FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00080188 22 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Librado K. NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 NICKNAME LAST **SUFFIX** Keno Vasquez CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Ricardo L. NAME NICKNAME LAST **SUFFIX** Rick Salinas **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 584-3900 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 398 Hidalgo

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 22

13 C / OH NAME	Vasquez, Librado K.	(The Honorable)		14 Filer ID 00080188	(Ethics Con	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures in	accepted or political expenditumay have been made without to a report this information	he candidate's or offic	ceholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	 _			
Ш	GENERAL					
		COMMITTEE ADDF	RESS			
	SPECIFIC					
		COMMITTEE CAME	PAIGN TREASURER NAME			
		COMMITTEE CAMP	PAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CO	 NTRIBUTIONS(OTHER THAN	I PLEDGES. LOANS.		
TOTALS	OR GUARANTE		CONTRIBUTIONS MADE ELEC		\$	0.00
		ICAL CONTRIBUT PLEDGES, LOANS,	TIONS OR GUARANTEES OF LOANS	5)	\$	0.00
EXPENDITURE TOTALS	<u> </u>	IZED POLITICAL EX		-,	\$	0.00
	4. TOTAL POLIT	ICAL EXPENDITU	RES		\$	21,158.66
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		S MAINTAINED AS OF THE LA	AST DAY OF THE	\$	265,108.94
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		L OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT						
		tı	swear, or affirm, under penalty rue and correct and includes al Inder Title 15, Election Code.			
		_	The Honora	ble Librado K. Vas	quez	
			Signature of	Candidate or Officeh	older	
AFFIX NO	TARY STAMP / SEAL ABO	OVE				
				, this the		day
of	, 20, to ce	ertify which, witness r	ny hand and seal of office.			
Signature of office	cer administering oath	Printed name o	f officer administering oath	Title of offic	er administer	ing oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			CC	3 of 22					
l	18 FILER NAME Vasquez, Librado K. (The Honorable) 19 Filer ID (Ethics Commission Filers) 00080188								
20 SC NA	HEDULI ME OF	SUBTOTAL AMOUNT							
1.		SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$					
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$					
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$					
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 21,158.66					
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$					
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$					
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$					
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$					

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorial Legal Services	s Expense	Printing Exp Salaries/Wa		se s/Contract Labor		Travel Out of Dis OTHER (enter a		ed above)
	orean oura rayment		The Instruction G	uide explains	how to con	nple	ete this form.				
1	Total pages Schedule F1:	2 FILE	R NAME					3	Filer ID	(Ethics Com	mission Filers)
	Sch: 1/19 Rpt: 4/22	Vaso	quez, Librado K. (The	Honorable)					00080188		
4	Date	1 1	e name								
	05/27/2025	7 Be	ans, LLC								
6	Amount (\$)	7 Paye	e address; City;	State;	; Zip Cod	le					
	\$411.75	1803	S McColl Rd								
		Edin	burg, TX 78539								
8	PURPOSE	(a) Cate	gory (See Categories listed at	the top of this sch	edule) ((b)	Description				
	OF EXPENDITURE		l/Beverage Expense				_		de of Texas. Com		
									officeholder living	expense	
							Protrait Hang	irig	Even		
_	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:				200				000		
9	Complete ONLY if direct expenditure to benefit C/OI		date/Officeholder name	C	Office soug	ht			Office he	eld	
	Date	Paye	e name								
	01/15/2025	A&E	Sports Embroidery So	reen Printin	ıg						
	Amount (\$)	Paye	e address; City;	State;	; Zip Cod	le					
	\$391.05	1106	S. Closner Blvd								
		Edin	burg, TX 78539								
	PURPOSE	(a) Cate	gory (See Categories listed at	the top of this sch	edule) ((b)	Description				
	OF EXPENDITURE	ı	ing Expense						de of Texas. Com		
							_		officeholder living	expense	
							Campaign sh	11115			
	Complete ONLY if direct	Candid	date/Officeholder name		Office cour	ht			Office he	vid.	
	Complete ONLY if direct expenditure to benefit C/OI		date/Officeriolider flame		Office soug	III			Office file	iu	
	Date	1 1	e name								
	05/20/2025		nar Bread, LLC								
	Amount (\$)		e address; City;	State;	; Zip Cod	le					
	\$545.00	6816	S S Cage Blvd								
		Phar	r, TX 78577								
	PURPOSE	(a) Cate	gory (See Categories listed at	the top of this sch	edule) ((b)	Description				
	OF EXPENDITURE	Food	d/Beverage Expense						de of Texas. Com officeholder living		
							Protriat Hang			expense	
								9			
	Complete ONLY if direct	Candid	date/Officeholder name		Office soug	ht			Office he	eld.	
	expenditure to benefit C/OI		acco, Omocnoloci name		Jilioc Soug	,,,,,			Office He		

