#### FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 33 00068271 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Oscar L. NAME Date Received **ELECTRONICALLY FILED** 07/09/2025 NICKNAME LAST **SUFFIX** Longoria Jr. CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE Date Hand-delivered or Date Postmarked **OFFICEHOLDER** P.O. Box 4224 MAILING Receipt # Amount **ADDRESS** Change of Address Mission, TX 78573 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Jennifer R. NAME NICKNAME LAST **SUFFIX** Longoria **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER** 2028 E. Griffin Parkway **ADDRESS** (Residence or Business) Mission, TX 78573 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 432-9819 **PHONE** REPORT

January 15

Day

Day

OFFICE HELD (if any)

**ELECTION DATE** 

State Representative District 35

01/01/2025

Year

Year

July 15

Х

Month

Month

**TYPE** 

**PERIOD** 

10 ELECTION

11 OFFICE

**COVERED** 

30th day before election

8th day before election

**THROUGH** 

Primary

General

Runoff

Exceeded modified

Month

**ELECTION TYPE** 

Runoff

Special

Day

06/30/2025

12 OFFICE SOUGHT (if known)

State Representative District 35

Year

Other

reporting limit

15th day after campaign treasurer appointment (officeholder only)
Final Report (Attach C/OH-FR)

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 33

13 C / OH NAME	Longoria Jr., Oscar L	(The Honorable)	14 Filer ID (I	Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expenditi These expenditures may have been made without officeholders are required to report this informatio	the candidate's or office	holder's knowledge or				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME						
Ш	GENERAL							
		COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS					
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00				
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 0.00				
EXPENDITURE TOTALS								
	4. TOTAL POLITICAL EXPENDITURES							
CONTRIBUTION BALANCE	REPORTING PE			\$ 903,665.47				
OUTSTANDING LOAN TOTALS	OF THE LAST DAY	\$ 600,000.00						
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a						
		under Title 15, Election Code.						
		The Honora	ıble Oscar L. Longoria	a Jr.				
			f Candidate or Officehold					
AFFIX NO	TARY STAMP / SEAL ABO	DVE						
Sworn to and subso	cribed before me, by the s	aid	, this the	day				
		ertify which, witness my hand and seal of office.						
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath				

### SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

		OVER SHEET PG 3 3 of 33		
18 FIL	ER NAN	(Ethics Commission Filers)		
20 SCI NAI	HEDULI ME OF :	SUBTOTAL AMOUNT		
1.		\$		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	Х	SCHEDULE E: LOANS		\$ 600,000.00
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 64,368.53
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		\$		
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.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	<b>\$</b> 54.79

LOANS	SCHEDULE E
The Instruction Guide explains how to complete this form.	1 Total pages Schedule E: Sch: 1/1 Rpt: 4/33
2 FILER NAME Longoria Jr., Oscar L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00068271
4 TOTAL OF UNITEMIZED LOANS	\$
5 Date of loan 7 Name of lender out-of-state PAC (ID#:	9 Loan Amount (\$) \$600,000.00
6 Is lender a financial institution? No  Mission, TX 78573	10 Interest Rate  0  11 Maturity Date
12 Principal occupation / Job title (See Instructions)  13 Employer (See Instructions)	uctions)
14 Description of Collateral  X None  15 Check if personal fu	nds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION 17 Name of guarantor	19 Amount Guaranteed (\$)
X not applicable 18 Guarantor address; City; State; Zip Code	
20 Principal occupation 21 Employer (See Instr	uctions)

### 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: 1/28 Rpt: 5/33	Longoria Jr., Oscar L. (The Honorable) 00068271
4	Date	5 Payee name
	05/19/2025	Best Buy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$865.96	4970 US-290
		Austin, TX 78735
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
•	OF	Gift/Awards/Memorials Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		end of session gifts to Members on workforce
		subcommittee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	02/05/2025	Blueground Austin Apartment
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,180.63	801 Barton Springs Rd Suite 7-146
	·	
		Austin , TX 78704
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		apartment fees for session stay
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	03/27/2025	Blueground Austin Apartment
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,175.47	801 Barton Springs Rd Suite 7-146
		Austin , TX 78704
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		apartment fees for Legislative session
	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 (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 2/28 Rpt: 6/33	Longoria Jr., Oscar L. (The Honorable) 00068271
4	Date	5 Payee name
	04/29/2025	Blueground Austin Apartment
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4,825.63	801 Barton Springs Rd Suite 7-146
		Austin , TX 78704
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		stay in Austin to perform legislative duties
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	01/02/2025	Cano, Javier
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	2420 Pebble Dr.
	Ψ1,000.00	2420 F Casile D1.
		Mission, TX 78574
	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/O	
-	Date	Davida nama
	04/29/2025	Payee name Cano, Letty
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	2420 Pebble Dr.
		Mission, TX 78574
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		advertising on net
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefit C/OI	

