

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00085732	2 Total pages filed: 29
3 COMMITTEE NAME Edinburg AFT COPE			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/14/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1508 S Sugar STE A Edinburg, TX 78539		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Javier NICKNAME LAST SUFFIX Olivarez		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1508 S Sugar STE A Edinburg, TX 78539		
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1508 S Sugar. Ste. A Edinburg, TX 78539		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 318-3238		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year 01/01/2025 THROUGH Month Day Year 06/30/2025		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Edinburg AFT COPE		<b>13 Filer ID</b> (Ethics Commission Filers) 00085732
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 125.96
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 1.81
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 1,471.81
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

## 16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. Javier Olivarez

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 29

<b>17 COMMITTEE NAME</b> Edinburg AFT COPE		<b>18 Filer ID</b> (Ethics Commission Filers) 00085732
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 125.96
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1.81
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.06

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/9 Rpt: 4/29
<b>2</b> FILER NAME Edinburg AFT COPE		<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 01/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALCALA, MICHELLE (Ms.) <b>6</b> Contributor address; City; State; Zip Code  EDINBURG, TX 78541	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) TEACHER		<b>9</b> Employer (See Instructions) EDINBURG CISD
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALCALA, MICHELLE (Ms.) Contributor address; City; State; Zip Code  EDINBURG, TX 78541	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 03/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALCALA, MICHELLE (Ms.) Contributor address; City; State; Zip Code  EDINBURG, TX 78541	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALCALA, MICHELLE (Ms.) Contributor address; City; State; Zip Code  EDINBURG, TX 78541	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 05/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALCALA, MICHELLE (Ms.) Contributor address; City; State; Zip Code  EDINBURG, TX 78541	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/9 Rpt: 5/29
<b>2</b> FILER NAME Edinburg AFT COPE		<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 06/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALCALA, MICHELLE (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  EDINBURG, TX 78541	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) TEACHER		<b>9</b> Employer (See Instructions) EDINBURG CISD
Date 01/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTU, ISRAEL (Mr.) <hr/> Contributor address; City; State; Zip Code  EDINBURG, TX 78541	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTU, ISRAEL (Mr.) <hr/> Contributor address; City; State; Zip Code  EDINBURG, TX 78541	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 03/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTU, ISRAEL (Mr.) <hr/> Contributor address; City; State; Zip Code  EDINBURG, TX 78541	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTU, ISRAEL (Mr.) <hr/> Contributor address; City; State; Zip Code  EDINBURG, TX 78541	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/9 Rpt: 6/29
<b>2</b> FILER NAME Edinburg AFT COPE		<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 05/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTU, ISRAEL (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  EDINBURG, TX 78541	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) TEACHER		<b>9</b> Employer (See Instructions) EDINBURG CISD
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTU, ISRAEL (Mr.) <hr/> Contributor address; City; State; Zip Code  EDINBURG, TX 78541	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 01/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTU, IVAN (Mr.) <hr/> Contributor address; City; State; Zip Code  EDINBURG, TX 78541	Amount of Contribution (\$)  \$2.08
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTU, IVAN (Mr.) <hr/> Contributor address; City; State; Zip Code  EDINBURG, TX 78541	Amount of Contribution (\$)  \$2.08
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 03/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTU, IVAN (Mr.) <hr/> Contributor address; City; State; Zip Code  EDINBURG, TX 78541	Amount of Contribution (\$)  \$2.08
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/9 Rpt: 7/29
