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) 00080188 28 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Librado K. NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 NICKNAME LAST **SUFFIX** Keno Vasquez CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 3525 W. Freddy Gonzalez, Ste. C MAILING Amount Receipt # **ADDRESS** Change of Address Edinburg, TX 78539 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Ricardo L. NAME NICKNAME LAST **SUFFIX** Rick Salinas **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER** 2011 N. Conway Ave. **ADDRESS** (Residence or Business) Mission, TX 78572 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 584-3900 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx l 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

GO TO PAGE 2

12 OFFICE SOUGHT (if known)

11 OFFICE

OFFICE HELD (if any)

District Judge District 398 Hidalgo

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 28

13 C / OH NAME	Vasquez, Librado K.	(The Honorable)	14 Filer ID (00080188	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	-	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
		GOMMITTEE GAMITATION TREAGURER AND FREE		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER THANES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		CAL CONTRIBUTIONS		\$ 0.00
EXPENDITURE	,	PLEDGES, LOANS, OR GUARANTEES OF LOAN ZED POLITICAL EXPENDITURES	S)	<u> </u>
TOTALS		ZEB I GEITIGNE EN ENBITGINEG		\$ 0.00
	4. TOTAL POLIT	CAL EXPENDITURES		\$ 28,774.15
CONTRIBUTION BALANCE	5. TOTAL POLITICATE REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 278,329.65
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		The Honora	able Librado K. Vasq	luez
			f Candidate or Officehol	•
AFFIX NOT	TARY STAMP / SEAL ABO	DVE		
Sworn to and subso	cribed before me, by the sa	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	r administering oath
-	Ç	Ç		•

SUBTOTALS - JC/OH

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

			CC	3 of 28						
l	18 FILER NAME Vasquez, Librado K. (The Honorable) 19 Filer ID (Ethics Commission Filers) 00080188									
l		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT						
1.		SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$						
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$						
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$						
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$						
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 28,774.15						
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$						
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$						
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$						
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$						
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$						
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$						
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$						