### 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/Political Committee Credit Card Payment			Legal Services  The Instruction Guide	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed abo	ove)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission	on Filers)
	Sch: 3/28 Rpt: 7/33	Longoria J	r., Oscar L. (The Ho	onorable)				00068271		
4	Date	5 Payee name	;							
	02/18/2025	Cardenas ,	Monica							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode					
	\$300.00	503 S. Mai	n St.							
		Penitas , T								
8	PURPOSE OF		See Categories listed at the t		(b)	Description				
	EXPENDITURE		ns/Donations Made Officeholder/Politic			므		ide of Texas. Com , officeholder living		
		- Carialaate/	Omocriolaci, i omio	ai Committee		donation for r				
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	ught			Office he	eld	
F	Date	Payee name	<u> </u>							
	02/26/2025	Cavazos, J								
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$336.00	3221 N. 38		•						
		McAllen, T	X 78501							
	PURPOSE OF		See Categories listed at the t	op of this schedule)	(b)	Description				
	EXPENDITURE	Advertising	Expense			<b>=</b>		ide of Texas. Com , officeholder living		
						sponsorship (				
							,	•	,	
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	ught			Office he	eld	
F	Date	Payee name	<u> </u>							
	03/12/2025	Cavazos, J								
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$75.00	3221 N. 38		, ,						
		McAllen, T	X 78501							
	PURPOSE OF		See Categories listed at the t	op of this schedule)	(b)	Description				_
	EXPENDITURE	Advertising	Expense					ide of Texas. Com , officeholder livinç	•	
						shirts for yout			expense	
$\vdash$	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	<u>l</u> uaht			Office he	eld	
	expenditure to benefit C/O			223 30	- g			200 110		
$\vdash$										
L										00.10004

### 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 co	•	ete this form.
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	Sch: 4/28 Rpt: 8/33	Longoria Jr., Oscar L. (The Honorable)	00068271	
4	Date	5 Payee name		<u> </u>
	04/18/2025	Chick-Fil-A		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$129.87	1804 S. 10th St.		
		McAllen, TX 78503		
8	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
				lunch for constituents
_	Opening ONE V if dispert	Overdidate/Office halden account	!	Office hold
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ignt	Office held
	Date	Payee name		
	06/06/2025	Circle K		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$95.41	2004 E Griffin Pkwy		
		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 fuel for travel in the district to perform legislative
				duties
	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ıaht	Office held
	expenditure to benefit C/O		.9	C606.4
	Date	Payee name		
	06/18/2025	Circle K		
	Amount (\$)	Payee address; City; State; Zip Co	nde	
	\$72.13	2004 E Griffin Pkwy	Jue	
	Ψ12.10	2004 E Olimiri Kwy		
		Mission, TX 78573		
	DUDDOOF		4->	
	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
				fuel for transportation in the district to perform
				legislative duties
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	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
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 r dyment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 5/28 Rpt: 9/33	Longoria Jr., Oscar L. (The Honorable)	00068271
4	Date	5 Payee name	
	06/09/2025	City Cafe	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.30	2901 N 10th St Suite H	
		McAllen, TX 78501	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 Toda/Beverage Expense	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
	!	lunch for cor	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
H	Date	Payee name	
	04/25/2025	City of Mission	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	1201 E 8th St,	
	,		
		Mission, TX 78572	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Continuations/Bonations wade by	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
	!		City Autism Community Event
	!		,
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	н	
H	Date	Payee name	
	04/03/2025	Crowley, Amanda	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	2908 San Andrew	
	!		
	!	Mission, TX 78572	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	el outside of Texas. Complete Schedule T.
	EXPLINITIONS		in, TX, officeholder living expense
	!	donation for	daugnier
_	Campleta ONII V if direct	Candidate/Officeholder name Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/OF	- · · · · · · · · · · · · · · · · · · ·	Office field
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### 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/28 Rpt: 10/33	Longoria Jr., Oscar L. (The Honorable) 00068271
4	Date	5 Payee name
	01/15/2025	Dancentre of Edinburg
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$240.00	2750 Hedfelt Dr.
	,_,,,,,	
		Edinburg, TX 78539
Ļ	DUDDOOF	
8	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
		ad sponsorship in program book
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
T	Date	Payee name
	05/20/2025	De La Garza, Domingo
-	Amount (\$)	Payee address; City; State; Zip Code
	\$375.00	3706 Amethyst St.
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Mission, TX 78573
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/20/2025	De La Garza, Domingo
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	3706 Amethyst St.
		Mission, TX 78573
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	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 Lenal Services