<b>2</b> FILER NAME Edinburg AFT COPE		<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 04/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTU, IVAN (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  EDINBURG, TX 78541	<b>7</b> Amount of Contribution (\$)  \$2.08
<b>8</b> Principal occupation / Job title (See Instructions) TEACHER		<b>9</b> Employer (See Instructions) EDINBURG CISD
Date 05/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTU, IVAN (Mr.) <hr/> Contributor address; City; State; Zip Code  EDINBURG, TX 78541	Amount of Contribution (\$)  \$2.08
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTU, IVAN (Mr.) <hr/> Contributor address; City; State; Zip Code  EDINBURG, TX 78541	Amount of Contribution (\$)  \$2.08
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CONTRERAS, ANA (Miss) <hr/> Contributor address; City; State; Zip Code  MCALLEN, TX 78504	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 01/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FAUBION, ERIKA (Ms.) <hr/> Contributor address; City; State; Zip Code  EDINBURG, TX 78541-1300	Amount of Contribution (\$)  \$3.08
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/9 Rpt: 8/29
<b>2</b> FILER NAME Edinburg AFT COPE		<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 02/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FAUBION, ERIKA (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  EDINBURG, TX 78541-1300	<b>7</b> Amount of Contribution (\$)  \$3.08
<b>8</b> Principal occupation / Job title (See Instructions) TEACHER		<b>9</b> Employer (See Instructions) EDINBURG CISD
Date 03/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FAUBION, ERIKA (Ms.) <hr/> Contributor address; City; State; Zip Code  EDINBURG, TX 78541-1300	Amount of Contribution (\$)  \$3.08
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FAUBION, ERIKA (Ms.) <hr/> Contributor address; City; State; Zip Code  EDINBURG, TX 78541-1300	Amount of Contribution (\$)  \$3.08
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 05/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FAUBION, ERIKA (Ms.) <hr/> Contributor address; City; State; Zip Code  EDINBURG, TX 78541-1300	Amount of Contribution (\$)  \$3.08
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FAUBION, ERIKA (Ms.) <hr/> Contributor address; City; State; Zip Code  EDINBURG, TX 78541-1300	Amount of Contribution (\$)  \$3.08
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/9 Rpt: 9/29
<b>2</b> FILER NAME Edinburg AFT COPE		<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 01/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARZA, DELORES (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  WESLACO, TX 78599-4640	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) TEACHER		<b>9</b> Employer (See Instructions) EDINBURG CISD
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARZA, DELORES (Ms.) <hr/> Contributor address; City; State; Zip Code  WESLACO, TX 78599-4640	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 03/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARZA, DELORES (Ms.) <hr/> Contributor address; City; State; Zip Code  WESLACO, TX 78599-4640	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARZA, DELORES (Ms.) <hr/> Contributor address; City; State; Zip Code  WESLACO, TX 78599-4640	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 05/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARZA, DELORES (Ms.) <hr/> Contributor address; City; State; Zip Code  WESLACO, TX 78599-4640	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/9 Rpt: 10/29
<b>2</b> FILER NAME Edinburg AFT COPE		<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 06/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARZA, DELORES (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  WESLACO, TX 78599-4640	<b>7</b> Amount of Contribution (\$)  \$3.00
<b>8</b> Principal occupation / Job title (See Instructions) TEACHER		<b>9</b> Employer (See Instructions) EDINBURG CISD
Date 01/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, MARSHA (Ms.) <hr/> Contributor address; City; State; Zip Code  EDINBURG, TX 78539	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) RETIRED TEACHER		Employer (See Instructions) EDINBURG CISD
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, MARSHA (Ms.) <hr/> Contributor address; City; State; Zip Code  EDINBURG, TX 78539	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) RETIRED TEACHER		Employer (See Instructions) EDINBURG CISD
Date 03/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, MARSHA (Ms.) <hr/> Contributor address; City; State; Zip Code  EDINBURG, TX 78539	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) RETIRED TEACHER		Employer (See Instructions) EDINBURG CISD
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, MARSHA (Ms.) <hr/> Contributor address; City; State; Zip Code  EDINBURG, TX 78539	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) RETIRED TEACHER		Employer (See Instructions) EDINBURG CISD

