FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00083772 24 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Nereida NAME Date Received **ELECTRONICALLY FILED** 07/14/2025 NICKNAME LAST **SUFFIX** Lopez-Singleterry CANDIDATE / Date Hand-delivered or Date Postmarked ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Noelia NAME NICKNAME LAST **SUFFIX** Lopez **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 540-8376 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 476 Hidalgo District Judge District 476th.

GO TO PAGE 2
www.ethics.state.tx.us

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 24

13 C / OH NAME	Lopez-Singleterry, No	ereida (The Honorab	le)	14 Filer ID 00083772	(Ethics Cor	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures m	ccepted or political expenditu ay have been made without t uired to report this information	the candidate's or off	ficeholder's kr	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
⊔ °	GENERAL					
		COMMITTEE ADDRE	ESS			
	SPECIFIC					
		COMMITTEE CAMPA	AIGN TREASURER NAME			
		COMMITTEE CAMPA	AIGN TREASURER ADDRES	SS		
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CON	TRIBUTIONS(OTHER THAN	I PLEDGES, LOANS	 S. T	
TOTALS	OR GUARANTE	ES OF LOANS, OR CO	ONTRIBUTIONS MADE ELEC		\$	0.00
		ICAL CONTRIBUTION PLEDGES, LOANS, O	ONS R GUARANTEES OF LOAN:	S)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXP	ENDITURES		\$	0.00
	4. TOTAL POLIT	ICAL EXPENDITUR	ES		\$	198,244.36
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		MAINTAINED AS OF THE LA	AST DAY OF THE	\$	14,273.11
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		OUTSTANDING LOANS AS	OF THE LAST DAY	\$	255,000.00
17 AFFIDAVIT						
		tru	wear, or affirm, under penalty e and correct and includes al der Title 15, Election Code.			
			The Honorable	Nereida Lopez-Si	ingleterry	
			Signature of	Candidate or Officel	holder	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subso	cribed before me, by the s	aid		, this the		day
	, 20, to co					
Signature of office	cer administering oath	Printed name of	officer administering oath	Title of office	cer administe	ring oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			C	OVER SHEET PG 3 3 of 24
l	ER NAN	(Ethics Commission Filers)		
	pez-Sir			
	HEDUL ME OF	SUBTOTAL AMOUNT		
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 0.00
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	5	\$ 193,710.06
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 4,534.30
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	ONS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/18 Rpt: 4/24	Lopez-Singleterry, Nereida (The Honorable) 00083772
4	Date	5 Payee name
	01/29/2025	American Express
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	P.O Box 981535
		El Paso, TX 79998
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		payment
		paymont
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	03/04/2025	American Express
┝		·
	Amount (\$) \$600.00	Payee address; City; State; Zip Code P.O Box 981535
	Φ000.00	P.O BOX 961333
L		El Paso, TX 79998
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CC payment
		pays
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
F	Date	Payee name
	04/28/2025	Dollar Tree
L	Amount (\$)	
	\$10.72	Payee address; City; State; Zip Code 3400 W Nolana
	\$10.72	3400 W Notalia
		MANUAL TV 70F04
		McAllen, TX 78504
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		event expense
		CYOTE OXPOTICE
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

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 explains how to complete this form.					OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commiss	ion Filers)	
L	Sch: 2/18 Rpt: 5/24	·	gleterry, Nereida (Th	e Honorable)				00083772			
4	Date	5 Payee name	е								
	05/12/2025	Gabbanas	Eventos Flower								
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip C	ode						
	\$285.72	308 N Cor	way Ste 3								
		Mission, T									
8	PURPOSE OF	I	See Categories listed at the to	p of this schedule)	(b)	Description					
	EXPENDITURE	Event Exp	ense			=		ide of Texas. Com , officeholder living	plete Schedule T.		
						event expens		, cinconcidor inting	, скронес		
						,					
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	<u>I</u> ught			Office he	eld		
H	Date	Dayoo nam									
	05/07/2025	Payee name	5								
L			City	Chata: Zia C							
	Amount (\$)	Payee addr	•	State; Zip C	oue						
	\$24.09	901 Trento	on Ra.								
		McAllen, T	X 78501								
	PURPOSE	(a) Category (See Categories listed at the to	p of this schedule)	(b)	Description					
	OF EXPENDITURE	Event Exp	ense			=			plete Schedule T.		
						event expens		, officeholder living	j expense		
						event expens					
H	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	uaht			Office h	ald.		
	expenditure to benefit C/OI		necholder name	Office 30	ugiit			Office fit	Sid		
⊨	D-4-										
	Date	Payee nam	е								
	06/06/2025	HEB									
	Amount (\$)	Payee addr		State; Zip C	ode						
	\$119.84	901 Trento	on Rd.								
		McAllen, T	X 78501								
	PURPOSE	(a) Category (See Categories listed at the to	p of this schedule)	(b)	Description					
	OF EXPENDITURE	Event Exp				브			plete Schedule T.		
	EXI ENDITORE					_		, officeholder living	g expense		
						event expens	se				
ldash	Operation ON VIVI	0		6‴				O''' :	-1-1		
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ugnt			Office h	eiu		
$ldsymbol{f eta}$,										
1											
_							_				