**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 for	,
1	Total pages Schedule F1:	·	3 Filer ID (Ethics Commission Filers)
	Sch: 7/28 Rpt: 11/33	Longoria Jr., Oscar L. (The Honorable)	00068271
4	Date	5 Payee name	
	05/27/2025	Domino's Pizza	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$319.42	1900 Guadalupe St.	
		Austin, TX 78705	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descript	ion
	OF EXPENDITURE	Food/Beverage Expense	if travel outside of Texas. Complete Schedule T.
		,	if Austin, TX, officeholder living expense
		Dillier	for Texas House Sergeants
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
"	expenditure to benefit C/OI		Office field
_	Data	T -	
	Date	Payee name	
	01/17/2025	Doubletree Suite	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$646.11	303 W 15th St.	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descript	ion
	OF EXPENDITURE	Thaver out or District	if travel outside of Texas. Complete Schedule T.
		,	if Austin, TX, officeholder living expense  for session
		loughig	101 30331011
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Cinice Hold
_	Data	D	
	Date 01/17/2025	Payee name Doubletree Suite	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$61.70	303 W 15th St.	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descript	
	OF EXPENDITURE	1003	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
			for vehicle for performing legislative duties
		paking	.o. volitole for performing registative dates
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
l			

#### 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

	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: 8/28 Rpt: 12/33	Longoria Jr., Oscar L. (The Honorable)  00068271
4	Date	5 Payee name
	02/07/2025	Doubletree Suite
6	Amount (\$) \$384.28	7 Payee address; City; State; Zip Code 303 W 15th St.  Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense stay in Austin to perform legislative duties
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/04/2025	Ebrom, Isaac
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	4106 N. Doolittle Rd.
	DUDDOG	Edinburg, TX 78542
	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
		campaign work
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/22/2025	Ebrom, Isaac
	Amount (\$)	Payee address; City; State; Zip Code
	\$700.00	4106 N. Doolittle Rd.
		Edinburg, TX 78542
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		salary supplement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	
ı		

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mittee L	Gift/Awards/Memorials Expense Legal Services  Printing Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.					Travel Out of District OTHER (enter a category not listed above)			
				ne instruction G	uide explains	110W TO COI	inbie	ete tnis form.				
1	Total pages Schedule F1:	1						l	3	Filer ID		(Ethics Commission Filers)
	Sch: 9/28 Rpt: 13/33	<del>                                     </del>		Oscar L. (The	Honorable)	)				0006827	'1 —	
4	Date	1	Payee name									
	02/20/2025	E	Embassy Su	ites								
6	Amount (\$)	<b>7</b> P	Payee address	s; City;	State;	; Zip Cod	de					
	\$347.00	3	300 S Congr	ess Ave.								
			· ·									
		_ ^	Austin, TX 78	3704								
8	DIIDDOSE					-	(h)	Docari-+i				
ľ	PURPOSE OF			Categories listed at	the top of this sch	nedule)	(u)	Description  Check if travel of	Jute:	te of Teven 1	Compl.	ete Schedule T
	EXPENDITURE	1	Travel Out of	DISTRICT		l		Check if travel of Check if Austin,				
						l		<b>—</b>				ı legislative duties
								2009 1117		poi	1	J : 2 Manoo
9	Complete ONLY if direct		andidate/Office	aholder namo		Office soud	ght			Office	a hele	h
	expenditure to benefit C/O		anaidat <del>e</del> /UIIIC	onoluci IIdiiiE	(	onne suu(	સાા			Onice	, nel	<b>~</b>
L	Data	_										
	Date	l	Payee name									
L	02/25/2025	LE	Embassy Su	tes					_			
	Amount (\$)	F	Payee address	s; City;	State;	; Zip Coo	de					
	\$54.79	3	300 S Congr	ess Ave.								
			-									
		<b> </b> _	Austin, TX 78	3704								
_	PURPOSE	<del> </del>		Categories listed at	he ton of this sal-	iedirle)	(b)	Description				
	OF	l	Eees	omegones listed at	are tob of fills SCU	icuule)	. 7	Check if travel of	outsi	de of Texas. (	Comple	ete Schedule T.
	EXPENDITURE		330			l		Check if Austin,				
								mistake charç	ge l	by hotel t	hat v	was refunded on 3/7/25
	Complete ONLY if direct		andidate/Office	eholder name		Office sou	ght			Office	e hel	d
	expenditure to benefit C/OH	H										
	Date	P	Payee name									
	06/02/2025	l	Epic Sports									
				Cit-	Ct	. 7in C	do					
	Amount (\$)	l	Payee address			; Zip Coo	ue					
	\$1,230.03	؛ ا	ษ/50 East 5	3rd St N, Bel A	Aire							
		E	Bel Aire, KS	67226		_	_		_	_	_	
	PURPOSE	(a) C	Category (See	Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE	0	Contributions	s/Donations Ma	ade By			Check if travel of				
	LAI LINDITUKE			fficeholder/Pol		nittee		Check if Austin,				
								donated volle	yba	alls for M	ISD	summer camp
	Complete ONLY if direct		andidate/Office	eholder name		Office sou	ght	<u> </u>		Office	e hel	d
	expenditure to benefit C/OF	H										
_	.,,, = =											

