FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00085732 3 COMMITTEE NAME **OFFICE USE ONLY** Edinburg AFT COPE Date Received **ELECTRONICALLY FILED** 07/14/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1508 S Sugar Date Hand-delivered or Date Postmarked STE A Change of Address Edinburg, TX 78539 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Javier NAME NICKNAME LAST **SUFFIX** Olivarez STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1508 S Sugar STREET **ADDRESS** STE A (Residence or Business) Edinburg, TX 78539 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1508 S Sugar. Ste. A MAILING **ADDRESS** Edinburg, TX 78539 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 318-3238 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Edinburg AFT COPE			00085732	
14 COMMITTEE	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)	Ти сарропод		
		B. Opposed		
	3. Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	125.96
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	1.81
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	1,471.81
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mr. Javie	er Olivarez	
		Signature of Car		rer
AFFIX NOTARY	' STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, th	nis the	day
of	, 20, to certify \	which, witness my hand and seal of office.		
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of offic	er administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

			JVER 311	3 of 29
17 COMMITT Edinburg	EE NAME AFT COPE	18 Filer ID 00085732	(Ethics Comr	mission Filers)
	LE SUBTOTALS SCHEDULE		SUBTO	TAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	125.96
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION)R	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	₹	\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
9.	SCHEDULE E: LOANS		\$	
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	1.81
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	0.06

	MONET	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 1/9 Rpt: 4/29	
2	FILER NAME Edinburg AF	T COPE			3	Filer ID (Ethics Commission I 00085732	Filers)
4	Date 01/31/2025	5 Full name of contributor out-of-state PAC (ID#: ALCALA, MICHELLE (Ms.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$5.00
_		EDINBURG, TX 78541	_		Ĺ		
8	TEACHER	pation / Job title (See Instructions)	9	Employer (See Instructions EDINBURG CISD	5)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ALCALA, MICHELLE (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
	Dringing agg	EDINBURG, TX 78541		Employer (See Instructions	<u></u>		
	TEACHER	pation / Job title (See Instructions)		Employer (See Instructions EDINBURG CISD	5)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ALCALA, MICHELLE (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
		EDINBURG, TX 78541					
	Principal occu TEACHER	pation / Job title (See Instructions)		Employer (See Instructions EDINBURG CISD	5)		
	Date 04/30/2025	Full name of contributor out-of-state PAC (ID#:_ALCALA, MICHELLE (Ms.) Contributor address; City; State; Zip Code EDINBURG, TX 78541)		Amount of Contribution (\$)	\$5.00
	Principal occu TEACHER	pation / Job title (See Instructions)		Employer (See Instructions EDINBURG CISD	<u>I</u> 5)		
	Date 05/29/2025	Full name of contributor out-of-state PAC (ID#:_ALCALA, MICHELLE (Ms.) Contributor address; City; State; Zip Code EDINBURG, TX 78541)		Amount of Contribution (\$)	\$5.00
	Principal occu TEACHER	pation / Job title (See Instructions)		Employer (See Instructions EDINBURG CISD	5)		
		·					

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to c	omplete this forn	n.	1	Total pages Schedule A1: Sch: 2/9 Rpt: 5/29	
2	FILER NAME Edinburg AF	T COPE			3	Filer ID (Ethics Commission 00085732	Filers)
4	Date 06/28/2025	 Full name of contributor ou ou ALCALA, MICHELLE (Ms.) Contributor address; City; State; Zi 	ut-of-state PAC (ID#: ip Code		7	Amount of Contribution (\$)	\$5.00
_		EDINBURG, TX 78541	<u> </u>				
8	Principal occu TEACHER	pation / Job title (See Instructions)		Employer (See Instructions EDINBURG CISD)		
	Date 01/29/2025	Full name of contributor ou CANTU, ISRAEL (Mr.) Contributor address; City; State; Zi				Amount of Contribution (\$)	\$5.00
		EDINBURG, TX 78541					
	Principal occu TEACHER	pation / Job title (See Instructions)		Employer (See Instructions EDINBURG CISD)		
	Date 02/28/2025	Full name of contributor ou CANTU, ISRAEL (Mr.) Contributor address; City; State; Zi	ut-of-state PAC (ID#: ip Code			Amount of Contribution (\$)	\$5.00
		EDINBURG, TX 78541					
	Principal occu TEACHER	pation / Job title (See Instructions)		Employer (See Instructions EDINBURG CISD)		
	Date 03/28/2025	Full name of contributor ou CANTU, ISRAEL (Mr.) Contributor address; City; State; Zi EDINBURG, TX 78541				Amount of Contribution (\$)	\$5.00
	Principal occu TEACHER	pation / Job title (See Instructions)		Employer (See Instructions EDINBURG CISD)		
	Date 04/30/2025	CANTU, ISRAEL (Mr.)				Amount of Contribution (\$)	\$5.00
	Principal occu TEACHER	pation / Job title (See Instructions)		Employer (See Instructions EDINBURG CISD)		
			1				