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/9 Rpt: 11/29
<b>2</b> FILER NAME Edinburg AFT COPE		<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 05/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, MARSHA (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  EDINBURG, TX 78539	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED TEACHER		<b>9</b> Employer (See Instructions) EDINBURG CISD
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, MARSHA (Ms.) <hr/> Contributor address; City; State; Zip Code  EDINBURG, TX 78539	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) RETIRED TEACHER		Employer (See Instructions) EDINBURG CISD
Date 01/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VIDAL, OLGA (Ms.) <hr/> Contributor address; City; State; Zip Code  EDINBURG, TX 78540-2192	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VIDAL, OLGA (Ms.) <hr/> Contributor address; City; State; Zip Code  EDINBURG, TX 78540-2192	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 03/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VIDAL, OLGA (Ms.) <hr/> Contributor address; City; State; Zip Code  EDINBURG, TX 78540-2192	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/9 Rpt: 12/29
<b>2</b> FILER NAME Edinburg AFT COPE		<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 04/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VIDAL, OLGA (Ms.) <b>6</b> Contributor address; City; State; Zip Code  EDINBURG, TX 78540-2192	<b>7</b> Amount of Contribution (\$)  \$1.00
<b>8</b> Principal occupation / Job title (See Instructions) TEACHER		<b>9</b> Employer (See Instructions) EDINBURG CISD
Date 05/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VIDAL, OLGA (Ms.) Contributor address; City; State; Zip Code  EDINBURG, TX 78540-2192	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VIDAL, OLGA (Ms.) Contributor address; City; State; Zip Code  EDINBURG, TX 78540-2192	Amount of Contribution (\$)  \$1.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/15 Rpt: 13/29	<b>2</b> FILER NAME Edinburg AFT COPE	<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 01/31/2025	<b>5</b> Payee name ALCALA, MICHELLE (Ms.)	
<b>6</b> Amount (\$) \$0.07  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 3404 SAHARA DR APT 2  EDINBURG, TX 78541	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/28/2025	Candidate/Officeholder name ALCALA, MICHELLE (Ms.)	
Amount (\$) \$0.07  <input type="checkbox"/> Expenditure from corporate funds	Office sought 3404 SAHARA DR APT 2  EDINBURG, TX 78541	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/28/2025	Candidate/Officeholder name ALCALA, MICHELLE (Ms.)	
Amount (\$) \$0.07  <input type="checkbox"/> Expenditure from corporate funds	Office sought 3404 SAHARA DR APT 2  EDINBURG, TX 78541	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/15 Rpt: 14/29	<b>2</b> FILER NAME Edinburg AFT COPE	<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 04/30/2025	<b>5</b> Payee name ALCALA, MICHELLE (Ms.)	
<b>6</b> Amount (\$) \$0.07  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 3404 SAHARA DR APT 2  EDINBURG, TX 78541	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/29/2025	Candidate/Officeholder name ALCALA, MICHELLE (Ms.)	
Amount (\$) \$0.07  <input type="checkbox"/> Expenditure from corporate funds	Office sought 3404 SAHARA DR APT 2  EDINBURG, TX 78541	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/28/2025	Candidate/Officeholder name ALCALA, MICHELLE (Ms.)	
Amount (\$) \$0.07  <input type="checkbox"/> Expenditure from corporate funds	Office sought 3404 SAHARA DR APT 2  EDINBURG, TX 78541	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/15 Rpt: 15/29	<b>2</b> FILER NAME Edinburg AFT COPE	<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 01/29/2025	<b>5</b> Payee name CANTU, ISRAEL (Mr.)	
<b>6</b> Amount (\$) \$0.07  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1406 MARCY STREET  EDINBURG, TX 78541	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/28/2025	Candidate/Officeholder name CANTU, ISRAEL (Mr.)	