#### 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

Contributions/ Donations Made Candidate/Officeholder/Politi Credit Card Payment	
4 Tatal n 0	
1 Total pages Schedule F1	
Sch: 10/28 Rpt: 14/33	Longoria Jr., Oscar L. (The Honorable) 00068271
4 Date	5 Payee name
03/13/2025	Flores, Angela
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	
Ψ1,000.00	1100 W. Silia G.
	W 1 TV 70700
	Weslaco, TX 78596
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	X Check if Austin, TX, officeholder living expense
	salary supplement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experialitate to bettern of	
Date	Payee name
04/25/2025	Flores, Melissa
Amount (\$)	Payee address; City; State; Zip Code
\$200.00	2114 Highland Dr.
,	
	Wooloop, TV 70500
	Weslaco, TX 78599
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense donation
	donation
Complete ONLY if direct	Candidata/Officahaldar nama Offica aquest Offica hald
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate/Officeholder name Office sought Office held OH
,	
Date	Payee name
05/12/2025	Gateway Printing
Amount (\$)	Payee address; City; State; Zip Code
\$1,392.96	315 S Closner Blvd.
	Edinburg, TX 78539
DUDDOSE	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Printing Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	High School Graduation Certificates for students
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/0	

### 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/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: 11/28 Rpt: 15/33	Longoria Jr., Oscar L. (The Honorable) 00068271
4	Date	5 Payee name
	01/22/2025	Girl Scouts of South Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,744.00	5317 N McColl Rd.
		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
		Girl Scout Cookies given to Texas State Legislators
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	02/21/2025	Givilancz , Veronica
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1120 Palm Parkway Dr.
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		donation for high school golf team
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/09/2025	Got Game
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,080.00	605 W. Ridge Dr.
		Edinburg, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Donation of t-shirts to be used at the Santa Rosa ISD
		student summer camp
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>

#### SCHEDULE F1

Advertising Expense Event I
Accounting/Banking Fees
Consulting Expense Food/E
Contributions/ Donations Made By - Gift/Aw

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		
	Credit Card Fayinent	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 12/28 Rpt: 16/33	Longoria Jr., Oscar L. (The Honorable) 00068271	
4	Date	5 Payee name	_
	03/27/2025	Guerra, Clarissa	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$200.00	PO Box 1104	
		Hidalgo , TX 78557	
8	PURPOSE		_
Ü	OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Candidate/Officeholder/Political Committee X Check if Austin, TX, officeholder living expense	
		donation	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
	Date	Payee name	_
	05/02/2025	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$68.02	2652 Lake Austin Blvd.	
		Austin, TX 78703	
	DUDDOGE	T	_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  FOOD/Reverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		drinks and snacks for students visiting the Capitol	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Date	Payee name	_
	02/27/2025	Hampton Inn	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$457.32	200 San Jacinto Blvd.	
	Ψ-31.02	200 Juli Sucinto Bivu.	
		Auglia TV 70701	
		Austin, TX 78701	_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taxes, Complete Schedule T	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		hotel stay in Austin to perform legislative duties	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			_