	MONET	ARY POLITICAL CONTRIE	BUTIONS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complet	te this form.		tal pages Schedule A1: h: 3/9 Rpt: 6/29	
2	FILER NAME Edinburg AF	Т СОРЕ			er ID (Ethics Commission 085732	Filers)
4	Date 05/29/2025	 Full name of contributor out-of-state CANTU, ISRAEL (Mr.) Contributor address; City; State; Zip Code) 7 An	nount of Contribution (\$)	\$5.00
		EDINBURG, TX 78541	T			
8	Principal occu TEACHER	pation / Job title (See Instructions)	9 Employer (See Inst EDINBURG CISI			
	Date 06/28/2025	Full name of contributor out-of-state CANTU, ISRAEL (Mr.) Contributor address; City; State; Zip Code	PAC (ID#:) Am	nount of Contribution (\$)	\$5.00
	<u> </u>	EDINBURG, TX 78541				
	TEACHER	pation / Job title (See Instructions)	Employer (See Inst EDINBURG CISI			
	Date 01/29/2025	Full name of contributor out-of-state CANTU, IVAN (Mr.) Contributor address; City; State; Zip Code	PAC (ID#:) Am	nount of Contribution (\$)	\$2.08
		EDINBURG, TX 78541				
	Principal occu TEACHER	pation / Job title (See Instructions)	Employer (See Inst EDINBURG CISI	•		
	Date 02/28/2025	CANTU, IVAN (Mr.)	PAC (ID#:		nount of Contribution (\$)	\$2.08
	Principal occu TEACHER	pation / Job title (See Instructions)	Employer (See Inst EDINBURG CISI			
	Date 03/28/2025	Full name of contributor out-of-state CANTU, IVAN (Mr.) Contributor address; City; State; Zip Code EDINBURG, TX 78541	PAC (ID#:		nount of Contribution (\$)	\$2.08
	Principal occu TEACHER	pation / Job title (See Instructions)	Employer (See Inst EDINBURG CISI			

	MONET	ARY POLITICAL CONTRIBUTION	N	S		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 4/9 Rpt: 7/29	
2	FILER NAME Edinburg AF	T COPE			3	Filer ID (Ethics Commission 00085732	Filers)
4	Date 04/30/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$2.08
Ω	Principal occu	EDINBURG, TX 78541 pation / Job title (See Instructions)	Ta	Employer (See Instructions	;) 		
	TEACHER	oduon / Job title (See matrictions)		EDINBURG CISD	•)		
	Date 05/29/2025	Full name of contributor out-of-state PAC (ID#:_CANTU, IVAN (Mr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2.08
		EDINBURG, TX 78541	_				
	Principal occu TEACHER	pation / Job title (See Instructions)		Employer (See Instructions EDINBURG CISD	s)		
	Date 06/28/2025	Full name of contributor out-of-state PAC (ID#:_CANTU, IVAN (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2.08
		EDINBURG, TX 78541					
	Principal occu TEACHER	pation / Job title (See Instructions)		Employer (See Instructions EDINBURG CISD	s)		
	Date 05/30/2025	Full name of contributor out-of-state PAC (ID#:_ CONTRERAS, ANA (Miss) Contributor address; City; State; Zip Code MCALLEN, TX 78504				Amount of Contribution (\$)	\$5.00
	Principal occu TEACHER	pation / Job title (See Instructions)		Employer (See Instructions EDINBURG CISD	5)		
	Date 01/29/2025	Full name of contributor out-of-state PAC (ID#:_FAUBION, ERIKA (Ms.) Contributor address; City; State; Zip Code EDINBURG, TX 78541-1300)		Amount of Contribution (\$)	\$3.08
	Principal occu TEACHER	pation / Job title (See Instructions)		Employer (See Instructions EDINBURG CISD	5)		