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			/ages	/Contract Labor		OTHER (enter a	a category not listed	above)
The state of the s			The Instruction Guide explains how to complete this form.					ete this form.				
1	Total pages Schedule F1:	2	FILER NAMI	E					3	Filer ID	(Ethics Comm	ission Filers)
	Sch: 3/18 Rpt: 6/24		Lopez-Sing	leterry, Nereida	a (The Hono	rable)				00083772		
4	Date	5	Payee name	:								
	05/07/2025			lower Shop								
<u>ا</u>	Amount (\$)	7	Payee addre		State	; Zip Co	do					
ľ	\$106.46	ľ		ano St. Ste D	State	, Ζιρ Ου	uc					
	\$100.40		901 Easi C	and St. Ste D								
			Edinburg, 7	TX 78539								
8	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF		Event Expe			,		Check if travel	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE							Check if Austin	, TX	officeholder livin	g expense	
								event expens	se			
9	Complete ONLY if direct	(Candidate/Off	iceholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/O	Н										
H	Date	Г	Davisa nama									
l			Payee name									
L	05/08/2025			Flower Shop								
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de					
	\$101.26		901 East C	ano St. Ste D								
			Edinburg, 7	X 78539								
H	PURPOSE	(a)					(h)	Description				
	OF	(۳)		ee Categories listed at	the top of this sch	iedule)	(5)	_	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Event Expe	iise				_		officeholder livin		
								event expens	se			
								•				
H	Complete ONLY if direct	<u> </u>	Candidate/Off	iceholder name	(Office sou	aht			Office h	eld	
l	expenditure to benefit C/O		odiraractor on	ioonolaer name	`	J.1100 000	giit			01110011	oid	
┝												
	Date		Payee name									
	05/15/2025		SAM'S CLU	JB								
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de					
	\$457.24		7601 N Tre	nton St.								
			McAllen, T	x 78504								
L	DUDDOGE	(-)					(1-)					
	PURPOSE OF	(a)		see Categories listed at	the top of this sch	nedule)	(D)	Description	outoi	do of Toyon Con	nplete Schedule T.	
	EXPENDITURE		Event Expe	ense						officeholder livin		
								event expens		oniccholder hvin	у схрепос	
ĺ								Storit experis	-0			
\vdash	Complete ONLY if direct	Ц,	Candidata/Off	iooboldor nome		Office carr	abt			Office b	old	
l	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Januluale/OII	iceholder name	(Office sou	yııı			Office h	CIU	
dash												
l												

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/18 Rpt: 7/24	Lopez-Singleterry, Nereida (The Honorable) 00083772
4	Date	5 Payee name
	06/05/2025	South Texas HoopSteps
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	1105 West Fern Ave
		McAllen, TX 78501
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 contribution/ sponsor
		Contribution/ Sponsor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Ĭ	expenditure to benefit C/O	
	Date	Payee name
	03/27/2025	TJX Master Card
	Amount (\$)	Payee address; City; State; Zip Code
	\$582.89	PO BOX 71724
	7552.55	
		Philadelphia, PA 19176
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense CC Payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
	Date	Payee name
	04/14/2025	TJX Master Card
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,851.41	PO BOX 71724
		Philadelphia, PA 19176
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		CC Payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