### SCHEDULE F1

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

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

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

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

	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: 13/28 Rpt: 17/33	Longoria Jr., Oscar L. (The Honorable) 00068271
4	Date	5 Payee name
	01/09/2025	Hernandez, Debroah
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	604 W. 27th St.
		Mission, TX 78574
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		donation
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/13/2025	Hobby Lobby
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.70	3300 Expressway 83, Suite 700
		McAllen, TX 78501
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Bags for Cookies given to Legislators
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>o</b>
	Date	Payee name
	04/14/2025	Legislative Study Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	PO Box 12943
	Ψ1,000.00	1 0 DOX 120 10
		Austin, TX 78711
	DUDDOCE	<u> </u>
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		fees for LSG daily packet used at Capitol
	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 -

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: 14/28 Rpt: 18/33	Longoria Jr., Oscar L. (The Honorable) 00068271
4	Date	5 Payee name
	02/27/2025	Lopez, Andres
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4,000.00	911 W. 21st Apt#1405
		Austin, TX 78705
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense salary supplement
		Sulary Supplement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	05/09/2025	Lopez, Andres
H	Amount (\$)	Payee address; City; State; Zip Code
	\$4,000.00	911 W. 21st Apt#1405
		Austin, TX 78705
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense salary supplement
		Sulary Supplement
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	01/10/2025	Lopez, Bianca
H	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	100 S. Main St.
		Penitas, TX 78560
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITORE	Candidate/Officeholder/Political Committee
		donation for Citrus Fiesta
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	
$\vdash$		

### 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 co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 15/28 Rpt: 19/33	Longoria Jr., Oscar L. (The Honorable)		00068271
4	Date	5 Payee name		
l	02/19/2025	Love's Truck Stop		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$41.05	2645 South Highway 37		
l				
l		Three Rivers, TX 78071		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l				fuel to perform legislative duties
l				
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
l	expenditure to benefit C/O	1	-	
F	Date	Payee name		
l	02/04/2025	Luby's		
⊢	Amount (\$)	Payee address; City; State; Zip Co	de	
l	\$56.06	1900 W Expy 83		
l		.,,		
l		Pharr, TX 78577		
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
l	LAFLINDITORL			Check if Austin, TX, officeholder living expense
l				office staff lunch
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
l	expenditure to benefit C/O		grit	Office field
⊨	Date	Payao nama		
l	04/11/2025	Payee name MALC		
┝	Amount (\$)	Payee address; City; State; Zip Co	de	
l	\$2,250.00	1122 Colorado Street, Suite 107	uc	
l	Ψ2,200.00	TILL Gold and Ground and Ton		
l		Austin, TX 78701		
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(h)	Description
	OF	Fees	(~)	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE			Check if Austin, TX, officeholder living expense
l				fees for MALC
L	0 1: 0:::::::::::::::::::::::::::::::::			0.5
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sould	ght	Office held
L	,			

### 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 Cara r ayment	The Instruction Guide explains how to com	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 16/28 Rpt: 20/33	Longoria Jr., Oscar L. (The Honorable)		00068271
4	Date	5 Payee name		·
	04/10/2025	Mad About Patches		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$192.50	6200 N. Kings Highway, Apt. 176		
		Alexandria, VA 22303		
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.
		Candidate/Officeholder/Political Committee		Check if Austin, TX, officeholder living expense purchase of girls scout patches to doante for event
				h
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O			
	Date	Payee name		
	01/17/2025	MailChimp		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$33.05	675 Ponce de Leon Ave. Suite 5000		
		Atlanta, GA 30308		
	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 email service for website
				Cinal corrido for Woscille
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O			
	Date	Payee name		
	02/24/2025	MailChimp		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$33.05	675 Ponce de Leon Ave. Suite 5000		
		Atlanta, GA 30308		
	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 email service for website
				CITIAN SCIVICE IOI WEDSILE
-	Complete ONLY if direct	Candidate/Officeholder name Office soug	ıht	Office held
	expenditure to benefit C/O		,	555 Hold