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Cabadula 54:	1
	Total pages Schedule F1:	
	Sch: 1/25 Rpt: 4/28	Vasquez, Librado K. (The Honorable) 00080188
4	Date	5 Payee name
	07/31/2024	7 DSY ADDICTION
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	3017 S. SUGAR RD.
	Ψ000.00	552. 5. 555. 1(1)5.
		F 1' 1 TV 70500
		Edinburg, TX 78539
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense
		Check if Austin, TX, officeholder living expense
		ROBERT VELA FOOTBALL SPONSOR
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	<u> </u>
	Date	Payee name
	08/30/2024	7-Eleven
-	Amount (\$)	Payee address; City; State; Zip Code
	\$28.02	720 S 10th St
	Ψ20.02	120 0 1001 00
		McAllen, TX 78501
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EM LINDITURE	Check if Austin, TX, officeholder living expense
		TRAVEL
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	09/05/2024	A&E Sports Embroidery Screen Printing
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	\$207.30	1106 S. Closner Blvd
	φ201.30	1100 J. Glosner divu
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	TVI FIADLIONE	Check if Austin, TX, officeholder living expense
		CAMPAIGN SHIRTS/CAPS
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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	mplete this fo	orm.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission File	rs)
Sch: 2/25 Rpt: 5/28	Vasquez, Librado K. (The Honorable)		00080188	
4 Date	5 Payee name		•	
12/10/2024	ARAUZA, FERNANDO			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$150.00	603 SINATRA DR.			
	EDINBURG, TX 78542			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descrip	tion	
OF EXPENDITURE	Advertising Expense		c if travel outside of Texas. Complete Schedule T.	
EXPENDITURE			k if Austin, TX, officeholder living expense	
		BASE	BALL SPONSOR	
		1.	05.	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ght	Office held	
•				
Date	Payee name			
12/06/2024	Academy Sports & Outdoors			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$265.21	651 Trenton Rd.			
	Edinburg, TX 78539			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descrip		
OF EXPENDITURE	Advertising Expense	_	k if travel outside of Texas. Complete Schedule T.	
			k if Austin, TX, officeholder living expense AIGN WINTER SHIRTS	
		<i>C7</i>		
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
expenditure to benefit C/O		J		
Date	Payee name			
11/18/2024	BARREL HOUSE KITCHEN & BAR			
Amount (\$)	Payee address; City; State; Zip Co	nde		
\$250.00	1927 S. TOURIST DR			
720000				
	EDINBURG, TX 78539			
DUDDOCE		(h) 5 :		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Descrip	IION (if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Advertising Expense		k if Austin, TX, officeholder living expense	
		CHRIS	TMAS TOY DRIVE SPONSOR	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
expenditure to benefit C/O	H			
	Н			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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		mmittee	Legal Services			Vages	/Contract Labor		OTHER (enter a	a category not listed abo	ove)
ᆫ		_		The Instruction C	suide explains	now to co	mpie	ete this form.				
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 3/25 Rpt: 6/28		Vasquez, L	ibrado K. (The	Honorable)					00080188		
4	Date	5	Payee name									
	08/01/2024		BRUNETTA	Ą								
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	ode					
	\$282.99		3300 W. EX	(P 83		·						
			STE 160									
			MCALLEN,	TX 78501								
Ļ	DUDDOCE	(2)					(1-)					
8	PURPOSE OF	(a) 		ee Categories listed at	the top of this sch	nedule)	(a)	Description	outei	de of Teyes Cor	nplete Schedule T.	
	EXPENDITURE		F000/Bever	age Expense				므		officeholder livin		
								CAMPAIGN N				
9	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ıght			Office h	eld	
	expenditure to benefit C/OI	Н										
Г	Date		Payee name									
	11/13/2024		CORDONS	TASTE OF CH	HICAGO							
Н	Amount (\$)	T	Payee addre	ss; City;	State	; Zip Co	ode					
	\$84.81		4304 W FR	EDDY GONZA	LEZ							
			EDINBURG	G, TX 78539								
┝	PURPOSE	(a)		ee Categories listed at			(h)	Description				
	OF	"		ee Categories listed at age Expense	tne top of this scr	nedule)	(~)	_	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		1 OOG/Bevel	age Expense				Check if Austin,	, TX	officeholder livin	g expense	
								CAMPAIGN N	ME	ETING		
	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ight			Office h	eld	
	expenditure to benefit C/OI	П										
	Date		Payee name									
	09/30/2024		CRUZ, STE	VEN								
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	ode					
	\$500.00		1014 HILL	COUNTRY RD								
			EDINBURG	S, TX 78539								
H	PURPOSE	(a)	Category (s	ee Categories listed at	the ten of this set	andula)	(b)	Description				
	OF	ľ. <i>′</i>	Advertising		the top of this ser	icudic)	 `´		outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		J	•				_		officeholder livin		
								4TH ANNUAL	L B	ACKYARD	GRILLERS SP	ONSOR
L												
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	(Office sou	ight			Office h	eld	
	experiulture to beliefit C/OI	' '										