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

sement Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

Travel in District

Travel Out of District

OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/19 Rpt: 5/22	Vasquez, Librado K. (The Honorable) 00080188
4	Date	5 Payee name
	02/24/2025	Badillo, Eddie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$80.00	11302 N 2nd Street
		Edinburg, TX 78542
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Baseball Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/02/2025	Circle K
	Amount (\$)	Payee address; City; State; Zip Code
	\$81.27	2808 S 23rd
		McAllen, TX 78501
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		GOTV
	Complete ONLY if direct	Condidate/Office holder name Office accepts
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/04/2025	El Tigre #22
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.98	5925-TX 107
		Mission TV 70579
		Mission, TX 78572
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel in district Check if Austin, TX, officeholder living expense
		GOTV
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	7
_		

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/19 Rpt: 6/22	Vasquez, Librado K. (The Honorable) 00080188
4	Date	5 Payee name
	01/10/2025	El Tigre #27
6	Amount (\$) \$52.06	7 Payee address; City; State; Zip Code 3301 N Shary Rd Mission, TX 78573
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign GOTV
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/24/2025	El Tigre #27
	Amount (\$) \$92.38	Payee address; City; State; Zip Code 3301 N Shary Rd Mission, TX 78573
	DUDDOCE	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GOTV
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/18/2025	El Tigre #27
	Amount (\$) \$84.56	Payee address; City; State; Zip Code 3301 N Shary Rd
		Mission, TX 78573
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense GOTV
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 4/19 Rpt: 7/22	Vasquez, Librado K. (The Honorable) 00080188
4	Date	5 Payee name
	02/28/2025	El Tigre #27
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$73.36	3301 N Shary Rd
		Mission, TX 78573
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense GOTV
		GOTV
_	Operation ONLY if allowed	On did to 10 ff as hald a grant Off as south
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	03/11/2025	El Tigre #27
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.11	3301 N Shary Rd
		Mission, TX 78573
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense GOTV
		SCIV
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	5 .	
	Date	Payee name
	03/19/2025	El Tigre #27
	Amount (\$)	Payee address; City; State; Zip Code
	\$88.11	3301 N Shary Rd
		Mission, TX 78573
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		GOTV
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to belieff 6/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OT USE (or the Expense and Expense and Expense)

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/19 Rpt: 8/22	Vasquez, Librado K. (The Honorable) 00080188
4	Date	5 Payee name
	03/27/2025	El Tigre #27
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$80.18	3301 N Shary Rd
		Mission, TX 78573
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		GOTV
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/14/2025	El Tigre #27
	Amount (\$)	Payee address; City; State; Zip Code
	\$87.53	3301 N Shary Rd
		Mission, TX 78573
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	ZAI ZABITORZ	Check if Austin, TX, officeholder living expense
		GOTV
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
	Date	Payee name
	05/19/2025	El Tigre #27
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.46	3301 N Shary Rd
		Mission, TX 78573
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		GOTV-MEETING
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 6/19 Rpt: 9/22	Vasquez, Librado K. (The Honorable) 00080188			
4	Date	5 Payee name			
	05/29/2025	El Tigre #27			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$74.23	3301 N Shary Rd			
		Mission, TX 78573			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		GOTV			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
_	Data				
	Date	Payee name			
	06/09/2025	El Tigre #27			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$84.96	3301 N Shary Rd			
		Mission, TX 78573			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense GOTV			
		GOTV			
	Compulate ONLY if direct	Condidate/Officeholder name Office sought Office hold			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	06/24/2025	El Tigre #27			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$93.41	3301 N Shary Rd			
		Mission, TX 78573			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.			
	EXI ENDITORE	Check if Austin, TX, officeholder living expense			
		GOTV			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held			
	experialitate to betterit 6/011				