#### 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

	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: 17/28 Rpt: 21/33	Longoria Jr., Oscar L. (The Honorable) 00068271
4	Date	5 Payee name
	03/24/2025	MailChimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$33.05	675 Ponce de Leon Ave. Suite 5000
		Atlanta, GA 30308
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		email service for website
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/23/2025	MailChimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.05	675 Ponce de Leon Ave. Suite 5000
		Atlanta, GA 30308
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		email service for website
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/23/2025	MailChimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.05	675 Ponce de Leon Ave. Suite 5000
		Atlanta, GA 30308
	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 email service for website
		eman service for website
	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 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

Travel in District
Travel Out of District
OTHER (onter a cate

	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: 18/28 Rpt: 22/33	Longoria Jr., Oscar L. (The Honorable) 00068271
4	Date	5 Payee name
	04/01/2025	Martinez, Esmer
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	4409 Swallow Ave.
		McAllen, TX 78504
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		dentation for dadgriter
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	06/11/2025	Mora, Milda
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.00	1206 Heep Run
		Buda, TX 78610
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Chair committee gift
		Chair committee gift
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	<b>D</b> .	
	Date	Payee name
	04/04/2025	Munoz, Monique
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	4401 Cedar Ave.
		McAllen, TX 78501
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	ZA ZHOHORZ	Candidate/Officeholder/Political Committee
		donation for daughter
_	Operation ONE VIII II	Ora didata (Office hadden grown
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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: 19/28 Rpt: 23/33	Longoria Jr., Oscar L. (The Honorable) 00068271
4	Date	5 Payee name
	01/29/2025	Narvaez, Kristen
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	24301 Floral Rd.
		Linn, TX 78563
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		donation
		GO. IALION
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payon namo
	06/02/2025	Payee name Ninja Transfers
		· · · · · · · · · · · · · · · · · · ·
	Amount (\$)	Payee address; City; State; Zip Code
	\$134.74	2727 Commerce Way
		Philadelphia, PA 19154
	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
		Decals for donated volleyballs for School Summer
		Camp
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	01/10/2025	Olivares, Yvonne
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 2429 Moreno Dr.
	\$250.00	2429 Moleno Di.
		Ediburg, TX 78541
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		donation for daughter's team
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	Н

#### 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

	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: 20/28 Rpt: 24/33	Longoria Jr., Oscar L. (The Honorable)  00068271
4	Date	5 Payee name
	02/07/2025	PMC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$79.03	3713 Charlotte Ave.
		Nashville, TN 37209
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		parking fees for stay in austin to perform legislative
		duties
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	06/16/2025	Perez, Thelma
	Amount (\$)	Payee address; City; State; Zip Code
	` ,	
	\$300.00	2109 N. 49th St.
		McAllen, TX 78501
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
		donation for basketball team
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	D :	
	Date	Payee name
	04/11/2025	Reyes, Joseph
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2401 Longview St. Unit 314
		Austin, TX 78705
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		salary supplement
L		
	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 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:	
	Sch: 21/28 Rpt: 25/33	Longoria Jr., Oscar L. (The Honorable) 00068271
4	Date	5 Payee name
	01/06/2025	Reyes, Maricel
6	Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 2409 W. Mayberry Rd.
		Mission, TX 78573
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense donation
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/01/2025	Rios, Marissa
	Amount (\$) \$200.00	Payee address; City; State; Zip Code 3000 N. 25th
		Hidalgo, TX 78557
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/19/2025	Robledo, Miguel
	Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 4401 Quince Ave.
		McAllen, TX 78501
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense political consultant
	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 Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	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: 22/28 Rpt: 26/33	Longoria Jr., Oscar L. (The Honorable) 00068271
4	Date	5 Payee name
	02/27/2025	Romero, Eria
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	2001 Sun Rise Ln.
		Mission, TX 78574
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITORE	Candidate/Officeholder/Political Committee
		donation for daughter
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/21/2025	Romero, Eria
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	2001 Sun Rise Ln.
	φ200.00	2001 Sull Rise Lil.
		Mission, TX 78574
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	-	Candidate/Officeholder/Political Committee
		donation for daughter
	0 1: 0.11.7.7.1.	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/04/2025	Salt Traders Coastal Cooking
	Amount (\$)	Payee address; City; State; Zip Code
	\$236.74	1101 S MoPac Expy
		Austin, TX 78746
	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
		staff lunch
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services		/ages	/Contract Labor		OTHER (enter a	category not listed abo	ve)
	·		The Instruction Guide explai	ns how to coi	mple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission	n Filers)
	Sch: 23/28 Rpt: 27/33	Longoria J	r., Oscar L. (The Honorab	le)				00068271		
4	Date	5 Payee name	e							
l	01/21/2025	Sanchez, I								
  -	Amount (\$)	<b>7</b> Payee addr	ess; City; Sta	ite; Zip Co	de					
ľ	\$400.00	l	et Boulevard	, <u>Lip</u> 00	uo					
l	Ψ-00.00	110 001130	t Boale valu							
l										
L		Donna, TX	78537							
8	PURPOSE	(a) Category (	See Categories listed at the top of this	schedule)	(b)	Description				
l	OF EXPENDITURE	Salaries/W	/ages/Contract Labor			<b>=</b>			plete Schedule T.	
l						_		officeholder living	g expense	
l						campaign wo	ΙK			
L										
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ght			Office h	eld	
L	experiulture to beriefit C/O									
Г	Date	Payee name	е							
l	03/13/2025	Sanchez, I	Francisco							
H	Amount (\$)	Payee addr	ess; City; Sta	te; Zip Co	de					
l	\$8,000.00	113 Sunset Boulevard								
l	, , , , , , , , , , , , , , , , , , , ,									
		Donna TV	7 70527							
L		Donna, TX								
l	PURPOSE OF	l	See Categories listed at the top of this	schedule)	(b)	Description		df.T O	onless Colondale T	
l	EXPENDITURE	Salaries/W	/ages/Contract Labor			<b>=</b>		officeholder living	plete Schedule T.	
l						session salar			у схропос	
l						occoron caran	, .	аррюшен		
⊢	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	aht			Office he	ald	
l	expenditure to benefit C/OI		necholaci name	Onice 30di	giit			Office In	Ciu	
⊨		Г								
l	Date	Payee name								
	04/16/2025	Solis, Clau	ıdia							
l	Amount (\$)	Payee addr	ess; City; Sta	ite; Zip Co	de					
l	\$200.00	3007 Harn	nony Lane							
l										
l		Mission, T	X 78574							
┝	PURPOSE	(a) Category	See Categories listed at the top of this	cohodulo)	(b)	Description				
l	OF	· ·	ons/Donations Made By	scriedule)	( - ,		outsi	de of Texas. Com	plete Schedule T.	
l	EXPENDITURE		Officeholder/Political Con	nmittee		Check if Austin,	, TX	officeholder living	g expense	
l						donation for d	dau	ghter		
Г	Complete ONLY if direct		ficeholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	H								
ı										