	MONET	ARY POLITICAL CONTRIBUTION)N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 5/9 Rpt: 8/29	
2	FILER NAME Edinburg AF	T COPE			3	Filer ID (Ethics Commission F 00085732	-ilers)
4	Date 02/28/2025	 Full name of contributor			7	Amount of Contribution (\$)	\$3.08
_		EDINBURG, TX 78541-1300	_		_		
8	Principal occu TEACHER	pation / Job title (See Instructions)	9	Employer (See Instructions EDINBURG CISD	5)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_FAUBION, ERIKA (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.08
	Principal occu	EDINBURG, TX 78541-1300 pation / Job title (See Instructions)	Г	Employer (See Instructions) 		
	TEACHER	salion / oob tille (oce molladions)		EDINBURG CISD	''		
	Date 04/30/2025	Full name of contributor out-of-state PAC (ID#:_FAUBION, ERIKA (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.08
		EDINBURG, TX 78541-1300					
	Principal occu TEACHER	pation / Job title (See Instructions)		Employer (See Instructions EDINBURG CISD	5)		
	Date 05/29/2025	Full name of contributor out-of-state PAC (ID#:_FAUBION, ERIKA (Ms.) Contributor address; City; State; Zip Code EDINBURG, TX 78541-1300)		Amount of Contribution (\$)	\$3.08
	Principal occu TEACHER	pation / Job title (See Instructions)		Employer (See Instructions EDINBURG CISD	<u>(</u>		
	Date 06/28/2025	Full name of contributor out-of-state PAC (ID#:_FAUBION, ERIKA (Ms.) Contributor address; City; State; Zip Code EDINBURG, TX 78541-1300)		Amount of Contribution (\$)	\$3.08
	Principal occu TEACHER	pation / Job title (See Instructions)		Employer (See Instructions EDINBURG CISD	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 6/9 Rpt: 9/29	
2	FILER NAME Edinburg AF	T COPE			3	Filer ID (Ethics Commission 00085732	Filers)
4	Date 01/29/2025	 Full name of contributor			7	Amount of Contribution (\$)	\$3.00
		WESLACO, TX 78599-4640					
8	Principal occu TEACHER	pation / Job title (See Instructions)	9	Employer (See Instructions EDINBURG CISD	5)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_GARZA, DELORES (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$3.00
	Principal occu	WESLACO, TX 78599-4640 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	TEACHER	pation / 300 title (See Instructions)		EDINBURG CISD	,,		
	Date 03/28/2025	Full name of contributor)		Amount of Contribution (\$)	\$3.00
		WESLACO, TX 78599-4640					
	Principal occu TEACHER	pation / Job title (See Instructions)		Employer (See Instructions EDINBURG CISD	5)		
	Date 04/30/2025	Full name of contributor out-of-state PAC (ID#:_GARZA, DELORES (Ms.) Contributor address; City; State; Zip Code WESLACO, TX 78599-4640)		Amount of Contribution (\$)	\$3.00
	Principal occu TEACHER	pation / Job title (See Instructions)		Employer (See Instructions EDINBURG CISD	5)		
	Date 05/29/2025	Full name of contributor out-of-state PAC (ID#:_GARZA, DELORES (Ms.) Contributor address; City; State; Zip Code WESLACO, TX 78599-4640				Amount of Contribution (\$)	\$3.00
	Principal occu TEACHER	pation / Job title (See Instructions)		Employer (See Instructions EDINBURG CISD	5)		
		·					

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 7/9 Rpt: 10/29	
2	FILER NAME Edinburg AF	T COPE			3	Filer ID (Ethics Commission 00085732	Filers)
4	Date 06/28/2025	5 Full name of contributor out-of-state PAC (ID#:_ GARZA, DELORES (Ms.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$3.00
_		WESLACO, TX 78599-4640	_		L		
8	Principal occu TEACHER	pation / Job title (See Instructions)	9	Employer (See Instructions EDINBURG CISD	5)		
	Date 01/29/2025	Full name of contributor out-of-state PAC (ID#:_ GONZALEZ, MARSHA (Ms.) Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$1.00
	<u> </u>	EDINBURG, TX 78539		5 1 (0 1 1 1	_		
	RETIRED TE	pation / Job title (See Instructions) EACHER		Employer (See Instructions EDINBURG CISD	S)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_GONZALEZ, MARSHA (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1.00
	Dringing age	EDINBURG, TX 78539		Employer (See Instructions	<u></u>		
	RETIRED TE	pation / Job title (See Instructions) EACHER		Employer (See Instructions EDINBURG CISD	·)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_GONZALEZ, MARSHA (Ms.) Contributor address; City; State; Zip Code EDINBURG, TX 78539)		Amount of Contribution (\$)	\$1.00
	Principal occu RETIRED TE	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 04/30/2025	Full name of contributor out-of-state PAC (ID#:_GONZALEZ, MARSHA (Ms.) Contributor address; City; State; Zip Code EDINBURG, TX 78539			•	Amount of Contribution (\$)	\$1.00
	Principal occu RETIRED TE	pation / Job title (See Instructions) EACHER		Employer (See Instructions EDINBURG CISD	5)		
			<u> </u>				