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

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

	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: 5/18 Rpt: 8/24	Lopez-Singleterry, Nereida (The Honorable) 00083772
4	Date	5 Payee name
	01/02/2025	Texas National Bank
6	Amount (\$) \$72.28	7 Payee address; City; State; Zip Code 4908 S Jackson Rd. Edinburg, TX 78539
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Loan Payment
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/02/2025	Texas National Bank
	Amount (\$) \$280.31	Payee address; City; State; Zip Code 4908 S Jackson Rd.
		Edinburg, TX 78539
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Loan Payment
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/02/2025	Texas National Bank
	Amount (\$) \$150.00	Payee address; City; State; Zip Code 4908 S Jackson Rd.
		Edinburg, TX 78539
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Loan Payment
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) 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/Political Committee Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Ĺ	Sch: 6/18 Rpt: 9/24	Lopez-Singleterry, Nereida (The Honorable) 00083772
4	Date	5 Payee name
	01/08/2025	Texas National Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$144.56	4908 S Jackson Rd.
		Edinburg, TX 78539
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Loan Payment
		Louir dymone
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Ĺ	expenditure to benefit C/OI	
	Date	Payee name
	01/10/2025	Texas National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$620.99	4908 S Jackson Rd.
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Loan Payment
		Loan Fayinent
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	Davida marea
	Date 01/16/2025	Payee name Texas National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$193.00	4908 S Jackson Rd.
		Edinburg, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Loam Payment
		254 435
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense 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	I Committee	Gift/Awards/Memorials E Legal Services The Instruction Guid	Sa	-	s/Contract Labor	Travel Out of Distric OTHER (enter a cat	t egory not listed above)
1	Total pages Schedule F1:	2 FILER NAM	л Г				3 Filer ID (I	Ethics Commission Filers)
	Sch: 7/18 Rpt: 10/24		gleterry, Nereida (¯	The Honorab	ıle)		00083772	ŕ
4	Date	5 Payee nam	e					
	01/17/2025	Texas Na	tional Bank					
6	Amount (\$)	7 Payee add		State; Z	Zip Code			
	\$83.98	4908 S Ja	ckson Rd.					
		Edinburg,	TX 78539					
8	PURPOSE	(a) Category	(See Categories listed at the	top of this schedul	le) (b)	Description		
	OF EXPENDITURE	Accountin	g/Banking			=	outside of Texas. Complet	
						Loan Paymen	TX, officeholder living ex	pense
						Loan Fayinen	ıı	
_								
9	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Offic	ce sought		Office held	
		·						
	Date	Payee nam	e					
	01/21/2025	Texas Na	tional Bank					
	Amount (\$)	Payee add	ress; City;	State; Z	Zip Code			
	\$180,475.62	4908 S Ja	ckson Rd.					
		Edinburg,	TX 78539					
_	PURPOSE	_			(b)	Description		
	OF		(See Categories listed at the	top of this schedul	le)	Description Check if travel of	outside of Texas. Complet	te Schedule T.
	EXPENDITURE	Accountin	y/Banking			=	TX, officeholder living ex	
						Loan Paymen	nt	
	Complete ONLY if direct	Candidate/O	fficeholder name	Offic	ce sought		Office held	
	expenditure to benefit C/O	4						
_	Date	Payee nam	Α					
	01/27/2025	_	tional Bank					
				State; Z	in Codo			
	Amount (\$)	Payee add		State, Z	ip Code			
	\$427.10	4908 S Ja	ckson Rd.					
		Edinburg,	TX 78539					
	PURPOSE	(a) Category	(See Categories listed at the	top of this schedul	(b)	Description		
	OF EXPENDITURE	Accountin	g/Banking				outside of Texas. Complet	
	-						TX, officeholder living ex	pense
						Loan Paymen		
_	Complete ONLY 'C. "	0	fficales of the second	200			O# 1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		fficeholder name	Offic	ce sought		Office held	
	p = 1 = 1 2 = 2 = 1 3/01							

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/18 Rpt: 11/24	Lopez-Singleterry, Nereida (The Honorable) 00083772
4	Date	5 Payee name
	01/31/2025	Texas National Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$96.49	4908 S Jackson Rd.
		Edinburg, TX 78539
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		loan payment
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
		•
	Date	Payee name
	02/03/2025	Texas National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$72.47	4908 S Jackson Rd.
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EX. ENDITORE	Check if Austin, TX, officeholder living expense
		Loan Payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name Tayon National Bank
	02/10/2025	Texas National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$145.04	4908 S Jackson Rd.
		Edinburg, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Loan Payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