Amount (\$) \$0.07  <input type="checkbox"/> Expenditure from corporate funds	Office sought 1406 MARCY STREET  EDINBURG, TX 78541	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/28/2025	Candidate/Officeholder name CANTU, ISRAEL (Mr.)	
Amount (\$) \$0.07  <input type="checkbox"/> Expenditure from corporate funds	Office sought 1406 MARCY STREET  EDINBURG, TX 78541	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/15 Rpt: 16/29	<b>2</b> FILER NAME Edinburg AFT COPE	<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 04/30/2025	<b>5</b> Payee name CANTU, ISRAEL (Mr.)	
<b>6</b> Amount (\$) \$0.07  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1406 MARCY STREET  EDINBURG, TX 78541	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/29/2025	Candidate/Officeholder name CANTU, ISRAEL (Mr.)	
Amount (\$) \$0.07  <input type="checkbox"/> Expenditure from corporate funds	Office sought 1406 MARCY STREET  EDINBURG, TX 78541	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/28/2025	Candidate/Officeholder name CANTU, ISRAEL (Mr.)	
Amount (\$) \$0.07  <input type="checkbox"/> Expenditure from corporate funds	Office sought 1406 MARCY STREET  EDINBURG, TX 78541	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/28/2025	Candidate/Officeholder name CANTU, ISRAEL (Mr.)	
Amount (\$) \$0.07  <input type="checkbox"/> Expenditure from corporate funds	Office sought 1406 MARCY STREET  EDINBURG, TX 78541	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/15 Rpt: 17/29	<b>2</b> FILER NAME Edinburg AFT COPE	<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 01/29/2025	<b>5</b> Payee name CANTU, IVAN (Mr.)	
<b>6</b> Amount (\$) \$0.03  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 3205 LA PUERTA AVE  EDINBURG, TX 78541-4397	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/28/2025	Candidate/Officeholder name CANTU, IVAN (Mr.)	
Amount (\$) \$0.03  <input type="checkbox"/> Expenditure from corporate funds	Office sought 3205 LA PUERTA AVE  EDINBURG, TX 78541-4397	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/28/2025	Candidate/Officeholder name CANTU, IVAN (Mr.)	
Amount (\$) \$0.03  <input type="checkbox"/> Expenditure from corporate funds	Office sought 3205 LA PUERTA AVE  EDINBURG, TX 78541-4397	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/15 Rpt: 18/29	<b>2</b> FILER NAME Edinburg AFT COPE	<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 04/30/2025	<b>5</b> Payee name CANTU, IVAN (Mr.)	
<b>6</b> Amount (\$) \$0.03  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 3205 LA PUERTA AVE  EDINBURG, TX 78541-4397	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/29/2025	Candidate/Officeholder name CANTU, IVAN (Mr.)	
Amount (\$) \$0.03  <input type="checkbox"/> Expenditure from corporate funds	Office sought 3205 LA PUERTA AVE  EDINBURG, TX 78541-4397	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/28/2025	Candidate/Officeholder name CANTU, IVAN (Mr.)	
Amount (\$) \$0.03  <input type="checkbox"/> Expenditure from corporate funds	Office sought 3205 LA PUERTA AVE  EDINBURG, TX 78541-4397	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/15 Rpt: 19/29	<b>2</b> FILER NAME Edinburg AFT COPE	<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 05/30/2025	<b>5</b> Payee name CONTRERAS, ANA (Miss)	
<b>6</b> Amount (\$) \$0.19  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 4112 NORTH 43RD STREET  MCALLEN, TX 78504	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/29/2025	Candidate/Officeholder name FAUBION, ERIKA (Ms.)	
Amount (\$) \$0.04  <input type="checkbox"/> Expenditure from corporate funds	Office sought 540 BARTON DR  EDINBURG, TX 78541-1300	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/28/2025	Candidate/Officeholder name FAUBION, ERIKA (Ms.)	
Amount (\$) \$0.04  <input type="checkbox"/> Expenditure from corporate funds	Office sought 540 BARTON DR  EDINBURG, TX 78541-1300	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/15 Rpt: 20/29	<b>2</b> FILER NAME Edinburg AFT COPE	<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 03/28/2025	<b>5</b> Payee name FAUBION, ERIKA (Ms.)	
<b>6</b> Amount (\$) \$0.04  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 540 BARTON DR  EDINBURG, TX 78541-1300	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/30/2025	Candidate/Officeholder name FAUBION, ERIKA (Ms.)	
