

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM JC/OH
COVER SHEET PG 1**

| | | | | | | |
|---|--|-----------------------------------|--|---|--------|----------|
| The JC/OH Instruction Guide explains how to complete this form. | | | 1 Filer ID (Ethics Commission Filers) 00041242 | 2 Total pages filed: 8 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST The Honorable Leticia | MI | OFFICE USE ONLY | | |
| | NICKNAME | LAST Letty | SUFFIX Lopez | Date Received ELECTRONICALLY FILED 01/09/2026 | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE | | | Date Hand-delivered or Date Postmarked | | |
| | REDACTED PER 254.0313, GOVT CODE | | | Receipt # | Amount | |
| | | | | Date Processed | | |
| | | | | Date Imaged | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST Mr. | MI | | | |
| | NICKNAME | LAST Raul | SUFFIX | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); | | APT / SUITE #; | CITY; | STATE; | ZIP CODE |
| | REDACTED PER 254.0313, GOVT CODE | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE (956) 383-2712 | PHONE NUMBER 11/05/2024 | EXTENSION | | | |
| 8 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | | | |
| 9 PERIOD COVERED | Month 07/01/2025 | Day | Year | Month 12/31/2025 | Day | Year |
| 10 ELECTION | ELECTION DATE Month 11/05/2024 | Day | Year | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | |
| 11 OFFICE | OFFICE HELD (if any) District Judge District 389 Hidalgo | | | 12 OFFICE SOUGHT (if known) District Judge District 389 | | |

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**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM JC/OH
COVER SHEET PG 2**

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| | | | | | | | | | | | | | | | |
|--|---|--|---|---|----------------|----------------|--|----------------------------------|-------------------|--|-----------------------------------|-----------------------------------|--|--|--------------------------------------|
| 13 C / OH NAME | Lopez, Leticia (The Honorable) | | 14 Filer ID (Ethics Commission Filers) 00041242 | | | | | | | | | | | | |
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | <p>This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.</p> <table border="1"> <tr> <td><input type="checkbox"/> Additional Pages</td> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td></td> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> | | | <input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| <input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | | | | | | | | | | | |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | | | | | | | | | | | | | |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | | | | | | | | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | | | | | | | | | |
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | | \$ 0.00 | | | | | | | | | | | | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | | \$ 0.00 | | | | | | | | | | | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | \$ 0.00 | | | | | | | | | | | | |
| | 4. TOTAL POLITICAL EXPENDITURES | | \$ 1,450.00 | | | | | | | | | | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 262,848.75 | | | | | | | | | | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 0.00 | | | | | | | | | | | | |
| 17 AFFIDAVIT | | | | | | | | | | | | | | | |
| <p>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.</p> <p style="text-align: right;">The Honorable Leticia Lopez</p> <hr/> <p style="text-align: right;">Signature of Candidate or Officeholder</p> | | | | | | | | | | | | | | | |
| AFFIX NOTARY STAMP / SEAL ABOVE | | | | | | | | | | | | | | | |
| <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p> | | | | | | | | | | | | | | | |
| Signature of officer administering oath | | Printed name of officer administering oath | Title of officer administering oath | | | | | | | | | | | | |