	MONET	ARY POLITICAL CONTRIBUTION)N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 8/9 Rpt: 11/29	
2	FILER NAME Edinburg AF	T COPE			3	Filer ID (Ethics Commission 00085732	Filers)
4	Date 05/29/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$1.00
_	Distribution	EDINBURG, TX 78539	_	Faralassa (Osas kastaustisas			
8	RETIRED TE	pation / Job title (See Instructions) EACHER	9	Employer (See Instructions EDINBURG CISD	5)		
	Date 06/28/2025	Full name of contributor				Amount of Contribution (\$)	\$1.00
	Dringing aggr	EDINBURG, TX 78539		Employer (See Instructions	<u></u>		
	Principal occupation / Job title (See Instructions) RETIRED TEACHER Employer (See Instructions) Employer (See Instructions) EDINBURG CISD		»)				
	Date 01/29/2025	Full name of contributor out-of-state PAC (ID#:_VIDAL, OLGA (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1.00
		EDINBURG, TX 78540-2192					
	Principal occu TEACHER	pation / Job title (See Instructions)		Employer (See Instructions EDINBURG CISD	s)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_VIDAL, OLGA (Ms.) Contributor address; City; State; Zip Code EDINBURG, TX 78540-2192)		Amount of Contribution (\$)	\$1.00
	Principal occu TEACHER	pation / Job title (See Instructions)		Employer (See Instructions EDINBURG CISD	5)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_VIDAL, OLGA (Ms.) Contributor address; City; State; Zip Code EDINBURG, TX 78540-2192)		Amount of Contribution (\$)	\$1.00
	Principal occu TEACHER	pation / Job title (See Instructions)		Employer (See Instructions EDINBURG CISD	5)		

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: Sch: 9/9 Rpt: 12/29 2 FILER NAME Edinburg AFT COPE 3 File ID (Ethics Commiss) 2 O0085732 3 File ID (Ethics Commiss) 3 File ID (Ethics Commiss) 3 O0085732 3 O0085732	MC	ONET	TARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
2 FILER NAME Edinburg AFT COPE 4 Date 04/30/2025	The	e Instru	iction Guide explains how to complete this fo	orm.	1		
O4/30/2025					3	Filer ID (Ethics Commission	ı Filers)
8 Principal occupation / Job title (See Instructions) TEACHER Pull name of contributor			VIDAL, OLGA (Ms.)		7	Amount of Contribution (\$)	\$1.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Contributor address; City; State; Zip Code	Princ	ncipal occu	<u> </u>	9 Employer (See Instructions	 - S)		
O5/29/2025 VIDAL, OLGA (Ms.) Contributor address; City; State; Zip Code EDINBURG, TX 78540-2192 Principal occupation / Job title (See Instructions) TEACHER Employer (See Instructions) Employer (See Instructions) EDINBURG CISD Amount of Contribution (\$) VIDAL, OLGA (Ms.) Contributor address; City; State; Zip Code EDINBURG, TX 78540-2192 Principal occupation / Job title (See Instructions) Employer (See Instructions)	TEA	ACHER		EDINBURG CISD			
Principal occupation / Job title (See Instructions) TEACHER EDINBURG CISD Date O6/28/2025 VIDAL, OLGA (Ms.) Contributor address; City; State; Zip Code EDINBURG, TX 78540-2192 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Amount of Contribution (\$)			VIDAL, OLGA (Ms.))	•	Amount of Contribution (\$)	\$1.00
TEACHER Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/28/2025 VIDAL, OLGA (Ms.) Contributor address; City; State; Zip Code EDINBURG, TX 78540-2192 Principal occupation / Job title (See Instructions) EDINBURG CISD Amount of Contribution (\$) Employer (See Instructions)			<u> </u>				
06/28/2025 VIDAL, OLGA (Ms.) Contributor address; City; State; Zip Code EDINBURG, TX 78540-2192 Principal occupation / Job title (See Instructions) Employer (See Instructions)			upation / Job title (See Instructions)		s)		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			VIDAL, OLGA (Ms.) Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$1.00
TEACHER EDINBURG CISD			<u> </u>		<u> </u> s)		

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 Legal Services Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Comm	nission Filers)
Sch: 1/15 Rpt: 13/29	Edinburg AFT COPE		00085732	
4 Date	5 Payee name			
01/31/2025	ALCALA, MICHELLE (Ms.)			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$0.07	3404 SAHARA DR APT 2			
Expenditure from				
corporate funds	EDINBURG, TX 78541			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees	=	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense	
		PROCESSIN		
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
expenditure to benefit C/O				
Date	Payee name			
02/28/2025	ALCALA, MICHELLE (Ms.)			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$0.07	3404 SAHARA DR APT 2			
Expenditure from corporate funds	EDINBURG, TX 78541			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees	Check if trave	el outside of Texas. Complete Schedule T.	
EXPENDITORE			in, TX, officeholder living expense	
		PROCESSI	NG FEE	
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held	
expenditure to benefit C/O		ym	Office field	
Date	Dougo name			
03/28/2025	Payee name ALCALA, MICHELLE (Ms.)			
Amount (\$)	` ,	do		
\$0.07	Payee address; City; State; Zip Co 3404 SAHARA DR APT 2	ue		
Ψ0.07	3.373/11/10/12/12			
Expenditure from corporate funds	EDINBURG, TX 78541			
PURPOSE		(b) Description		
OF	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if trave	el outside of Texas. Complete Schedule T.	
EXPENDITURE	1 663	Check if Austi	in, TX, officeholder living expense	
		PROCESSI	NG FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ght	Office held	
3. p 2				