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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 a	strict a category not listed a	oove)
	Credit Card Payment			The Instruction G	uide explains h	now to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 4/25 Rpt: 7/28		Vasquez, Lik	orado K. (The	Honorable)					00080188		
4	Date	5	Payee name									
	09/30/2024		Castillo, SAL	OME								
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$200.00		117 JADE L'	YNN ST								
			WESLACO,	TX 78599								
8	PURPOSE	├					(h)	Description				
١	OF		Advertising E	e Categories listed at	the top of this sche	edule)	(D)	Description Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Auvertising i	Expense				=		officeholder livin		
								DONNA HS -	Cŀ	HEER SPO	NSOR	
9	Complete ONLY if direct		andidate/Offic	eholder name	0	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	10/23/2024		Chick Fil A									
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$64.18		1201 W Univ	ersity Ave								
				,								
			Edinburg, T	C 78539								
	PURPOSE	<u> </u>					(h)	Description				
	OF			e Categories listed at age Expense	the top of this sche	edule)	(D)	Description Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		roou/bever	age Expense				=		officeholder livin		
								CAMPAIGN N	ИΕ	ETING		
	Complete ONLY if direct		andidate/Offic	eholder name	0	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	08/21/2024		Circle K									
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$78.66		2808 S 23rd									
			McAllen, TX	78501								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	adula)	(b)	Description				
	OF		Travel In Dis		the top of this serie	duic)	` '		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE							—	, TX,	officeholder living	g expense	
								TRAVEL				
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	eholder name	0	ffice sou	ght			Office h	eld	
	experionale to belieff 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 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: 5/25 Rpt: 8/28	Vasquez, Librado K. (The Honorable) 00080188
4	Date	5 Payee name
	08/07/2024	City of Penitas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	1705 E Expressway 83
		Pentias, TX 78576
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		FAJITA COOK-OFF SPONSOR
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	12/16/2024	Contreras, JOSLYNN
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	1328 San Juanita St
		La Villa, TX 78562
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		EE-FFA SPONSOR
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	09/09/2024	Contreras, Jose
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1328 San Juanita St
		La Villa, TX 78562
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CITY OF ELSA 16 DE SEPT CELEBRATION
		SPONSOR
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 complete this form.
1	Total pages Schedule F1: Sch: 6/25 Rpt: 9/28	2 FILER NAME Vasquez, Librado K. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080188
4	Date 09/30/2024	5 Payee name DEL VILLAR, FRANK
6	Amount (\$) \$6,000.00	7 Payee address; City; State; Zip Code 505 DIANA DR Edinburg, TX 78542
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DONATION BREAST CANCER
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 09/11/2024	Payee name EDINBURG HIGH SCHOOL
	Amount (\$) \$70.00	Payee address; City; State; Zip Code 2600 E. WISCONSIN RD. EDINBURG, TX 78539
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense BURGER IN A BAG SPONSOR
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 07/05/2024	Payee name El Tigre #27
	Amount (\$) \$81.21	Payee address; City; State; Zip Code 3301 N Shary Rd
		Mission, TX 78573
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense TRAVEL EXPENSE
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to o	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 7/25 Rpt: 10/28	Vasquez, Librado K. (The Honorable)	00080188
4 Date	5 Payee name	'
07/11/2024	El Tigre #27	
6 Amount (\$)	7 Payee address; City; State; Zip C	Code
\$81.66	3301 N Shary Rd	
	-	
	Mission, TX 78573	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Travel In District	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		TRAVEL
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ought Office held
experiulture to benefit C/O		
Date	Payee name	
07/18/2024	El Tigre #27	
Amount (\$)	Payee address; City; State; Zip C	Code
\$82.45	3301 N Shary Rd	
	Mission, TX 78573	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense TRAVEL
		INAVEL
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O		Cince neta
Date	Poves name	
08/15/2024	Payee name El Tigre #27	
	Payee address; City; State; Zip C	`odo
Amount (\$) \$77.17	3301 N Shary Rd	code
ΨΠ.ΙΙ	3301 N Shary Ku	
	Mission TV 70572	
	Mission, TX 78573	Tus.
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Travel In District	Check if Austin, TX, officeholder living expense
		TRAVEL
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/O		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/25 Rpt: 11/28	Vasquez, Librado K. (The Honorable) 00080188
4	Date	5 Payee name
	10/07/2024	El Tigre #27
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$77.44	3301 N Shary Rd
		Mission, TX 78573
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		TRAVEL
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
l	10/16/2024	El Tigre #27
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.33	3301 N Shary Rd
l		
		Mission, TX 78573
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense TRAVEL
		TIVAVEE
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	o
H	Date	Payee name
	10/28/2024	El Tigre #27
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$73.88	3301 N Shary Rd
		Mission, TX 78573
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		TRAVEL
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Fayment	The Instruction Guide explains how to comp	lete this form.			
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 9/25 Rpt: 12/28	Vasquez, Librado K. (The Honorable)			00080188	
4	Date	5 Payee name				
	11/08/2024	El Tigre #27				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$86.63	3301 N Shary Rd				
		Mission, TX 78573				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Travel In District		vel outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITURE			ustin, TX	, officeholder living	expense
			TRAVEL			
_						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t		Office he	eld
	Date	Payee name				
	11/26/2024	El Tigre #27				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$76.51	3301 N Shary Rd				
		Mission, TX 78573				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Travel In District	=		ide of Texas. Com	
			TRAVEL	, isuii, i	, officeholder living	expense
	Complete ONLY if direct	Candidate/Officeholder name Office sough	<u> </u>		Office he	eld
	expenditure to benefit C/OI					
	Date	Payee name				
	12/19/2024	El Tigre #27				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$72.84	3301 N Shary Rd				
	Ţ. <u></u>	2002 11 21141 114				
		Mission, TX 78573				
	PURPOSE) Description			
	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District		evel outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITURE	Travel in District	Check if Au	ustin, TX,	, officeholder living	expense
			TRAVEL			
_						
	Complete ONLY if direct	Candidate/Officeholder name Office sough	t		Office he	eld
	expenditure to benefit C/OI	1				