SCHEDULE F1

Advertising Expense

Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Bалкing Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Food/Memorials Expense	Onlice Overnead/Kental Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	The Instruction Guide explains ho	w to complete this form.	
1 Total pages Schedule F1: Sch: 7/19 Rpt: 10/22	2 FILER NAME Vasquez, Librado K. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00080188
4 Date	5 Payee name		<u> </u>
01/31/2025	Flores, Rosie		
6 Amount (\$) \$350.00	7 Payee address; City; State; 820 Imelda St.	Zip Code	
	Edinburg, TX 78541		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Advertising Expense	Check if travel	I outside of Texas. Complete Schedule T. n, TX, officeholder living expense e Rio
Complete ONLY if direct expenditure to benefit C/OF		ice sought	Office held
Date 03/05/2025	Payee name Girl Scout Troop-Troop 3004		
Amount (\$) \$576.00	Payee address; City; State; 5317 N McColl Rd McAllen, TX 78501	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Advertising Expense	Check if travel	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense Donation
Complete ONLY if direct expenditure to benefit C/OF		ice sought	Office held
Date 03/31/2025	Payee name HOME GOODS		
Amount (\$) \$342.41	Payee address; City; State; 700 E Expressway	Zip Code	
	McAllen, TX 78501		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Office Overhead/Rental Expense	Check if travel	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense re
Complete ONLY if direct expenditure to benefit C/Oh		ice sought	Office held
Forms provided by Texas E	thics Commission www.ethics.sta	ate.tx.us	Version V4.1.0.f10d0fd8

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/19 Rpt: 11/22	Vasquez, Librado K. (The Honorable) 00080188
4 Date	5 Payee name
04/15/2025	Halls of Ivy
6 Amount (\$) \$1,531.55	7 Payee address; City; State; Zip Code 819 East Eller Ave
	Pharr, TX 78577
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation 501 (c) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Swing for Autism Golf Tournament
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
01/03/2025	Hidalgo County Bar Association
Amount (\$) \$75.00	Payee address; City; State; Zip Code 323 W Cano St
DUDDOCE	Edinburg, TX 78539
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 Bar Association Fees
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 05/12/2025	Payee name Hinojosa, Iris
Amount (\$) \$500.00	Payee address; City; State; Zip Code 418 E La Vista Ave Apt D McAllen, TX 78501
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Miranda Hinojosa -Donation
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/19 Rpt: 12/22	Vasquez, Librado K. (The Honorable) 00080188
4	Date	5 Payee name
	03/31/2025	ISLA GRAND
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$133.99	500 PADRE BLVD
		South Padre Island, TX 78597
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CLE
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
⊨		
	Date	Payee name
L	02/06/2025	Koko's Mexican Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$123.95	6100 N 10th St
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign Meeting
┡	Operation ONE V if dispert	Occasional Office health and a second of the
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
┕		
	Date	Payee name
	04/17/2025	Koko's Mexican Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$173.39	6100 N 10th St
l		
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Food/Beverage Expense
l	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Meeting
dash	Complete Chilly's "	Condidate Office helder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
ldash	,	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 10/19 Rpt: 13/22 Vasquez, Librado K. (The Honorable) 00080188 4 Date Payee name 04/25/2025 Koko's Mexican Restaurant 6 Amount (\$) Payee address; City; State; Zip Code \$1,250.87 6100 N 10th St McAllen, TX 78504 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campagin Meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/30/2025 Koko's Mexican Restaurant Amount (\$) Payee address; City; State; Zip Code \$7,493.99 6100 N 10th St McAllen, TX 78504 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense CAMPAIGN MEETING Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/01/2025 Lowe's Amount (\$) Payee address; City: State; Zip Code \$863.79 2802 W University Dr. Edinburg, TX 78539 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense office furniture Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/19 Rpt: 14/22	Vasquez, Librado K. (The Honorable) 00080188
4	Date	5 Payee name
	03/26/2025	Ortega, Sonja
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	908 W Iroquois Ave
		Pharr, TX 78577
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CLE-SPI
		GEE SI I
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
L		
	Date	Payee name
	02/11/2025	Palenque Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$358.17	615 E Trenton
		Edinburg, TX 78539
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		GOTV
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	D .	
	Date	Payee name
	02/19/2025	Pena, Rosa
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	1308 Andrew St.
		San Juan, TX 78589
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		GOTV
	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to belieff 6/01	•