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
4 7	
1 Total pages Schedule F1: Sch: 2/15 Rpt: 14/29	2 FILER NAME Edinburg AFT COPE 3 Filer ID (Ethics Commission Filers) 00085732
4 Date	5 Payee name
04/30/2025	ALCALA, MICHELLE (Ms.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.07	3404 SAHARA DR APT 2
Expenditure from corporate funds	EDINBURG, TX 78541
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	PROCESSING FEE
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/29/2025	ALCALA, MICHELLE (Ms.)
Amount (\$)	Payee address; City; State; Zip Code
\$0.07	3404 SAHARA DR APT 2
Expenditure from corporate funds	EDINBURG, TX 78541
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LXI ENDITORE	Check if Austin, TX, officeholder living expense
	PROCESSING FEE
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/28/2025	ALCALA, MICHELLE (Ms.)
Amount (\$)	Payee address; City; State; Zip Code
\$0.07	3404 SAHARA DR APT 2
Expenditure from corporate funds	EDINBURG, TX 78541
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAI LINDITURE	Check if Austin, TX, officeholder living expense
	PROCESSING FEE
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	4

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	nple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 3/15 Rpt: 15/29	Edinburg AFT COPE		00085732
4	Date	5 Payee name		·
	01/29/2025	CANTU, ISRAEL (Mr.)		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$0.07	1406 MARCY STREET		
	Expenditure from corporate funds	EDINBURG, TX 78541		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense PROCESSING FEE
				TROCESSINO FEE
_	Complete ONLY if direct	Candidate/Officeholder name Office sour	aht	Office hold
9	Complete ONLY if direct expenditure to benefit C/OI		JIII	Office held
	Date	Payee name		
	02/28/2025	CANTU, ISRAEL (Mr.)		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$0.07	1406 MARCY STREET		
_	■ Evnanditura from			
	Expenditure from corporate funds	EDINBURG, TX 78541		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				PROCESSING FEE
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	experiantare to benefit 6/61	•		
	Date	Payee name		
	03/28/2025	CANTU, ISRAEL (Mr.)		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$0.07	1406 MARCY STREET		
	Expenditure from corporate funds	EDINBURG, TX 78541		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Fees	(-,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				PROCESSING FEE
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	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

Credit Card Payment	The Instruction Guide explains how to comp	plete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 4/15 Rpt: 16/29	Edinburg AFT COPE	00085732
4 Date	5 Payee name	
04/30/2025	CANTU, ISRAEL (Mr.)	
6 Amount (\$) \$0.07	7 Payee address; City; State; Zip Code 1406 MARCY STREET	
ψο.στ	1400 W/ (KOT OTKEET	
Expenditure from corporate funds	EDINBURG, TX 78541	
8 PURPOSE OF	, ,	D) Description Check if travel outside of Taxon Complete Schedule T
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		PROCESSING FEE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	office held
Data		
Date 05/29/2025	Payee name CANTU, ISRAEL (Mr.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$0.07	1406 MARCY STREET	•
Expenditure from corporate funds	EDINBURG, TX 78541	
PURPOSE OF	2 (Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees	Check if Austin, TX, officeholder living expense
		PROCESSING FEE
Operation ONLY if the et	Out like 10 ff a balden and	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	office held
Date	Payee name	
06/28/2025	CANTU, ISRAEL (Mr.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$0.07	1406 MARCY STREET	
Expenditure from corporate funds	EDINBURG, TX 78541	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		PROCESSING FEE
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	ot Office held
experiulture to beliefit 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 co	nplete this form.		
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission	on Filers)
Sch: 5/15 Rpt: 17/29	Edinburg AFT COPE		00085732	
4 Date	5 Payee name	•		
01/29/2025	CANTU, IVAN (Mr.)			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$0.03	3205 LA PUERTA AVE			
Expenditure from				
corporate funds	EDINBURG, TX 78541-4397			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees		ide of Texas. Complete Schedule T. , officeholder living expense	
		PROCESSING		
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
expenditure to benefit C/O	1			
Date	Payee name			
02/28/2025	CANTU, IVAN (Mr.)			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$0.03	3205 LA PUERTA AVE			
Expenditure from corporate funds	EDINBURG, TX 78541-4397			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees	—	ide of Texas. Complete Schedule T.	
		PROCESSING	, officeholder living expense	
		TROCESSING		
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held	
expenditure to benefit C/O	+			
Date	Payee name			
03/28/2025	CANTU, IVAN (Mr.)			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$0.03	3205 LA PUERTA AVE			
Expenditure from corporate funds	EDINBURG, TX 78541-4397			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees		ide of Texas. Complete Schedule T.	
EXPENDITORE			, officeholder living expense	
		PROCESSING	FEE	
Complete ONLY if direct	Candidate/Officeholder name Office sou	nht	Office held	
expenditure to benefit C/Ol		j	Omec ficiu	