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	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: 9/18 Rpt: 12/24	Lopez-Singleterry, Nereida (The Honorable) 00083772
4	Date	5 Payee name
	02/14/2025	Texas National Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$263.60	4908 S Jackson Rd.
		Edinburg, TX 78539
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Loan Payment
		Louit dyment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_		
	Date	Payee name
	02/21/2025	Texas National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$511.99	4908 S Jackson Rd.
		Edinburg, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Loan Payment
		Louis aymon
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
-	Data	David and the second se
	Date 03/03/2025	Payee name Toyos National Bank
		Texas National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$65.47	4908 S Jackson Rd.
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense Loan Payment
		Loan Fayment
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 Fi	iler ID	(Ethics Commission Filers)
	Sch: 10/18 Rpt: 13/24	Lopez-Singleterry, Nereida (The Honorable)		0(0083772	
4	Date	5 Payee name		•		
	03/07/2025	Texas National Bank				
6	Amount (\$)	7 Payee address; City; State; Zip Co	de			
	\$96.52	4908 S Jackson Rd.				
		Edinburg, TX 78539				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Accounting/Banking		Check if travel outside		
	LAI LINDITORE			Check if Austin, TX, off	iceholder living	expense
				loan payment		
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht		Office he	ald.
9	expenditure to benefit C/O		gni		Office fie	eiu
	Data					
	Date 03/10/2025	Payee name Texas National Bank				
			_			
	Amount (\$)	Payee address; City; State; Zip Co	de			
	\$130.93	4908 S Jackson Rd.				
		Edinburg, TX 78539				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	. - 0	
	EXPENDITURE	Accounting/Banking		Check if travel outside Check if Austin, TX, off		
				Loan Payment		
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght		Office he	eld
	expenditure to benefit C/O	1				
	Date	Payee name				
	03/14/2025	Texas National Bank				
	Amount (\$)	Payee address; City; State; Zip Co	de			
	\$237.96	4908 S Jackson Rd.				
		Edinburg, TX 78539				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF	Accounting/Banking	(~)	Check if travel outside	of Texas. Com	plete Schedule T.
	EXPENDITURE	, 1000 a.m.a.n.g, 2 a.m.a.n.g		Check if Austin, TX, off	iceholder living	expense
				Loan payment		
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ght		Office he	eld
	experientare to benefit 6/01	•				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 11/18 Rpt: 14/24	Lopez-Singleterry, Nereida (The Honorable) 00083772
4	Date	5 Payee name
	03/21/2025	Texas National Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$76.05	4908 S Jackson Rd.
		Edinburg, TX 78539
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Payment
		1 dyment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
⊨	Data	
	Date	Payee name
L	03/21/2025	Texas National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$386.30	4908 S Jackson Rd.
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Loan payment
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	
	Date	Payee name Tayon National Bank
	04/01/2025	Texas National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$72.47	4908 S Jackson Rd.
		Edinburg, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense payment
		ραγιτετίτ
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Tatal as a second of Education Education	
1	Total pages Schedule F1: Sch: 12/18 Rpt: 15/24	2 FILER NAME Lopez-Singleterry, Nereida (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083772
4	Date	5 Payee name
	04/02/2025	Texas National Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$87.19	4908 S Jackson Rd.
		Edinburg, TX 78539
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		payment loan
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	- p	
	Date	Payee name
	04/08/2025	Texas National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$144.95	4908 S Jackson Rd.
	Ψ144.55	4300 3 3uok3011 Ku.
		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.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		loan payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	04/11/2025	Texas National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$119.76	4908 S Jackson Rd.
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		loan payment
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

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 The Instruction Guide	Salaries/	Wages	s/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 13/18 Rpt: 16/24	Lopez-Sing	eterry, Nereida (Th	ne Honorable)				00083772	
4	Date	5 Payee name							
	04/11/2025	Texas Natio	nal Bank						
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip C	ode				
	\$143.70	4908 S Jac	kson Rd.						
		Edinburg, T	X 78539						
8	PURPOSE OF		ee Categories listed at the to	p of this schedule)	(b)	Description			
	EXPENDITURE	Accounting/	Banking			=		de of Texas. Com officeholder living	
						loan payment		onicendider living	у ехрепое
						ioan paymon	•		
9	Complete ONLY if direct		ceholder name	Office so	l ught			Office he	eld
	expenditure to benefit C/OI	-							
	Date	Payee name							
	04/18/2025	Texas Natio	nal Bank						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$469.77	4908 S Jac	kson Rd.						
		Edinburg, T	X 78539						
	PURPOSE OF		ee Categories listed at the to	p of this schedule)	(b)	Description			
	EXPENDITURE	Accounting/	Banking			=		de of Texas. Com officeholder living	
						loan payment		omeendaer nving	CAPONISC
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	Н							
	Date	Payee name							
	04/28/2025	Texas Natio	nal Bank						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$42.10	4908 S Jac	kson Rd.						
		Edinburg, T	X 78539						
	PURPOSE	(a) Category (Se	ee Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Accounting/	Banking			=		de of Texas. Com	
	_//					<u> </u>		officeholder living	g expense
						loan payment	ι		
_	Complete ONLY if direct	Candidate/Offi	ceholder name	Office so	l ught			Office he	eld .
	expenditure to benefit C/O		osnoidei name	Office 30	agni			Cince He	