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/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/25 Rpt: 13/28	Vasquez, Librado K. (The Honorable) 00080188
4	Date	5 Payee name
	12/30/2024	El Tigre #27
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$72.41	3301 N Shary Rd
		Mission, TX 78573
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		TRAVEL
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	08/05/2024	Fishing For Hope
H	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	5501 S McColl
	, , , , , ,	
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	501 (C) Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense DONATION
		Bolletion
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	12/17/2024	Fuentes, Francisco
L	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	13135 Cedar Ave
	Ψ030.00	10100 Octua / WC
		Edinburg, TX 78541
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		CONTRACT LABOR
L	Complete ONII V if allowed	Condidate/Officeholder name Office sought
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
dash		

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		to complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 11/25 Rpt: 14/28	Vasquez, Librado K. (The Honorable)		00080188
4 Date	5 Payee name		
12/09/2024	Holiday Wine & Liquor		
6 Amount (\$) \$38.88	7 Payee address; City; State; Zij 2714 E Griffin Parkway) Code	
	Mission, TX 78572		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Food/Beverage Expense	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense MEETING
Complete ONLY if direct expenditure to benefit C/Ol		sought	Office held
Date	Payee name		
08/05/2024	Jasso, Prisylla		
Amount (\$) \$250.00	Payee address; City; State; Zij 5000 N 1st Lane #173 McAllen, TX 78504) Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense SPONSOR
Complete <u>ONLY</u> if direct expenditure to benefit C/O		sought	Office held
Date	Payee name		
10/24/2024	Knights of Columbus		
Amount (\$) \$600.00	Payee address; City; State; Zi 1108 W Hackberry Ave) Code	
	McAllen, TX 78501		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		sought	Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/25 Rpt: 15/28	Vasquez, Librado K. (The Honorable) 00080188
4	Date	5 Payee name
	10/15/2024	Koko's Mexican Restaurant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$747.09	6100 N 10th St
		McAllen, TX 78504
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CAMPAIGN MEETING
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
⊨	Data	
	Date	Payee name
	12/20/2024	Koko's Mexican Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$936.20	6100 N 10th St
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		CAMPAIGN MEETING
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorare to benefit C/O	<u>'</u>
	Date	Payee name
	10/17/2024	LA Fogata
	Amount (\$)	Payee address; City; State; Zip Code
	\$69.10	300 N Shary Rd
		Mission, TX 78572
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		CAMPAIGN MEETING
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiencie to benefit C/OI	'