SUBTOTALS - JC/OH**FORM JC/OH
COVER SHEET PG 3**

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| | |
|---|--|
| 18 FILER NAME Lopez, Leticia (The Honorable) | 19 Filer ID (Ethics Commission Filers) 00041242 |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | |
| 1. <input type="checkbox"/> SCHEDULE A(J): MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) | |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | |
| 3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) | |
| 4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL) | |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | |
| 7. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | |
| 12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | |
| SUBTOTAL AMOUNT | |
| \$ | |
| \$ | |
| \$ | |
| \$ | |
| \$ 1,450.00 | |
| \$ | |
| \$ 249,091.50 | |
| \$ | |
| \$ | |
| \$ | |
| \$ | |
| \$ | |
| \$ 3,405.92 | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 1/2 Rpt: 4/8 | 2 FILER NAME Lopez, Leticia (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00041242 |
| 4 Date 08/01/2025 | 5 Payee name Diocesan | |
| 6 Amount (\$) \$445.00 | 7 Payee address; City; State; Zip Code PO Box 140285 Austin, TX 78714 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising in Church Bulletin |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 09/26/2025 | Payee name Driscoll Children's Hospital | |
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code 3533 South Alameda St. Corpus Christi, TX 78411 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable Contribution |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 07/27/2025 | Payee name IBC Bank | |
| Amount (\$) \$5.00 | Payee address; City; State; Zip Code One S. Broadway McAllen, TX 78501 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service fee on Account |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 2/2 Rpt: 5/8 | 2 FILER NAME Lopez, Leticia (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00041242 |
| 4 Date 12/09/2025 | 5 Payee name Monte Alto Recreation Center | |
| 6 Amount (\$) \$500.00 | 7 Payee address; City; 8435 Mateo Escobar Monte Alto, TX 78538 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable Contribution |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule F3: Sch: 1/1 Rpt: 6/8 |
| 2 FILER NAME Lopez, Leticia (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00041242 |
| 4 Date 11/10/2025 | 5 Name of person from whom investment is purchased Frost Bank McAllen-North | |
| | 6 Address of person from whom investment is purchased; City; State; Zip Code 1901 W. Nolana Ave. | |
| | McAllen, TX 78504 | |
| | 7 Description of investment Certificate of Deposit | |
| 8 Amount of investment (\$) 85,523.47 | | |
| | Date 10/24/2025 | Name of person from whom investment is purchased Lone Star National Bank |
| | | Address of person from whom investment is purchased; City; State; Zip Code 1901 W. Nolana Ave. |
| | | McAllen, TX 78504 |
| 9 Description of investment Certificate of Deposit | | |
| 10 Amount of investment (\$) 163,568.03 | | |

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

SCHEDULE K

| | | |
|---|---|--|
| <p>The Instruction Guide explains how to complete this form.</p> | | <p>1 Total pages Schedule K: Sch: 1/1 Rpt: 7/8</p> |
| <p>2 FILER NAME Lopez, Leticia (The Honorable)</p> | | <p>3 Filer ID (Ethics Commission Filers) 00041242</p> |
| <p>4 Date 08/02/2025</p> | <p>5 Name of person from whom amount is received Frost Bank McAllen-North</p> | <p>8 Amount (\$) \$715.32</p> |
| | <p>6 Address of person from whom amount is received; City; State; Zip Code McAllen, TX 78504</p> | |
| | <p>7 Purpose for which amount is received Interest earned on Certificate of Deposit</p> | <input type="checkbox"/> Check if political contribution returned to filer |
| <p>Date 10/31/2025</p> | <p>Name of person from whom amount is received Frost Bank McAllen-North</p> | <p>Amount (\$) \$721.40</p> |
| | <p>Address of person from whom amount is received; City; State; Zip Code McAllen, TX 78504</p> | |
| | <p>Purpose for which amount is received Interest earned on Certificate of Deposit</p> | <input type="checkbox"/> Check if political contribution returned to filer |
| <p>Date 07/25/2025</p> | <p>Name of person from whom amount is received Lone Star National Bank</p> | <p>Amount (\$) \$503.61</p> |
| | <p>Address of person from whom amount is received; City; State; Zip Code McAllen, TX 78504</p> | |
| | <p>Purpose for which amount is received Interest earned on Certificate of Deposit</p> | <input type="checkbox"/> Check if political contribution returned to filer |
| <p>Date 10/24/2025</p> | <p>Name of person from whom amount is received Lone Star National Bank</p> | <p>Amount (\$) \$1,465.59</p> |
| | <p>Address of person from whom amount is received; City; State; Zip Code McAllen, TX 78504</p> | |
| | <p>Purpose for which amount is received Interest earned on Certificate of Deposit</p> | <input type="checkbox"/> Check if political contribution returned to filer |

Assets Purchased with Political Contributions and On Hand As of The Last Day of The Reporting Period

SCHEDULE M

The Instruction Guide explains how to complete this form.

1 Total pages Schedule M:
Sch: 1/1 Rpt: 8/8

2 FILER NAME
Lopez, Leticia (The Honorable)

3 Filer ID (Ethics Commission Filers)
00041242

4 Description of Asset
Checking Account from IBC Bank

4 Description of Asset
Certificate of Deposit from Lone Star National Bank

4 Description of Asset
Certificate of Deposit from Frost Bank