### 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	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 24/28 Rpt: 28/33	Longoria Jr., Oscar L. (The Honorable)	00068271
4 Date	5 Payee name	<u>'</u>
01/27/2025	Soliz, Damian	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$500.00	1013 E 12TH ST.	
	Mission, TX 78573	
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.
LAFENDITORE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		donation for funeral expense
Complete CNII V if direct	Condidate/Office helder name Office acu	Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou PH	ught Office held
Date	Payee name	
02/21/2025	South Texas Nemesis Basketball	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$270.00	2301 W. Expwy 83	
	Donna , TX 78537	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeriolder/Political Committee	donation for basketball team
Complete ONLY if direct	Candidate/Officeholder name Office sou	I Ight Office held
expenditure to benefit C/C	Н	
Date	Payee name	
05/23/2025	Star Gala	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$2,500.00	P.O. Box 1939	
	Edinburg, TX 78540	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		Donation to STAR gala
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou	ight Office held
experientare to benefit 6/6	••	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
dvertising Expense 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/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/28 Rpt: 29/33	Longoria Jr., Oscar L. (The Honorable) 00068271
4	Date	5 Payee name
	01/24/2025	Sunoco Gas Station
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$59.77	300 N. Ware
		Mcallen , TX 78501
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
		fuel for travel in district to perform legislative duties
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/18/2025	Tex Best Travel
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.00	100 S Nueces St.
		George West, TX 78022
	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  Fuel for travel to perform legislative duties
		The state of the periodic regional regional region and the periodic region and
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	01/14/2025	Texas Cheer Force Elite
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	401 N T St.
		Harlingen , TX 78550
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		donation
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