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit 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 I	Legal Services The Instruction Guide	Salaries/V	Wages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 13/25 Rpt: 16/28		orado K. (The Hor	norable)				00080188		
4	Date	5 Payee name								
	11/06/2024	LA Fogata								
6	Amount (\$) \$216.51	7 Payee addres300 N SharyMission, TX	Rd	State; Zip Co	ode					
8	PURPOSE	(a) Category (so	e Categories listed at the to	n of this schodulo)	(b)	Description				_
	OF EXPENDITURE	Food/Bevera		p of this scriedule)		Check if travel	, TX,	de of Texas. Comp officeholder living ETING		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Offic	eholder name	Office sou	ıght			Office he	ld	
	Date	Payee name								
	07/25/2024	MARRIOTT								
	Amount (\$) \$95.10	Payee addres 889 E MARk		State; Zip Co	ode					
		SAN ANTON	IIO, TX 78205							
	PURPOSE OF EXPENDITURE	(a) Category (See Event Expen	e Categories listed at the to	p of this schedule)	(b)	_		de of Texas. Comp		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Offic	eholder name	Office sou	ight			Office he	ld	
	Date 08/12/2024	Payee name MEDRANO,	SELINA							
	Amount (\$) \$150.00	Payee addres 1303 PINE A	WE	State; Zip Co	ode					
		PHARR, TX	78577							
	PURPOSE OF EXPENDITURE	(a) Category (See Advertising E	e Categories listed at the to Expense	p of this schedule)	(b)		, TX,	de of Texas. Comp officeholder living ONSOR		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Offic	eholder name	Office sou	ight			Office he	ld	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ		<u> </u>
1	Total pages Schedule F1:	
	Sch: 14/25 Rpt: 17/28	Vasquez, Librado K. (The Honorable) 00080188
4	Date	5 Payee name
	12/06/2024	Monte Alto Rec Center
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	9000 Valdez Rd.
		Edequeb TV 70572
		Edcouch, TX 78573
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense TOY DRIVE
		TOT BINVE
Ļ	Complete ONLY if direct	Condidate/Officeholder name Office cought
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/05/2024	PALMVIEW POLICE DEPARTMENT
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	400 W.VETEREN BLD
		PALVIEW, TX 78572
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		NATIONAL NIGHT OUT SPONSOR
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	Data	Douge name
	Date	Payee name
	08/20/2024	PATINO, JORGE
	Amount (\$)	Payee address; City; State; Zip Code
	\$360.00	5400 E. WISCONSIN RD
		EDINBURG, TX 78542
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		MCALLEN BOYS & GIRLS CLUB SPONSOR
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	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 Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	<u> </u>					
	Sch: 15/25 Rpt: 18/28	Vasquez, Librado K. (The Honorable) 00080188					
4	Date	5 Payee name					
	09/25/2024	PHARR PARKS & REC					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$200.00	118 S CAGE					
		PHARR, TX 78577					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITORE	Check if Austin, TX, officeholder living expense					
		GOLF TOURNAMENT SPONSOR					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	12/13/2024	Pappadeaux Seafood Kitchen					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$338.39	1610 W Expressway 83					
		Pharr, TX 78577					
	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.					
	LAI LINDITORE	Check if Austin, TX, officeholder living expense					
		CAMPAIGN MEETING					
	Opening the ONITY if allowed	Our did at 10 % as hald a manual of the annual of the same of the					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	07/25/2024	QT TRAVEL					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$62.62	11203 S US HWY 181					
		SAN ANTONIO, TX 78205					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense					
		CLE					
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold					
	Complete ONLY 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		mmittee	Legal Services	Salaries	Wage	s/Contract Labor		OTHER (enter a	category not listed above)
	oroan oara'r aymon			The Instruction Gu	ide explains how to c	ompl	ete this form.			
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 16/25 Rpt: 19/28		Vasquez, Li	brado K. (The F	lonorable)				00080188	
4	Date	5	Payee name							
	10/15/2024		ROBLEDO,	MIGUEL						
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip C	ode				
ľ	\$5,000.00	ľ	914 S. 15TH		otato, z.p o	000				
	φο,σσσ.σσ		011011							
			MOALLEN	TV 70501						
			MCALLEN,							
8	PURPOSE OF	(a)		ee Categories listed at th	e top of this schedule)	(b)	Description			
	EXPENDITURE		Advertising	Expense					de of Texas. Com officeholder living	plete Schedule T.
							GOTV 2024	, 17.,	omeenoider nving	у схропос
9	Complete ONLY if direct			ceholder name	Office so	uaht			Office he	7l4
	expenditure to benefit C/OI				31110C 30	~9.11			Cinoc III	= · = :
_	Data	_								
	Date		Payee name	IDIC CTEAKLIO	105					
	07/23/2024		RUTH'S CH	IRIS STEAKHOU						
	Amount (\$)		Payee addres		State; Zip C	ode				
	\$122.11		600 E MARI							
			GRAND HY	ATT						
			SAN ANTO	NIO, TX 78205						
	PURPOSE	(a)	Category (Se	ee Categories listed at th	e top of this schedule)	(b)	Description			
	OF EXPENDITURE		Food/Bevera	age Expense			=			plete Schedule T.
	EXI ENDITORE						ш	, TX,	officeholder living	g expense
							CLE			
	Opening the ONII Wife discort	L_	0		O#:				O#: I-	-1.4
	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Offic	ceholder name	Office so	ugnt			Office he	eia
		_								
	Date		Payee name							
	07/09/2024		Reyna, Mari	ibel						
	Amount (\$)		Payee addres		State; Zip C	ode				
	\$150.00		1119 Sunda	ınce Dr. Edinbur	g Texas 78542					
			Edinburg, T	X 78542						
	PURPOSE	(a)	Category (Se	ee Categories listed at th	e top of this schedule)	(b)	Description			
	OF EXPENDITURE		Fees	C	,		Check if travel	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITORE						—	, TX,	officeholder living	g expense
							Robe			
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Office so	ught			Office he	eld
	Superiorder to belieff 0/01	•								