Amount (\$) \$0.04  <input type="checkbox"/> Expenditure from corporate funds	Office sought 540 BARTON DR  EDINBURG, TX 78541-1300	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/29/2025	Candidate/Officeholder name FAUBION, ERIKA (Ms.)	
Amount (\$) \$0.04  <input type="checkbox"/> Expenditure from corporate funds	Office sought 540 BARTON DR  EDINBURG, TX 78541-1300	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/15 Rpt: 21/29	<b>2</b> FILER NAME Edinburg AFT COPE	<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 06/28/2025	<b>5</b> Payee name FAUBION, ERIKA (Ms.)	
<b>6</b> Amount (\$) \$0.04  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 540 BARTON DR  EDINBURG, TX 78541-1300	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/29/2025	Candidate/Officeholder name Office sought Office held	
Payee name GARZA, DELORES (Ms.)		
Amount (\$) \$0.04  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1312 W MILE 10 N  WESLACO, TX 78599-4640	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/28/2025	Candidate/Officeholder name Office sought Office held	
Payee name GARZA, DELORES (Ms.)		
Amount (\$) \$0.04  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1312 W MILE 10 N  WESLACO, TX 78599-4640	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/15 Rpt: 22/29	<b>2</b> FILER NAME Edinburg AFT COPE	<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 03/28/2025	<b>5</b> Payee name GARZA, DELORES (Ms.)	
<b>6</b> Amount (\$) \$0.04  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1312 W MILE 10 N  WESLACO, TX 78599-4640	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name GARZA, DELORES (Ms.)		
Amount (\$) \$0.04  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1312 W MILE 10 N  WESLACO, TX 78599-4640	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/29/2025	Candidate/Officeholder name Office sought Office held	
Payee name GARZA, DELORES (Ms.)		
Amount (\$) \$0.04  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1312 W MILE 10 N  WESLACO, TX 78599-4640	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/15 Rpt: 23/29	<b>2</b> FILER NAME Edinburg AFT COPE	<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 06/28/2025	<b>5</b> Payee name GARZA, DELORES (Ms.)	
<b>6</b> Amount (\$) \$0.04  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1312 W MILE 10 N  WESLACO, TX 78599-4640	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/29/2025	Candidate/Officeholder name Office sought Office held	
Payee name GONZALEZ, MARSHA (Ms.)		
Amount (\$) \$0.01  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 603 PEBBLE CREEK APT 4  EDINBURG, TX 78539-2324	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/28/2025	Candidate/Officeholder name Office sought Office held	
Payee name GONZALEZ, MARSHA (Ms.)		
Amount (\$) \$0.01  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 603 PEBBLE CREEK APT 4  EDINBURG, TX 78539-2324	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 12/15 Rpt: 24/29	<b>2</b> FILER NAME Edinburg AFT COPE	<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 03/28/2025	<b>5</b> Payee name GONZALEZ, MARSHA (Ms.)	
<b>6</b> Amount (\$) \$0.01  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 603 PEBBLE CREEK APT 4  EDINBURG, TX 78539-2324	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/30/2025	Candidate/Officeholder name GONZALEZ, MARSHA (Ms.)	
Amount (\$) \$0.01  <input type="checkbox"/> Expenditure from corporate funds	Office sought 603 PEBBLE CREEK APT 4  EDINBURG, TX 78539-2324	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/29/2025	Candidate/Officeholder name GONZALEZ, MARSHA (Ms.)	
Amount (\$) \$0.01  <input type="checkbox"/> Expenditure from corporate funds	Office sought 603 PEBBLE CREEK APT 4  EDINBURG, TX 78539-2324	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/29/2025	Candidate/Officeholder name GONZALEZ, MARSHA (Ms.)	
Amount (\$) \$0.01  <input type="checkbox"/> Expenditure from corporate funds	Office sought 603 PEBBLE CREEK APT 4  EDINBURG, TX 78539-2324	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 13/15 Rpt: 25/29	<b>2</b> FILER NAME Edinburg AFT COPE	<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 06/28/2025	<b>5</b> Payee name GONZALEZ, MARSHA (Ms.)	
