru.
		= "
		Edinburg, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		loan payment
		.5   5
$\vdash$	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

l	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 17/30 Rpt: 60/79	2 FILER NAME Lopez-Singleterry, Nereida 3 Filer ID (Ethics Commission Filers) 00083772
4	Date 08/16/2024	5 Payee name Texas National Bank
6	Amount (\$) \$143.31	<b>7</b> Payee address; City; State; Zip Code 4908 S Jackson Rd.
8	PURPOSE OF EXPENDITURE	Edinburg, TX 78539  (a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense loan payment
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 08/23/2024	Payee name Texas National Bank
	Amount (\$) \$426.53	Payee address; City; State; Zip Code 4908 S Jackson Rd.
	PURPOSE OF EXPENDITURE	Edinburg, TX 78539  (a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense bank loan
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 08/26/2024	Payee name Texas National Bank
	Amount (\$) \$120.47	Payee address; City; State; Zip Code 4908 S Jackson Rd.
		Edinburg, TX 78539
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense loan payment
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Contributions/ Officials India Committee
Graduates/Officials India Committee

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 Salarice Magnet/Contract Labor

	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: 18/30 Rpt: 61/79	Lopez-Singleterry, Nereida 00083772
4	Date	5 Payee name
	08/30/2024	Texas National Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$96.27	4908 S Jackson Rd.
		Edinburg, TX 78539
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  loan payment
		loan paymont
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
H	Date	Power name
	08/30/2024	Payee name Texas National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$193.38	4908 S Jackson Rd.
		Edinburg, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  loan payment
		loan payment
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	09/03/2024	Payee name Texas National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$72.28	4908 S Jackson Rd.
		Edinburg, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		loan payment
$\vdash$	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/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 19/30 Rpt: 62/79	Lopez-Singleterry, Nereida 00083772
4 Date	5 Payee name
09/09/2024	Texas National Bank
6 Amount (\$) \$144.56	7 Payee address; City; State; Zip Code 4908 S Jackson Rd.  Edinburg, TX 78539
8 PURPOSE	
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense loan payment
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/13/2024	Texas National Bank
Amount (\$)	Payee address; City; State; Zip Code
\$620.99	4908 S Jackson Rd.
	Edinburg, TX 78539
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense loan payment
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/16/2024	Texas National Bank
Amount (\$) \$192.74	Payee address; City; State; Zip Code 4908 S Jackson Rd.
	Edinburg, TX 78539
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense loan payment
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	lete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 20/30 Rpt: 63/79	Lopez-Singleterry, Nereida		00083772
4	Date	5 Payee name		•
	09/20/2024	Texas National Bank		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$468.49	4908 S Jackson Rd.		
		Edinburg, TX 78539		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	) Description
	OF EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense  loan payment
				ioan payment
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	t Office held
	expenditure to benefit C/O		giit	. Office field
_	Date	Davisa nama		
	09/26/2024	Payee name Texas National Bank		
			do	
	Amount (\$) \$120.46	Payee address; City; State; Zip Co 4908 S Jackson Rd.	ue	
	φ120.40	4900 S Jackson Ru.		
		Ediphura TV 70520		
	DUDDOOF	Edinburg, TX 78539	(I-)	\
	PURPOSE OF	,	(a)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Accounting/Banking		Check if Austin, TX, officeholder living expense
				loan payment
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	t Office held
	expenditure to benefit C/Ol	1		
	Date	Payee name		
	09/27/2024	Texas National Bank		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$41.90	4908 S Jackson Rd.		
		Edinburg, TX 78539		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	) Description
	OF EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense
				loan payment
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	t Office held
	expenditure to benefit C/O	•	gril	. Office field
_				