SCHEDULE F1

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

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

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 com	plete this form.
1 Total pages Schedule F1: Sch: 6/15 Rpt: 18/29	2 FILER NAME Edinburg AFT COPE	3 Filer ID (Ethics Commission Filers) 00085732
4 Date	5 Payee name	00003732
04/30/2025	CANTU, IVAN (Mr.)	
6 Amount (\$) \$0.03	7 Payee address; City; State; Zip Code 3205 LA PUERTA AVE	е
Expenditure from corporate funds	EDINBURG, TX 78541-4397	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sough	nt Office held
Date 05/29/2025	Payee name CANTU, IVAN (Mr.)	
Amount (\$) \$0.03	Payee address; City; State; Zip Code 3205 LA PUERTA AVE	е
Expenditure from corporate funds	EDINBURG, TX 78541-4397	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PROCESSING FEE
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	nt Office held
Date 06/28/2025	Payee name CANTU, IVAN (Mr.)	
Amount (\$) \$0.03	Payee address; City; State; Zip Code 3205 LA PUERTA AVE	е
Expenditure from corporate funds	EDINBURG, TX 78541-4397	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PROCESSING FEE
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	cal Committee Legal Services Salaries/Wages/Contract Labor OTHER (The Instruction Guide explains how to complete this form.	enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID	(Ethics Commission Filers)
Sch: 7/15 Rpt: 19/29	Edinburg AFT COPE 00085	732
4 Date	5 Payee name	
05/30/2025	CONTRERAS, ANA (Miss)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$0.19	4112 NORTH 43RD STREET	
Expenditure from corporate funds	MCALLEN, TX 78504	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texa:	
	Check if Austin, TX, officeholds PROCESSING FEE	er living expense
	FROCESSING FEE	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Offi	ice held
expenditure to benefit C/O		ice neid
·		
Date	Payee name	
01/29/2025	FAUBION, ERIKA (Ms.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$0.04	540 BARTON DR	
Expenditure from corporate funds	EDINBURG, TX 78541-1300	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas	
EXI ENDITORE	Check if Austin, TX, officeholde	er living expense
	PROCESSING FEE	
0 1 0 0 1 1 0		
Complete ONLY if direct expenditure to benefit C/O		ice held
Date	Payee name	
02/28/2025	FAUBION, ERIKA (Ms.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$0.04	540 BARTON DR	
Expenditure from corporate funds	EDINBURG, TX 78541-1300	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas	
LAI LINDITORE	Check if Austin, TX, officeholds	er living expense
	PROCESSING FEE	
0 1. 6		
Complete ONLY if direct expenditure to benefit C/O	U	ice held
2 1 2 20.10.11 0/0		

SCHEDULE F1

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/15 Rpt: 20/29	Edinburg AFT COPE 00085732
4 Date	5 Payee name
03/28/2025	FAUBION, ERIKA (Ms.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.04	540 BARTON DR
- "	
Expenditure from corporate funds	EDINBURG, TX 78541-1300
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense PROCESSING FEE
	T NOCESSING TEE
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
04/30/2025	FAUBION, ERIKA (Ms.)
Amount (\$)	Payee address; City; State; Zip Code
\$0.04	540 BARTON DR
Expenditure from corporate funds	EDINBURG, TX 78541-1300
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
05/29/2025	FAUBION, ERIKA (Ms.)
Amount (\$)	Payee address; City; State; Zip Code
\$0.04	540 BARTON DR
- "	
Expenditure from corporate funds	EDINBURG, TX 78541-1300
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
D. LIBITORE	Check if Austin, TX, officeholder living expense
	PROCESSING FEE
Occupations Children	On didn't 10 ff a balden name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3.,50	