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			Gitt/Awards/Memoria Legal Services	is Expense	Salaries/M		e /Contract Labor		OTHER (enter		listed above)
	Credit Card Payment			The Instruction (Guide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics C	ommission Filers)
	Sch: 17/25 Rpt: 20/28		Vasquez, Lil	orado K. (The	Honorable)					00080188		
4	Date	5	Payee name						<u> </u>			
	07/30/2024		Reyna, Mari	bel								
6	Amount (\$)	7	Payee addres		State	; Zip Co	do					
ľ	\$300.00	'	•	nce Dr. Edinb			ue					
	Ψ300.00		TITO Sunua	nice Dr. Lainb	urg rexas re	3342						
				. 705.40								
		L	Edinburg, T	X 78542								
8	PURPOSE OF	(a)		e Categories listed a	the top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Advertising I	Expense						de of Texas. Cor officeholder livir		ile T.
								LA JOYA BA				
									•			
9	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name		Office sou	aht			Office h	neld	
ľ	expenditure to benefit C/OI		Janaiaate/Onic	cholder hame	`	51110C 50U	giit			Omeci	icia	
_	Data	Г										
	Date 08/07/2024		Payee name	hol								
			Reyna, Mari									
	Amount (\$)		Payee addres			; Zip Co	de					
	\$300.00		1119 Sunda	nce Dr. Edinb	urg Texas /8	8542						
			Edinburg, T	X 78542								
	PURPOSE OF	(a)	Category (Se	e Categories listed a	the top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Advertising I	Expense				=		de of Texas. Co officeholder livir		ıle T.
								FISHING FO				IIRTS
								1101111101101		101 2 01 0	1001101	
	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	aht			Office h	eld	
	expenditure to benefit C/OI						9					
_	Date	Г	Payoo namo									
	09/09/2024		Payee name Reyna, Mari	hel								
			-		Ctata	· Zin Co	do					
	Amount (\$) \$750.00		Payee addres			; Zip Co	ue					
	\$750.00		1119 Sullua	nce Dr. Edinb	ury rexas ro	0042						
				. 705 40								
			Edinburg, T	X 78542								
	PURPOSE OF	(a)		e Categories listed at	the top of this sch	nedule)	(b)	Description		df.T O		d- T
	EXPENDITURE		Accounting/	Banking						de of Texas. Co officeholder livir		ne i.
								ACCT/BANK				
	Complete ONLY if direct		Candidate/Offic	eholder name	(Office sou	ght			Office h	eld	
	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