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	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: 14/18 Rpt: 17/24	Lopez-Singleterry, Nereida (The Honorable) 00083772
4	Date	5 Payee name
	05/01/2025	Texas National Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$70.14	4908 S Jackson Rd.
		Edinburg, TX 78539
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		loan payment
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	05/02/2025	Texas National Bank
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$96.52	4908 S Jackson Rd.
	400.02	1000 0 Sudicon Fid.
		Edinburg, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		loan payment
		i i i i i i i i i i i i i i i i i i i
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
⊨	Date	Davisa nama
	05/08/2025	Payee name Texas National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$140.27	4908 S Jackson Rd.
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		loan payment
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

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

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

Fees Of Food/Beverage Expense Po Gitt/Awards/Memorials Expense Pri Legal Services Sa

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/18 Rpt: 18/24	Lopez-Singleterry, Nereida (The Honorable) 00083772
4	Date	5 Payee name
	05/09/2025	Texas National Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$115.89	4908 S Jackson Rd.
		Edinburg, TX 78539
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense loan payment
		iour payment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	05/16/2025	Texas National Bank
H	Amount (\$)	Payee address; City; State; Zip Code
	\$220.55	4908 S Jackson Rd.
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense loan payment
		loan paymont
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	05/23/2025	Texas National Bank
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$413.91	4908 S Jackson Rd.
		Edinburg, TX 78539
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		loan payment
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C 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	
_		
1	Total pages Schedule F1: Sch: 16/18 Rpt: 19/24	2 FILER NAME Lopez-Singleterry, Nereida (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083772
4	Date	5 Payee name
	05/30/2025	Texas National Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$93.41	4908 S Jackson Rd.
		Ediahous TV 70500
		Edinburg, TX 78539
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		event expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/02/2025	Texas National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$72.48	4908 S Jackson Rd.
	Φ12.40	4906 S Jackson Ru.
		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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		loan payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/09/2025	Texas National Bank
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	\$144.96	4908 S Jackson Rd.
	Ψ144.90	4500 3 Jackson Na.
		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.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		loan payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	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

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

l	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 17/18 Rpt: 20/24	2 FILER NAME Lopez-Singleterry, Nereida (The Honorable) 3 Filer ID (Ethics Commission Filers) 00083772
4	Date 06/13/2025	5 Payee name Texas National Bank
6	Amount (\$) \$119.75	7 Payee address; City; State; Zip Code 4908 S Jackson Rd. Edinburg, TX 78539
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense loan payment
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 06/13/2025	Payee name Texas National Bank
	Amount (\$) \$143.71	Payee address; City; State; Zip Code 4908 S Jackson Rd. Edinburg, TX 78539
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense loan payment
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 06/20/2025	Payee name Texas National Bank
	Amount (\$) \$494.67	Payee address; City; State; Zip Code 4908 S Jackson Rd.
		Edinburg, TX 78539
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense payment
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking 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	/ - Il Committee	Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services The Instruction Guide ex	Salaries/\	Expens Wages	e /Contract Labor		Travel in District Travel Out of D OTHER (enter		
1	Total pages Schedule F1:	2 FILER NAM					3	Filer ID	(Ethics Commission File	ers)
-	Sch: 18/18 Rpt: 21/24		gleterry, Nereida (The	Honorable)			ľ	00083772	(_u	0.0,
_	<u> </u>	·								
4	Date 05/07/2025	5 Payee name WALMART								
_										
6	Amount (\$)	7 Payee addre		State; Zip Co	ode					
	\$12.95	1600 S Te	kas Bivū/							
		Weslaco, 1	X 78596							
8	PURPOSE	(a) Category (s	See Categories listed at the top of	f this schedule)	(b)	Description				
	OF EXPENDITURE	Event Expe	ense			=			mplete Schedule T.	
						event expens		, officeholder livir	ng expense	
						eveni expens	30			
_	Complete ONLY if direct	Candidate/Of	ficeholder name	Office cou	ıaht			Office h	aold	
9	expenditure to benefit C/O		iliceriolaer Hairie	Office sou	agrit			Office i	ieiu	
_	D-1-									
	Date	Payee name								
	05/27/2025	WALMART								
	Amount (\$)	Payee addre	•	State; Zip Co	ode					
	\$20.62	1600 S Te	xas Blvd/							
_		Weslaco, 1	X 78596							
	PURPOSE	(a) Category (S	See Categories listed at the top of	f this schedule)	(b)	Description				
	OF EXPENDITURE	Event Expe	ense			=			mplete Schedule T.	
						event expens		, officeholder livir	ig expense	
						CVCIII CXPCIII	50			
_	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	ıaht			Office h	neld	
	expenditure to benefit C/O		nocholaci hame	011100 000	agric			Gilloo I	ioid	
_										