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		Legal Services The Instruction Guide	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed at	oove)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 12/19 Rpt: 15/22	Vasquez, I	ibrado K. (The Ho	norable)				00080188		
4	Date	5 Payee name	e							
	04/01/2025	Reyna, Ma	ribel							
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip Co	ode					
	\$1,000.00	1119 Sunc	lance Dr. Edinburg	Texas 78542						
		Edinburg,	TX 78542							
8	PURPOSE	(a) Category (See Categories listed at the to	pp of this schedule)	(b)	Description				
	OF EXPENDITURE	Salaries/W	ages/Contract Labo	or		므		de of Texas. Com , officeholder living	plete Schedule T.	
						Contract Laboration				
								31		
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ught			Office he	eld	
L										
	Date	Payee name								
	03/10/2025	Robert Vel	a Baseball Booster							
	Amount (\$)	Payee addr	-	State; Zip Co	ode					
	\$400.00	801 E Can	ton							
		Edinburg,	TX 78539							
	PURPOSE OF	(a) Category (See Categories listed at the to	pp of this schedule)	(b)	Description				
	EXPENDITURE	Advertisino	g Expense			=		de of Texas. Com officeholder living	plete Schedule T.	
						Booster Dona			у схрензе	
Н	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	ught			Office he	eld	
	expenditure to benefit C/OI	H								
	Date	Payee name	9							
	02/24/2025	Robert Vel	a Track Booster							
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode					
	\$50.00	801 E Can	ton							
		Edinburg,	TX 78539							
	PURPOSE	(a) Category (See Categories listed at the to	pp of this schedule)	(b)	Description				
	OF EXPENDITURE	Advertisinç	g Expense						plete Schedule T.	
						Track Booste		officeholder living	g expense	
						וומטא שטטטופ	1 L	onanon		
\vdash	Complete ONLY if direct	I Candidate/∩f	ficeholder name	Office sou	<u>l</u> uaht			Office h	eld	
	expenditure to benefit C/OI			511100 300	y			200 11	= · =:	
\vdash										
L										