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	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: 9/15 Rpt: 21/29	Edinburg AFT COPE 00085732
4 Date	5 Payee name
06/28/2025	FAUBION, ERIKA (Ms.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.04	540 BARTON DR
Expenditure from corporate funds	EDINBURG, TX 78541-1300
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
	PROCESSING FEE
	T NOCESSING TEE
Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/29/2025	GARZA, DELORES (Ms.)
Amount (\$)	Payee address; City; State; Zip Code
\$0.04	1312 W MILE 10 N
Expenditure from corporate funds	WESLACO, TX 78599-4640
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense
	PROCESSING FEE
2 1 2 2 1 1 2 1 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/28/2025	GARZA, DELORES (Ms.)
Amount (\$)	Payee address; City; State; Zip Code
\$0.04	1312 W MILE 10 N
Expenditure from corporate funds	WESLACO, TX 78599-4640
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiolitie to beliefft C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/N The Instruction Guide explains how to co	ages/Contract Labor	OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Fi	lers)
Sch: 10/15 Rpt: 22/29	Edinburg AFT COPE		00085732	
4 Date	5 Payee name			
03/28/2025	GARZA, DELORES (Ms.)			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$0.04	1312 W MILE 10 N			
- Cynanditura fram				
Expenditure from corporate funds	WESLACO, TX 78599-4640			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees	=	outside of Texas. Complete Schedule T.	
		PROCESSIN	TX, officeholder living expense	
		FROCESSIN	GFLL	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held	
expenditure to benefit C/O		grit	Office field	
Date	Payee name			
04/30/2025	GARZA, DELORES (Ms.)			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$0.04	1312 W MILE 10 N			
Evnanditura from				
Expenditure from corporate funds	WESLACO, TX 78599-4640			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees	=	outside of Texas. Complete Schedule T.	
			TX, officeholder living expense	
		PROCESSIN	GFEE	
Complete ONLY if direct	Candidate/Officeholder name Office sou	nht.	Office hold	
Complete ONLY if direct expenditure to benefit C/OI		grit	Office held	
Date	Payee name			
05/29/2025	GARZA, DELORES (Ms.)			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$0.04	1312 W MILE 10 N			
Expenditure from				
corporate funds	WESLACO, TX 78599-4640			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees		outside of Texas. Complete Schedule T.	
LAI ENDITORE			TX, officeholder living expense	
		PROCESSIN	G FEE	
Oranglete Children	Overdidate/Office halds over	-1-4	Off: -	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sould	gnt	Office held	
, , , , , , , , ,				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Credit Card Payment	The Instruction Guide explains how to co	-	te this form.
1 Total pages Schedule F1:	•		3 Filer ID (Ethics Commission Filers)
Sch: 11/15 Rpt: 23/29	Edinburg AFT COPE		00085732
4 Date	5 Payee name		<u>.</u>
06/28/2025	GARZA, DELORES (Ms.)		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$0.04	1312 W MILE 10 N		
Expenditure from corporate funds	WESLACO, TX 78599-4640		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			PROCESSING FEE
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	<u>I</u> ught	Office held
Date	Payee name		
01/29/2025	GONZALEZ, MARSHA (Ms.)		
Amount (\$)	Payee address; City; State; Zip Co	nde	
\$0.01	603 PEBBLE CREEK APT 4		
Ψ0.01	GOO'N EBBEE GREEKYN I''		
Expenditure from corporate funds	EDINBURG, TX 78539-2324		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense PROCESSING FEE
			T NOCESSING FEE
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	<u>l</u> ıght	Office held
Date	Payee name		
02/28/2025	GONZALEZ, MARSHA (Ms.)		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$0.01	603 PEBBLE CREEK APT 4	-	
Expenditure from corporate funds	EDINBURG, TX 78539-2324		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense PROCESSING FEE
			I NOOLOOMO I LL
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	ıaht	Office held
expenditure to benefit C/O		agrit	Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 12/15 Rpt: 24/29	Edinburg AFT COPE 00085732	
4 Date	5 Payee name	
03/28/2025	GONZALEZ, MARSHA (Ms.)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$0.01	603 PEBBLE CREEK APT 4	
Funenditure from		
Expenditure from corporate funds	EDINBURG, TX 78539-2324	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	PROCESSING FEE	
	153_555	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		
Date	Davida nama	_
04/30/2025	Payee name GONZALEZ, MARSHA (Ms.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$0.01	603 PEBBLE CREEK APT 4	
Expenditure from		
corporate funds	EDINBURG, TX 78539-2324	
PURPOSE 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	
	PROCESSING FEE	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	H	
Date	Payee name	_
05/29/2025	GONZALEZ, MARSHA (Ms.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$0.01	603 PEBBLE CREEK APT 4	
Ψ0.01	OOOT ESSEE CREEKTII T T	
Expenditure from corporate funds	EDINBURG, TX 78539-2324	
·		
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	
	PROCESSING FEE	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	H	

SCHEDULE F1

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

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

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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.	OTTIER (etitel a category flot listed above)	
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·		3 Filer ID (Ethics Commission File	rs)
Sch: 13/15 Rpt: 25/29	Edinburg AFT COPE		00085732	13)
4 Date	5 Payee name		•	
06/28/2025	GONZALEZ, MARSHA (Ms.)			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$0.01	603 PEBBLE CREEK APT 4			
Expenditure from corporate funds	EDINBURG, TX 78539-2324			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Fees	=	outside of Texas. Complete Schedule T. n, TX, officeholder living expense	
		PROCESSIN		
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ght	Office held	
Date	Payee name			
01/29/2025	VIDAL, OLGA (Ms.)			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$0.01	P.O. BOX 2192			
Expenditure from corporate funds	EDINBURG, TX 78540-2192			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees	ш	outside of Texas. Complete Schedule T.	
		PROCESSIN	n, TX, officeholder living expense	
		110023311	VO 1 EE	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held	
Date	Payee name			
02/28/2025	VIDAL, OLGA (Ms.)			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$0.01	P.O. BOX 2192			
Expenditure from corporate funds	EDINBURG, TX 78540-2192			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees	<u> </u>	outside of Texas. Complete Schedule T.	
		PROCESSIN	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	aht	Office held	
expenditure to benefit C/O		Aire	Office field	