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solaries (Contract Labor,

Candidate/Officenoider/Politica	•	ruction Guide explains how		THER (enter a catego	iry not listed al	pove)
1 Total pages Schedule F4:	2 FILER NAME	•		3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 1/2 Rpt: 22/24		Nereida (The Honorabl	e)	00083772		
4 CREDIT CARD ISSUER		ncial institution n Express	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	\$500.00	01/30/2025				
7 PAYEE	(a) Payee name SAM'S CLUB		(b) Payee address; 7601 N Trenton St.	City,	State,	Zip Code
			McAllen, TX 78504			
8 PURPOSE OF	(a) Category	of this sahadula)	(b) Description			
EXPENDITURE	(See Categories listed at the top Event Expense	of this schedule)	Event expense			
X Political	'					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living ex	pense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH		I	1			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$600.00	03/01/2025				
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
	WALMART		1600 S Texas Blvd/			
			Weslaco, TX 78596			
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Event Expense	of this schedule)	GOTV event			
X Political	Zvone Zxponoo					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
Political						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1			
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held		
expenditure to benefit C/OH						

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica			nting Expense aries/Wages/Contract Labor	Travel Out of Dist OTHER (enter a	trict category not listed above)		
	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)		
Sch: 2/2 Rpt: 23/24	Lopez-Singleterry, I	Nereida (The Honorabl	e)	0008377	2		
4 CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITE	1.			
ISSUER	TJX Ma:	ster Card	EXPENDITURES CHARGED TO A	1.7			
			CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ard Issuer Paid			
	\$582.89	03/25/2025					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State, Zip Code		
	SAM'S CLUB		7601 N Trenton St	t.			
	SAIVI S CLUB						
			McAllen, TX 7850	4			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
l <u> </u>	Event Expense	,	event expense				
X Political							
Non-Political		of Texas. Complete Schedule T.		Austin, TX, officeholder liv	· '		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office he	ld		
expenditure to benefit C/OH	(a) A managed Observation	(h) Data at Ohama	(-) D-t-(-) O	and Income Daile			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Ca	ara issuer Pala			
	\$2,851.41	03/01/2025					
PAYEE	(a) Davisa nama		(b) Payee address;	City.	Chata Zin Cada		
PATEE	(a) Payee name		(b) Payee address; City, State, Zip Code PO BOX 6676				
	HWNT RGV	NT RGV					
			McAllen, TX 78502	2			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top			oonsorship/ VIP ta	ble/ Auction Tickets for		
X Political	Contributions/Donatio		HWNT				
Non-Political	_	of Texas. Complete Schedule T.	Check if	Austin, TX, officeholder liv	ing expense		
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office he	ld		
expenditure to benefit C/OH							
I							

	OUTSTAN	SCHEDULE L	
	The Instruction	on Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 1/1 Rpt: 24/24
2	FILER NAME Lopez-Singleterry, Nereida (The Honorable)		3 Filer ID (Ethics Commission Filers) 00083772
	LENDER INFORMATION	4 Name of lender Texas National Bank	<u>'</u>
		5 Lender address; City; State; Zip Code	
		Edinburg, TX 78539	
	GUARANTOR INFORMATION	6 Name of guarantor	
	X not applicable	7 Guarantor address; City; State; Zip Code	