#### 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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:				
	Sch: 21/30 Rpt: 64/79	Lopez-Singleterry, Nereida 00083772			
4	Date	5 Payee name			
	10/01/2024	Texas National Bank			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$69.94	4908 S Jackson Rd.			
		Edinburg, TX 78539			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		loan payment			
_					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	10/01/2024	Texas National Bank			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$96.26	4908 S Jackson Rd.			
		Edinburg, TX 78539			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		loan payment			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
	Data				
	Date	Payee name Tayon National Bank			
	10/01/2024	Texas National Bank			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$193.39	4908 S Jackson Rd.			
		Edinburg, TX 78539			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		loan payment			
		iour paymont			
	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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	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: 22/30 Rpt: 65/79	Lopez-Singleterry, Nereida 00083772			
4	Date	5 Payee name			
	10/08/2024	Texas National Bank			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$139.89	4908 S Jackson Rd.			
		Edinburg, TX 78539			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITORE	Check if Austin, TX, officeholder living expense			
		loan payment			
_					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	10/09/2024	Texas National Bank			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$462.32	4908 S Jackson Rd.			
		Edinburg, TX 78539			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		loan payment			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OH				
	Data	Daniel and a second			
	Date 10/16/2024	Payee name Texas National Bank			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$186.53	4908 S Jackson Rd.			
		Edinburg, TX 78539			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		loan payment			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	<b>y</b>			
_					

#### 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: 23/30 Rpt: 66/79	Lopez-Singleterry, Nereida 00083772
4	Date	5 Payee name
	10/16/2024	Texas National Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$81.26	4908 S Jackson Rd.
		Edinburg, TX 78539
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  loan payment
		iodii payment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name
	10/17/2024	Texas National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$138.69	4908 S Jackson Rd.
		Edinburg, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  loan payment
		loan payment
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	10/18/2024	Texas National Bank
	Amount (\$)	
	\$372.13	Payee address; City; State; Zip Code 4908 S Jackson Rd.
	φ312.13	4900 3 Jackson Ru.
		Ediahura TV 70520
		Edinburg, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Ranking  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		loan payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L		

#### SCHEDULE F1

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

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

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

	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: 24/30 Rpt: 67/79	Lopez-Singleterry, Nereida 00083772
4	Date	5 Payee name
	10/25/2024	Texas National Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.63	4908 S Jackson Rd.
		Edinburg, TX 78539
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		loan payment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>-</del>
_	Date	Payee name
	10/28/2024	Texas National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$115.58	4908 S Jackson Rd.
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  loan payment
		iour payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/01/2024	Texas National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$72.28	4908 S Jackson Rd.
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		loan payment
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	ete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 File	er ID (Ethics Commission Filers)
	Sch: 25/30 Rpt: 68/79	Lopez-Singleterry, Nereida	00	083772
4	Date	5 Payee name	•	
	11/01/2024	Texas National Bank		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$280.30	4908 S Jackson Rd.		
		Edinburg, TX 78539		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description	
	OF EXPENDITURE	Accounting/Banking		Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, offic	eholder living expense
			loan payment	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought		Office held
	- CAPCHARLATO TO BOTTONIC GFO			
	Date	Payee name		
	11/08/2024	Texas National Bank		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$144.56	4908 S Jackson Rd.		
		Edinburg, TX 78539		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description	-
	OF EXPENDITURE	Accounting/Banking	$\Box$	Texas. Complete Schedule T.
	EXI ENDITORE		Check if Austin, TX, offic	eholder living expense
			loan payment	
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office held
	expenditure to benefit C/O	3		Office field
	Date	Payee name		
	11/12/2024	Texas National Bank		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$477.68	4908 S Jackson Rd.		
		Edinburg, TX 78539		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description	
	OF EXPENDITURE	Accounting/Banking	<u></u>	Texas. Complete Schedule T.
			Check if Austin, TX, offic	anoider living expense
			ioan paymont	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office held
	expenditure to benefit C/Ol	3		Since field
H				
l				

#### SCHEDULE F1

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

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

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: 26/30 Rpt: 69/79	Lopez-Singleterry, Nereida 00083772			
4	Date	5 Payee name			
	11/15/2024	Texas National Bank			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$227.28	4908 S Jackson Rd.			
		Edinburg, TX 78539			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  loan payment			
		loan payment			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·			
_	Date	Davies same			
	11/18/2024	Payee name Texas National Bank			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$192.74	4908 S Jackson Rd.			
		Edinburg, TX 78539			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  loan payment			
		loan payment			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OH				
-	Date	Payee name			
	11/22/2024	Payee name Texas National Bank			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$426.53	4908 S Jackson Rd.			
		Edinburg, TX 78539			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		loan payment			
		ioan paymont			
	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 Comm