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/Politic Credit Card Payment	al Committee Legal Services Salaries The Instruction Guide explains how to c	/Wages/Contract Labor complete this form.	OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	_
Sch: 14/15 Rpt: 26/29	Edinburg AFT COPE		00085732	
4 Date	5 Payee name			
03/28/2025	VIDAL, OLGA (Ms.)			
6 Amount (\$)	7 Payee address; City; State; Zip C	code		_
\$0.01	P.O. BOX 2192			
·				
Expenditure from corporate funds	EDINBURG, TX 78540-2192			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees	<u> </u>	outside of Texas. Complete Schedule T.	
		PROCESSIN	n, TX, officeholder living expense	
		PROCESSIN	NG FEE	
		1		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught	Office held	
experialitate to benefit 6/0	"			
Date	Payee name			
04/30/2025	VIDAL, OLGA (Ms.)			
Amount (\$)	Payee address; City; State; Zip C	ode		_
\$0.01	P.O. BOX 2192			
40.02	1.10.20/.2202			
Expenditure from	EDINIDUDO TV 705 40 0400			
corporate funds	EDINBURG, TX 78540-2192	,		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Fees	ı <u>—</u>	outside of Texas. Complete Schedule T.	
		PROCESSIN	n, TX, officeholder living expense	
		PROCESSIN	NG FLL	
0 1 0 0 1 1 1 1		1	000	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ugnt	Office held	
Date	Payee name			
05/29/2025	VIDAL, OLGA (Ms.)			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$0.01	P.O. BOX 2192			
Expenditure from corporate funds	EDINBURG, TX 78540-2192			
·		la.		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	autoido ef Taura Consulato Cabadula T	
EXPENDITURE	Fees	I <u>—</u>	outside of Texas. Complete Schedule T. n, TX, officeholder living expense	
		PROCESSIN	÷ '	
Complete ONLY if direct	Candidate/Officeholder name Office so	l ught	Office held	
expenditure to benefit C/O		ugnt	Office field	
				_

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	Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel out of District - 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:	
Sch: 15/15 Rpt: 27/29	Edinburg AFT COPE 00085732
4 Date	5 Payee name
06/28/2025	VIDAL, OLGA (Ms.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.01	P.O. BOX 2192
Expenditure from corporate funds	EDINBURG, TX 78540-2192
8 PURPOSE 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
	PROCESSING FEE
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

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

SCHEDULE K

I The Instruction Guide explains how to complete this form.				ages Schedule K: ./2 Rpt: 28/29			
2				ler ID	(Ethics Commission F	ilers)	
				0085	5732		
4	Date	5 Name of person from whom amount is received				8 Amount (\$)	
-	01/31/2025	Bank Of America				(+)	\$0.01
	02,02,2020						40.02
		6 Address of person from whom amount is received; City; State; Zip Code					
		Ediahura TV 70520					
		Edinburg, TX 78539	1.26 122				
		<u> </u>	eck if politi	cal	contri	tribution returned to filer	
		INTEREST					
	Date	Name of person from whom amount is received				Amount (\$)	
	02/28/2025	Bank Of America					\$0.01
		Address of person from whom amount is received; City; State; Zip Code	•••••				
		Edinburg, TX 78539					
			eck if politi	cal	contri	ibution returned to filer	
		INTEREST	ook ii poiiti	oui	OOM	isation retarried to mer	
	Date	Name of person from whom amount is received				Amount (\$)	
	03/31/2025	Bank Of America]		\$0.01
		Address of person from whom amount is received; City; State; Zip Code					
		Edinburg, TX 78539					
		Purpose for which amount is received				ibution returned to filer	
		INTEREST					
F	Date	Name of person from whom amount is received				Amount (\$)	
	04/30/2025	Bank Of America				(*)	\$0.01
	0 1/00/2020						Ψ0.01
		Address of person from whom amount is received; City; State; Zip Code					
		Edinburg, TX 78539					
			1.26 122				
		Purpose for which amount is received Che INTEREST	eck if politi	cai	contri	ibution returned to filer	
		INTEREST					
	Date	Name of person from whom amount is received				Amount (\$)	
	05/30/2025	Bank Of America			\$0.01		
Address of person from whom amount is received; City; State; Zip Code							
		Edinburg, TX 78539					
		_	eck if politi	cal	contri	ibution returned to filer	
		INTEREST	ponti		. 5.101		
_							

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 29/29 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Edinburg AFT COPE 00085732 8 Amount (\$) Date 5 Name of person from whom amount is received 06/30/2025 \$0.01 Bank Of America 6 Address of person from whom amount is received; City; State; Zip Code Edinburg, TX 78539 Purpose for which amount is received Check if political contribution returned to filer **INTEREST**