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,

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 18/25 Rpt: 21/28	Vasquez, Librado K. (The Honorable) 00080188
4	Date	5 Payee name
	11/19/2024	Reyna, Maribel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	1119 Sundance Dr. Edinburg Texas 78542
		Edinburg, TX 78542
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CHRISTMAS TOY DRIVEE
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	Dougo nama
	12/12/2024	Payee name Reyna, Maribel
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1119 Sundance Dr. Edinburg Texas 78542
		Edinburg, TX 78542
	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 REPORTS/ACCTS
		THE SITTEM COTO
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/18/2024	Rodriguez Printing
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	2203 N Raul Longoria
		Ste B-1
		San Juan, TX 78589
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Dem Convention shirts
		Dem Convention shirts
	Operation ONLY if allowed	Our Highes (Office health a groups and the control of the control
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
	<u> </u>	

SCHEDULE F1

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

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/25 Rpt: 22/28	Vasquez, Librado K. (The Honorable) 00080188
4	Date	5 Payee name
	08/07/2024	SALINAS, MARIA
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	2601 N TERRY RD
		EDINBURG, TX 78542
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		IDEA BACK TO SCHOOL SPONSOR
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/03/2024	STAR STORAGE
	Amount (\$)	Payee address; City; State; Zip Code
	\$90.00	2201 E. GRIFFIN PKWY
		MISSION, TX 78572
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense CAMPAIGN SIGNS STORAGE
		CAIVIFAIGH SIGNS STORAGE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/04/2024	STAR STORAGE
	Amount (\$)	Payee address; City; State; Zip Code
	\$90.00	2201 E. GRIFFIN PKWY
		MISSION, TX 78572
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		CAMPAIGN SIGNS STORAGE
	Commission ONU Wife allows	Condidate (Office helder name)
	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 - Gift/Awards/Mer

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)
	Sch: 20/25 Rpt: 23/28	Vasquez, Librado K. (The Honorable) 00080188
4	Date	5 Payee name
	12/03/2024	STAR STORAGE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$90.00	2201 E. GRIFFIN PKWY
		MISSION, TX 78572
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CAMPAIGN SIGNS STORAGE
		S 7 5 5 6.2
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
	Date	Payee name
	09/03/2024	Saldana, Antonio
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	202 E Eagle St
		San Juan, TX 78589
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		FFA SPONSOR
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	09/30/2024	Southwest BASKETBALL Booster
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	300 E Ranch Blanco Rd
		Pharr, TX 78577
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense SPONSOR
		SFUNSUR
	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