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	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 27/30 Rpt: 70/79	Lopez-Singleterry, Nereida 00083772			
4	Date	5 Payee name			
	11/26/2024	Texas National Bank			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$120.46	4908 S Jackson Rd.			
		Edinburg, TX 78539			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		loan payment			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	Ч			
	Date	Payee name			
	12/02/2024	Texas National Bank			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$69.95	4908 S Jackson Rd.			
		Edinburg, TX 78539			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		loan payment			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	H			
	Date	Payee name			
	12/02/2024	Texas National Bank			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$289.64	4908 S Jackson Rd.			
		Edinburg, TX 78539			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense  loan payment			
		iour payment			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OH				

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 28/30 Rpt: 71/79	Lopez-Singleterry, Nereida 00083772
4	Date	5 Payee name
	12/09/2024	Texas National Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$139.89	4908 S Jackson Rd.
		Edinburg, TX 78539
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  loan payment
		ισαπ ραγιπεπι
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	12/13/2024	Texas National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$601.01	4908 S Jackson Rd.
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  loan payment
		iodii payment
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davisa nama
	12/16/2024	Payee name Texas National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$186.52	4908 S Jackson Rd.
		Edinburg, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		loan payment
		ioan paymont
	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

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	Credit Card Payment	The Instruction Guide explains how to cor	-	,
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 29/30 Rpt: 72/79	Lopez-Singleterry, Nereida		00083772
4	Date	5 Payee name		·
	12/20/2024	Texas National Bank		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$453.38	4908 S Jackson Rd.		
		Edinburg, TX 78539		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.
	ZA ZABITORZ			Check if Austin, TX, officeholder living expense
				loan payment
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	thr	Office held
9	expenditure to benefit C/O		JIII	Office field
_	Data			
	Date 12/26/2024	Payee name		
		Texas National Bank		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$116.58	4908 S Jackson Rd.		
		Edinburg, TX 78539		
	PURPOSE OF	,	(b)	Description
	EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				loan payment
	Complete ONLY if direct	Candidate/Officeholder name Office sout	ght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	12/27/2024	Texas National Bank		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$40.63	4908 S Jackson Rd.		
		Edinburg, TX 78539		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense loan payment
				ioan payment
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sou	thr	Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	giil	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	Al 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)				
L	Sch: 30/30 Rpt: 73/79	Lopez-Singleterry, Nereida 00083772				
4	Date	5 Payee name				
L	12/17/2024	city of la joya				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$150.00	701 E Expressway 83				
		La Joya , TX 78560				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if Avetin TV officeholder living supposes				
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Donation Toy Drive				
		Bollation Toy Billio				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
F	Date	Payee name				
	10/21/2024	la cocinita mcallen				
H	Amount (\$)	Payee address; City; State; Zip Code				
	\$18.01 4400 N 23rd St					
		McAllen, 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				
		food expense				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O					
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L						

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	: 2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
	Sch: 1/5 Rpt: 74/79	Lopez-Singleterry,	Nereida			00083772			
4	CREDIT CARD ISSUER		ncial institution n express	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid			
		\$131.99	12/04/2024						
7	PAYEE	(a) Payee name		(b) Payee 7601 N T	address; renton St.	City,	State,	Zip Code	
		SAM'S CLUB							
L				+	TX 78504				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip					
	X Political	Event Expense	,	event exp	bense				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Chack if Austin TV	officeholder living exp	nonco		
9	Complete ONLY if direct	Candidate/Officeholder	· · · · · · · · · · · · · · · · · · ·	e sought	Check ii Austili, 17,	Office held	iense		
	expenditure to benefit C/OH								
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid			
		\$167.97	09/13/2024						
Г	PAYEE	(a) Payee name	I	(b) Payee	address;	City,	State,	Zip Code	
Dicks Sporting Goods		ds	716 E Ex	pressway 83					
Dicks Sporting Goods		45	McAllon	TX 78503					
┝	PURPOSE OF	(a) Category		(b) Descrip					
	EXPENDITURE	(See Categories listed at the top	of this schedule)	event exp					
	X Political	Event Expense							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
e	expenditure to benefit C/OH			•					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid			
		\$653.46	12/06/2024						
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		SAM'S CLUB		7601 N T	renton St.				
				McAllen,	TX 78504				
	PURPOSE OF	(a) Category	<b>611</b>	(b) Descrip	otion				
	EXPENDITURE	(See Categories listed at the top <b>Event Expense</b>	or trils scheaule)	event expense					
	X Political	Lveni Expense							
L	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.			T. Check if Austin, TX, officeholder living expense				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held								
€	expenditure to benefit C/OH								
ĺ									