<b>6</b> Amount (\$) \$0.01  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 603 PEBBLE CREEK APT 4  EDINBURG, TX 78539-2324	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/29/2025	Candidate/Officeholder name Office sought Office held	
Payee name VIDAL, OLGA (Ms.)		
Amount (\$) \$0.01  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. BOX 2192  EDINBURG, TX 78540-2192	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/28/2025	Candidate/Officeholder name Office sought Office held	
Payee name VIDAL, OLGA (Ms.)		
Amount (\$) \$0.01  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. BOX 2192  EDINBURG, TX 78540-2192	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 14/15 Rpt: 26/29	<b>2</b> FILER NAME Edinburg AFT COPE	<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 03/28/2025	<b>5</b> Payee name VIDAL, OLGA (Ms.)	
<b>6</b> Amount (\$) \$0.01  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. BOX 2192  EDINBURG, TX 78540-2192	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name VIDAL, OLGA (Ms.)		
Amount (\$) \$0.01  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. BOX 2192  EDINBURG, TX 78540-2192	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/29/2025	Candidate/Officeholder name Office sought Office held	
Payee name VIDAL, OLGA (Ms.)		
Amount (\$) \$0.01  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. BOX 2192  EDINBURG, TX 78540-2192	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/15 Rpt: 27/29	2 FILER NAME Edinburg AFT COPE	3 Filer ID (Ethics Commission Filers) 00085732
4 Date 06/28/2025	5 Payee name VIDAL, OLGA (Ms.)	
6 Amount (\$) \$0.01  <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. BOX 2192  EDINBURG, TX 78540-2192	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PROCESSING FEE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/2 Rpt: 28/29
<b>2</b> FILER NAME Edinburg AFT COPE		<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 01/31/2025	<b>5</b> Name of person from whom amount is received Bank Of America	<b>8</b> Amount (\$) \$0.01
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  Edinburg, TX 78539	
	<b>7</b> Purpose for which amount is received INTEREST <input type="checkbox"/> Check if political contribution returned to filer	
Date 02/28/2025	Name of person from whom amount is received Bank Of America	Amount (\$) \$0.01
	Address of person from whom amount is received; City; State; Zip Code  Edinburg, TX 78539	
	Purpose for which amount is received INTEREST <input type="checkbox"/> Check if political contribution returned to filer	
Date 03/31/2025	Name of person from whom amount is received Bank Of America	Amount (\$) \$0.01
	Address of person from whom amount is received; City; State; Zip Code  Edinburg, TX 78539	
	Purpose for which amount is received INTEREST <input type="checkbox"/> Check if political contribution returned to filer	
Date 04/30/2025	Name of person from whom amount is received Bank Of America	Amount (\$) \$0.01
	Address of person from whom amount is received; City; State; Zip Code  Edinburg, TX 78539	
	Purpose for which amount is received INTEREST <input type="checkbox"/> Check if political contribution returned to filer	
Date 05/30/2025	Name of person from whom amount is received Bank Of America	Amount (\$) \$0.01
	Address of person from whom amount is received; City; State; Zip Code  Edinburg, TX 78539	
	Purpose for which amount is received INTEREST <input type="checkbox"/> Check if political contribution returned to filer	

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

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:  
Sch: 2/2 Rpt: 29/29

2 FILER NAME  
Edinburg AFT COPE

3 Filer ID (Ethics Commission Filers)  
00085732

4 Date  
06/30/2025

5 Name of person from whom amount is received  
Bank Of America

8 Amount (\$)  
\$0.01

6 Address of person from whom amount is received; City; State; Zip Code

Edinburg, TX 78539

7 Purpose for which amount is received  
INTEREST

☐ Check if political contribution returned to filer