SCHEDULE F1

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract La	, , , , , , , , , , , , , , , , , , , ,
atal pagas Cabadula F1:	<u> </u>	
		3 Filer ID (Ethics Commission Filers)
ch: 13/19 Rpt: 16/22	Vasquez, Librado K. (The Honorable)	00080188
ate	5 Payee name	
3/28/2025	SAPPHIRE CONDO	
	7 Davida addressa. Citris Cada	
` '	1	
\$172.82	310A Padre Blvd	
	South Padre Island, TX 78597	
PUPPOCE		
EXPENDITURE	Liverit Expense	if travel outside of Texas. Complete Schedule T.
	l	if Austin, TX, officeholder living expense
	CLE	
omplete ONLY if direct	Candidate/Officeholder name Office sought	Office held
kpenditure to benefit C/OI	H	
ato	Davis name	
	l	
1/03/2025	STAR STURAGE	
mount (\$)	Payee address; City; State; Zip Code	
\$90.00	2201 E. GRIFFIN PKWY	
	MICCION TV 70572	
	WISSION, 1X 76572	
	(a) Category (See Categories listed at the top of this schedule) (b) Descript	ion
	Office Overhead/Nertial Expense	if travel outside of Texas. Complete Schedule T.
	I — I — I	if Austin, TX, officeholder living expense
	Campa	ign Signs/Storage
omplete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought	Office held
penditure to benefit C/OI	Н	
oto.	D	
	l ,	
2/04/2025	STAR STORAGE	
mount (\$)	Payee address; City; State; Zip Code	
\$90.00	2201 E. GRIFFIN PKWY	
	MICCION TV 70570	
	MISSION, TX 78572	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descript	ion
OF	(a) Category (See Categories listed at the top of this schedule) (b) Descript Fees Check	if travel outside of Texas. Complete Schedule T.
	(a) Category (See Categories listed at the top of this schedule) Fees (b) Descript Check Check	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Descript Check Check	if travel outside of Texas. Complete Schedule T.
OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Descript Check Check	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Descript Check Check	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Descript Check Campa Candidate/Officeholder name Office sought	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense ign Signs/Storage
OF EXPENDITURE omplete ONLY if direct	(a) Category (See Categories listed at the top of this schedule) Fees (b) Descript Check Campa Candidate/Officeholder name Office sought	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense ign Signs/Storage
OF EXPENDITURE omplete ONLY if direct	(a) Category (See Categories listed at the top of this schedule) Fees (b) Descript Check Campa Candidate/Officeholder name Office sought	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense ign Signs/Storage
	Candidate/Officeholder/Political redit Card Payment Ital pages Schedule F1: Ch: 13/19 Rpt: 16/22 Iteleste S/28/2025 Inount (\$) PURPOSE OF CAPENDITURE Implete ONLY if direct penditure to benefit C/O atte Inount (\$) PURPOSE OF CAPENDITURE Implete ONLY if direct penditure to benefit C/O atte Implete ONLY if direct penditure to benefit C/O atte Implete ONLY if direct penditure to benefit C/O atte Implete ONLY if direct penditure to benefit C/O atte Implete ONLY if direct penditure to benefit C/O atte Implete ONLY if direct penditure to benefit C/O atte Implete ONLY if direct penditure to benefit C/O atte Implete ONLY if direct penditure to benefit C/O atte Implete ONLY if direct penditure to benefit C/O atte Implete ONLY if direct penditure to benefit C/O atte Implete ONLY if direct penditure to benefit C/O atte	Candidate/Officeholder/Office Salaries/Wages/Contract Legal Services The Instruction Guide explains how to complete this for the Instruction Guide explains how to complete this for the Instruction Guide explains how to complete this for the Instruction Guide explains how to complete this for the Instruction Guide explains how to complete this for the Instruction Guide explains how to complete this for the Instruction Guide explains how to complete this for the Instruction Guide explains how to complete this for the Instruction Guide explains how to complete this for the Instruction Guide explains how to complete this for the Instruction Guide explains how to complete this for the Instruction Guide explains how to complete this for the Instruction Guide explains how to complete this for the Instruction Guide explains how to complete this for the Instruction Guide explains how to complete this for the Instruction Guide explains how to complete this for the Instruction Guide explains how to complete this for the Instruction Guide explains how to complete this for the Instruction Guide explains how to complete this for the Instruction Guide Explains how to complete this for the Instruction Guide Explains how to complete the Instruction Guide Explains how to complete Guide Explains how to complete the Instruction Guide Explains how the Instruction Guide Explains how the Instruction Guide Explains how the Instruction