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F4:				3 Filer ID (Ethics Commission Filers)			
<u> </u>	Sch: 2/5 Rpt: 75/79	Lopez-Singleterry,	Nereida			00083772		-,
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	(c) Date(s) Credit Card Issuer F			
		\$779.40	09/12/2024					
7	PAYEE	(a) Payee name  Rainbow Play Syste	ems		McColl Rd.	City,	State,	Zip Code
Ļ	DUDDO05.05	(a) Cataman			TX 78501			
ľ	8 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) (b) Description event expense		•					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	I	Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	r Paid		
		\$211.09	09/12/2024					
PAYEE		(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Sunglass Hut South 10th. St		Oth. St				
				TX 78501				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)		(b) Descrip	•			
EXPENDITURE (See Categories listed at the top of this schedule)  Event Expense		or this seriedule)	event ex	pense				
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct candidate/Officeholder name Office expenditure to benefit C/OH		name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	) Credit Card Issuer	r Paid		
		\$974.10	09/12/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Dicks Sporting Goods		716 E Ex	rpressway 83			
				McAllen,	TX 78503			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Descrip	•			
	EXPENDITURE  (see Categories listed at the top of this schedule)  Event Expense		event ex	pense				
	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.			Chack if Austin TV	officeholder living exp	ence	
$\vdash$	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	·	e sought	Crieck if Austin, 1X,	Office held	CIISE	
е	expenditure to benefit C/OH	Sandidato/Oniocholder	- Office	Jougin		Jiido Hold		
l								

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

1 Total pages Schedule F4: Sch: 3/5 Rpt: 76/79 2 CREDIT CARD ISSUER  Name of financial institution See previous  Name of financial institution See previous	sion Filers)
CREDIT CARD ISSUER	
SSUER   See previous   EXPENDITURE   CHARGED TO A CREDIT   CARD	
\$318.16	
7 PAYEE  (a) Payee name 35 Pharr Liquor  (b) Payee address; City, State, 1401 W Kelly Avenue  Pharr, TX 78577  8 PURPOSE OF EXPENDITURE   X Political   City   City	
35 Pharr Liquor   1401 W Kelly Avenue   Pharr, TX 78577	
Recomplete Only if direct expenditure to benefit C/OH	Zip Code
EXPENDITURE    X Political   Event Expense   Event expense	
Event Expense	
Non-Political   Complete ONLY if direct expenditure to benefit C/OH   Candidate/Officeholder name   Office sought   Office held	
9 Complete ONLY if direct expenditure to benefit C/OH  PAYMENT  (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid  PAYEE  (a) Payee name (b) Payee address; City, State, 716 E Expressway 83  Dicks Sporting Goods  PURPOSE OF EXPENDITURE (See Categories listed at the top of this schedule) Event Expense  (b) Payee address; City, State, 716 E Expressway 83  McAllen, TX 78503  (b) Description event expense  (c) Date(s) Credit Card Issuer Paid  (d) Date of Charge (b) Payee address; City, State, 716 E Expressway 83  (d) Dicks Sporting Goods  (e) Description event expense	
expenditure to benefit C/OH  PAYMENT  (a) Amount Charged \$137.92  (b) Date of Charge  (c) Date(s) Credit Card Issuer Paid  PAYEE  (a) Payee name  (b) Payee address; City, State,  716 E Expressway 83  Dicks Sporting Goods  McAllen, TX 78503  PURPOSE OF  EXPENDITURE  X Political  Non-Political  (c) Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
PAYMENT  (a) Amount Charged \$137.92  (b) Date of Charge  (c) Date(s) Credit Card Issuer Paid  PAYEE  (a) Payee name  (b) Payee address; City, State, 716 E Expressway 83  Dicks Sporting Goods  McAllen, TX 78503  PURPOSE OF EXPENDITURE  X Political  Non-Political  (c) Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
PAYEE  (a) Payee name Dicks Sporting Goods  (b) Payee address; City, State, 716 E Expressway 83  PURPOSE OF EXPENDITURE  X Political Non-Political  (c) Check if travel outside of Texas. Complete Schedule T.  (b) Payee address; City, State, 716 E Expressway 83  (b) Description event expense	
PAYEE  (a) Payee name Dicks Sporting Goods  NcAllen, TX 78503  (a) Category (See Categories listed at the top of this schedule) Event Expense  (b) Payee address; City, State, 716 E Expressway 83  McAllen, TX 78503  (b) Description event expense  (c) Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Dicks Sporting Goods  PURPOSE OF EXPENDITURE  X Political Non-Political  Non-Political  C(s) t s) so tatal-rocy (A) Category (See Categories listed at the top of this schedule) Event Expense  (C) Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
Dicks Sporting Goods  McAllen, TX 78503  PURPOSE OF EXPENDITURE  X Political Non-Political (c) Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	Zip Code
PURPOSE OF EXPENDITURE    X   Political     Non-Political     Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense   Check if Austin, TX, officeholder living	
EXPENDITURE    X   Political     Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense	
Event Expense    X   Political     Event Expense   Event expense     Non-Political   (c)   Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense	
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
(c) Should date be seen as the	
Complete ONLY if direct   Candidate/Officeholder name Office sought Office hold	
expenditure to benefit C/OH	
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 99/16/2024	
PAYEE (a) Payee name (b) Payee address; City, State,	Zip Code
7700 N 10th. St.	
SPECS	
McAllen, TX 78504	
PURPOSE OF (a) Category (b) Description	
EXPENDITURE (See Categories listed at the top of this schedule) event expense  Event Expense	
X Political	
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F4:	e F4: <b>2</b> FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 4/5 Rpt: 77/79	Lopez-Singleterry, Nereida				00083772		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
	\$692.31	09/12/2024					
7 PAYEE	(a) Payee name		(b) Payee address; City,		City,	State,	Zip Code
	SAM'S CLUB		7601 N Trenton St.				
			McAllen, T				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti				
X Political	Event Expense	· · · · · · · · · · · · · · · · · · ·	event expe	ense			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
	\$4,830.00	09/23/2024					
PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code
Los Lagos Golf Club		1720 S Ra	ul Longoria Rd.				
			Edinburg,	TX 78542			
PURPOSE OF	(a) Category	-6 Abric In It I - \	(b) Descripti				
EXPENDITURE  X Political	(See Categories listed at the top  Event Expense	or this schedule)	event expe	ense			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	` Г	Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid		
PAYEE	(a) Payee name	<u> </u>	(b) Payee ac	ddress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	( ) ( )		(b) Descripti	on			
Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.					
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought		Office held		
expenditure to benefit C/OH							