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

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

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 26/28 Rpt: 30/33 Longoria Jr., Oscar L. (The Honorable) 00068271 4 Date Payee name 01/27/2025 Vaden, Katelyn 6 Amount (\$) Payee address; City; State; Zip Code \$200.00 1222 Harvey St. McAllen, TX 78501 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee donation for track Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/22/2025 Vaden, Rosa Amount (\$) Payee address; City; State; Zip Code \$200.00 1222 Harvey St. McAllen, TX 78501 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/15/2025 WiredTree Amount (\$) Payee address: City: State; Zip Code \$106.07 53 W Jackson Blvd Ste 1734 Chicago, IL 60604 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense webhosting for website 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 -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Leaal Services Salaries/Waces/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	Salaries/\	Wages	s/Contract Labor		OTHER (enter a	strict a category not listed a	above)
		_		The Instruction Guide	explains now to co	mpi	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME	Ē				3	Filer ID	(Ethics Commis	ssion Filers)
l	Sch: 27/28 Rpt: 31/33		Longoria Jr	., Oscar L. (The Hor	norable)				00068271		
4	Date	5	Payee name								
l	02/18/2025		WiredTree								
Ļ		<u> </u>		0':	0: : 7: 0	_					
l٥	Amount (\$)	'	Payee addre		State; Zip Co	oae					
l	\$106.07		53 W Jacks	on Blvd Ste 1734							
l											
l			Chicago, IL	60604							
8	PURPOSE	(a)	Category	ee Categories listed at the top		(b)	Description				
ľ	OF	``'		thead/Rental Expens		(~)	_ `	outsi	ide of Texas. Com	plete Schedule T.	
l	EXPENDITURE		Office Over	neau/Nentai Expens	3C				, officeholder living		
							website hosti	ng			
9	Complete ONLY if direct	<u> </u>		iceholder name	Office sou	ıaht			Office h	eld.	
ľ	expenditure to benefit C/O		Carlaldate/On	icentiaer name	Office 30t	agrit			Office fi	ciu	
┡		_									
	Date		Payee name								
	03/17/2025		WiredTree								
	Amount (\$)		Payee addre	ss; City;	State; Zip Co	ode					
l	\$106.07		53 W Jackson Blvd Ste 1734								
			Chicago, IL	60604							
L		<u> </u>									
	PURPOSE OF	(a)	Category (S	ee Categories listed at the top	o of this schedule)	(b)	Description				
l	EXPENDITURE		Office Over	head/Rental Expens	se				ide of Texas. Com , officeholder living	plete Schedule T.	
							webhosting fo			g expense	
							webliosting it	OI V	vensile		
┡		<u> </u>	. "			<u> </u>			0.00		
l	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Off	iceholder name	Office sou	ıgnt			Office h	eia	
L	experience to benefit of or										
Г	Date		Payee name								
	04/16/2025		WiredTree								
H	Amount (\$)		Payee addre	ss; City;	State; Zip Co	ode					
l	\$118.80		-	son Blvd Ste 1734							
l	Ψ110.00		oo w oacke	on Biva Ote 1704							
			Chicago, IL	. 60604							
l	PURPOSE	(a)	Category (S	ee Categories listed at the top	o of this schedule)	(b)	Description				
l	OF EXPENDITURE		Office Over	head/Rental Expens	se		ш			plete Schedule T.	
l	EXI ENDITORE						_		, officeholder living	g expense	
ĺ							webhosting for	or v	vebsite		
L		L									
	Complete ONLY if direct		Candidate/Off	iceholder name	Office sou	ught			Office h	eld	
l	expenditure to benefit C/O	Н									
Г											
l											
ı											

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

xpense Event Expense Loan Repayment/Reimbu

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

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: 28/28 Rpt: 32/33	Longoria Jr., Oscar L. (The Honorable) 00068271
4	Date	5 Payee name
	04/23/2025	WiredTree
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$33.05	53 W Jackson Blvd Ste 1734
		Chicago, IL 60604
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		email service for website
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	05/16/2025	WiredTree
	Amount (\$)	Payee address; City; State; Zip Code
	\$118.80	53 W Jackson Blvd Ste 1734
		Chicago, IL 60604
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		webhosting for website
		in constant given in constant
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/16/2025	WiredTree
	Amount (\$)	Payee address; City; State; Zip Code
	\$118.80	53 W Jackson Blvd Ste 1734
		Chicago, IL 60604
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	2/11 2/13/13/12	Check if Austin, TX, officeholder living expense
		webhosting for website
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
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# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 33/33 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Longoria Jr., Oscar L. (The Honorable) 00068271 5 Name of person from whom amount is received 8 Amount (\$) 03/07/2025 \$54.79 **Embassy Suites** 6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78704 Purpose for which amount is received Check if political contribution returned to filer refund from wrong charge