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

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: 21/25 Rpt: 24/28	Vasquez, Librado K. (The Honorable) 00080188
4	Date	5 Payee name
	07/30/2024	Sunco
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$82.16	1218 E Canton
		Edinburg, TX 78539
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		TRAVEL
		<u>-</u>
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٥	expenditure to benefit C/O	
_	Date	Davies warms
	08/21/2024	Payee name Superior Oil
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$209.56	710 N Shary Rd
		Mission, TX 78572
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense MAINTANCE
		WAINTANGE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/29/2024	Superior Oil
	Amount (\$)	Payee address; City; State; Zip Code
	\$104.59	710 N Shary Rd
		Mission, TX 78572
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		MAINTANCE
	2	
	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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 22/25 Rpt: 25/28	Vasquez, Librado K. (The Honorable) 00080188
4	Date	5 Payee name
	10/31/2024	Sweet Temptation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$80.46	5401 N 10th
		Suite 111
		McAllen, TX 78501
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CAMPAIGN MEETING
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/08/2024	TEXAS CENTER OF JUDICIARY
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	1210 SAN ANTONIO
		STE 800
		AUSTIN, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense JUDICIARY FEES
		005.0
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/30/2024	VANTAGE BANK
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.00	1502 S SUGAR 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 SERVICE CHARGE
	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 -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
⊢					
1	Total pages Schedule F1: Sch: 23/25 Rpt: 26/28	2 FILER NAME Vasquez, Librado K. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00080188			
ᆫ	3cm. 23/23 Kpt. 20/20	vasquez, Librado K. (The Horiotable)			
4	Date	5 Payee name			
l	07/31/2024	VANTAGE BANK			
┝	Α (Φ)	7 Decree address. Other Other 7's Orde			
l٥	Amount (\$)	7 Payee address; City; State; Zip Code			
l	\$3.00	1502 S SUGAR RD			
l					
l		EDINBURG, TX 78539			
ᆫ		EDINDONO, 17 70333			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
l	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
l	EXPENDITORE	Check if Austin, TX, officeholder living expense			
l		SERVICE CHARGE			
l					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
ľ	expenditure to benefit C/OI				
	<u>'</u>				
	Date	Payee name			
l	10/31/2024	VANTAGE BANK			
H	Amount (ft)	Payso address: City: State: 7in Code			
l	Amount (\$)	Payee address; City; State; Zip Code			
l	\$3.00	1502 S SUGAR RD			
l					
l		EDINBURG, TX 78539			
L	51155655	la.			
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
l	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
l		Check if Austin, TX, officeholder living expense			
		SERVICE CHARGE			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OH				
⊨	Data				
l	Date	Payee name			
	11/29/2024	VANTAGE BANK			
	Amount (\$)	Payee address; City; State; Zip Code			
l	\$3.00	1502 S SUGAR RD			
l					
1		FDWDUD0 TV 70500			
		EDINBURG, TX 78539			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
l	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
l	EXPENDITURE	Check if Austin, TX, officeholder living expense			
1		SERVICE CHARGE			
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
L	•				
l					
1					

SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 24/25 Rpt: 27/28	Vasquez, Librado K. (The Honorable) 00080188			
4	Date	5 Payee name			
	12/31/2024	VANTAGE BANK			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$3.00	1502 S SUGAR 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 SERVICE CHARGE			
		SERVICE CITATION			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/O				
\vdash	Dete				
	Date	Payee name			
	07/02/2024	Vasquez, Keno			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,628.68	2308 Windcrest Lane			
		Palmhurst, TX 78573			
	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.			
		CLE			
		GEE			
	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
	D .				
	Date	Payee name			
	07/29/2024	Vasquez, Keno			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$698.00	2308 Windcrest Lane			
		Palmhurst, TX 78573			
	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.			
		CLE SAN ANTONIO			
		CLE-SAN ANTONIO			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	Complete <u>ONLY</u> if direct 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 Lenal Services 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: 25/25 Rpt: 28/28	Vasquez, Librado K. (The Honorable) 00080188
4	Date	5 Payee name
	10/23/2024	Vazaldua, Paul
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	205 W Iris
		McAllen, TX 78501
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		GOTV/VIDEO
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiulture to benefit C/O	
	Date	Payee name
	07/29/2024	Villanueva, Concepcion
H	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	8435 Mateo Escobar Ave
	Ψ130.00	0400 Mateu Escapai / We
L		Monte Alto, TX 78538
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Dem Conv. sponsor
		Defit Conv. sponsor
┡	Commiste ONII V if diseast	Condidate/Office holder name Office county
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	· 	
l		