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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 Salaries/Mange/Control Labor

Candidate/Officeholder/Politic	-		laries/Wages/Cor		THER (enter a cate	gory not listed al	bove)
1. Tatal marras Cabadula E4.		ruction Guide explains how	to complete i	unis iorm.	a Filon ID (Fr	thise Commiss	nion Filoro)
1 Total pages Schedule F4:		Nianaida			3 Filer ID (E	tnics Commiss	sion Filers)
Sch: 5/5 Rpt: 78/79	Lopez-Singleterry,				00083772		
4 CREDIT CARD ISSUER	Name of final	ncial institution		OF UNITEMIZED DITURES	\$		
ISSUER	TJX Ma	astercard		ED TO A CREDIT			
			CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$373.23	12/05/2024					
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
			500 North	n Jackson			
	TJ Maxx						
			Pharr, TX	( 78577			
8 PURPOSE OF	(a) Category		(b) Descrip	otion			
EXPENDITURE	(See Categories listed at the top Event Expense	of this schedule)	event exp	oense			
X Political	Event Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living	expense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$553.36	12/05/2024					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
PAYEE	(a) Payee name	I	(b) Payee	address;	City,	State,	Zip Code
				n Jackson			
	TJ Maxx						
			Pharr, TX	( 78577			
PURPOSE OF	(a) Category		(b) Descrip	otion			
EXPENDITURE	(See Categories listed at the top	of this schedule)	event exp	oense			
X Political	Event Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living e	expense	
Complete ONLY if direct	Candidate/Officeholder		e sought		Office held		
expenditure to benefit C/OH			J				
Ī							

	OUTSTAN	IDING LOANS	SCHEDULE L				
	The Instruction	on Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 1/1 Rpt: 79/79				
2	FILER NAME Lopez-Singleterry, Nereida		3 Filer ID (Ethics Commission Filers) 00083772				
	LENDER INFORMATION	4 Name of lender Texas National Bank					
		5 Lender address; City; State; Zip Code  Edinburg, TX 78539					
	GUARANTOR INFORMATION	6 Name of guarantor					
	not applicable	7 Guarantor address; City; State; Zip Code					