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/19 Rpt: 17/22	Vasquez, Librado K. (The Honorable) 00080188
4	Date	5 Payee name
	03/04/2025	STAR STORAGE
6	Amount (\$) \$90.00	7 Payee address; City; State; Zip Code 2201 E. GRIFFIN PKWY
		MISSION, TX 78572
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CAMPAIGN SIGNS/STORAGE
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/03/2025	STAR STORAGE
	Amount (\$) \$90.00	Payee address; City; State; Zip Code 2201 E. GRIFFIN PKWY
		MISSION, TX 78572
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CAMPAIGN SIGNS/STORAGE
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/05/2025	STAR STORAGE
	Amount (\$) \$90.00	Payee address; City; State; Zip Code 2201 E. GRIFFIN PKWY
		MISSION, TX 78572
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campagin Sign/Storage
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political 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	ll Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/19 Rpt: 18/22	Vasquez, Librado K. (The Honorable) 00080188
4	Date	5 Payee name
	06/03/2025	STAR STORAGE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$90.00	2201 E. GRIFFIN PKWY
		MISSION, TX 78572
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CAMPAIGN SIGN/STORAGE
		GAWII ANGINATON NGE
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	the state of the s
	D :	
	Date	Payee name
	04/29/2025	STX-Hoopsters
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1105 Fern Ave
		McAllen, TX 78501
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense
		Sponsor/Donation Basketball
	Operation ONLY if allowed	Our stide to 10 ff as health are now as the control of the control
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	05/12/2025	Sam's Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$630.32	1400 E Jackson Ave.
		McAllen, TX 78501
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Protrait Hanging
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/19 Rpt: 19/22	Vasquez, Librado K. (The Honorable) 00080188
4	Date	5 Payee name
l	06/11/2025	Shipley Do-Nuts
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$38.03	1922 W University
l		
		Edinburg, TX 78539
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Portrait Hanging Event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	04/30/2025	Superior Oil
H	Amount (\$)	Payee address; City; State; Zip Code
l	\$99.85	710 N Shary Rd
l		
		Mission, TX 78572
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
l		Expense Check if Austin, TX, officeholder living expense Vehicle Maintance
		Vollido Malitario
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	03/24/2025	Target
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$73.53	3600 N 10th St
l		
		McAllen, TX 78501
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense GOTV/SHIRTS
		OST VIGINITIES
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 17/19 Rpt: 20/22	Vasquez, Librado K. (The Honorable) 00080188
4	Date	5 Payee name
	02/06/2025	Team Mario
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	PO Box 2985
		Edinburg, TX 78541
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Autism
		Auton
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	the state of the s
⊨	Date	Payee name
	02/03/2025	Turbo Lube
L		
	Amount (\$)	
	\$106.06	2908 N Conway
		Mission, TX 78572
	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
		Travel Expense
		Thavel Expense
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	03/17/2025	Vasquez, Keno
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	2308 Windcrest Lane
	Ψ130.00	2000 Winderest Lane
		Dolmhuret TV 79572
L	DUDDOOT.	Palmhurst, TX 78573
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		RGVLS Re-imburse Fee
1		
一	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	
一		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 18/19 Rpt: 21/22	Vasquez, Librado K. (The Honorable) 00080188	
4	Date	5 Payee name	
	03/31/2025	Vazaldua, Paul	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$250.00	205 W Iris	
		McAllen, TX 78501	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Reimburse/Sponsor (West Event)	
		Normburse/Opensor (West Event)	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/O		
	Date	Payee name	_
	05/12/2025	Vazaldua, Paul	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$139.08	205 W Iris	
		McAllen, TX 78501	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Advertising/Printing Invites	
		Protriat Hanging Event	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/O		
	Date	Payee name	=
	04/01/2025	Villegas, Vanessa	
	Amount (\$)	Payee address; City; State; Zip Code	-
	\$190.00	20475 Mile 6 W	
		Edcouch , TX 78538	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Advertising Expense	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Donation-EE	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	Complete ONLY if direct expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·	
\vdash	•		_
1			

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 Gift/Awards/Memorials Expens Legal Services The Instruction Guide ea	Salaries/V	kpense /ages/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	
1	Total pages Cabadula F4:	2 FILED NAS		,	, u 1011111	12	Filer ID	(Ethics Commission Filers)
1	Total pages Schedule F1: Sch: 19/19 Rpt: 22/22	1	ı⊑ Librado K. (The Hono	orable)		3	00080188	(Ethics Commission Filers)
4	Date	5 Payee nam	e					
	05/21/2025	Walmart						
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip Co	de			
	\$81.46	2800 W N						
8	PURPOSE	McAllen, T			(b) Description			
•	OF EXPENDITURE		See Categories listed at the top o	of this schedule)	Check if trav	tin, TX	side of Texas. Com	
9	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office sou	ght		Office he	eld