

**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) 00085657	2 Total pages filed: 16
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs. Celina Marie			OFFICE USE ONLY
	NICKNAME LAST SUFFIX Lopez Leon			Date Received ELECTRONICALLY FILED 01/15/2026
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 226 S. Tancahua			Date Hand-delivered or Date Postmarked
	Corpus Christi, TX 78401			Receipt # <input type="text"/> Amount <input type="text"/>
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. Matthew S.			MI
	NICKNAME LAST SUFFIX Matt Manning			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 710 N. Mesquite St.			APT / SUITE #; CITY; STATE; ZIP CODE
	Corpus Christi, TX 78401			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 887-1034			
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 Day Year 07/01/2025		Month Day Year 12/31/2025	
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) District Judge District 94	

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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 Leon, Celina Marie (Mrs.)		14 Filer ID (Ethics Commission Filers) 00085657												
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)		\$ 1,142.71												
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 13,037.71												
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 467.40												
	4. TOTAL POLITICAL EXPENDITURES		\$ 10,484.62												
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 7,503.56												
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 500.00												
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;">_____ Mrs. Celina Marie Lopez Leon _____ Signature of Candidate or Officeholder</p>															
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 - JC/OH**FORM JC/OH
COVER SHEET PG 3**

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18 FILER NAME Lopez Leon, Celina Marie (Mrs.)	19 Filer ID (Ethics Commission Filers) 00085657
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A(J): MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$ 13,037.71	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$	
4. <input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL) \$ 500.00	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 5,909.15	
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 178.61	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$	
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 2,023.43	
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ 2,373.43	
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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/6 Rpt: 4/16
2 FILER NAME Lopez Leon, Celina Marie (Mrs.)		3 Filer ID (Ethics Commission Filers) 00085657
4 Date 09/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calderon, Anselmo Jose 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413	7 Amount of Contribution (\$) \$200.00
	8 Contributor's Principal Occupation Retired	9 Contributor's Job Title Retired
10 Contributor's employer/law firm Retired		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/30/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clair, Carol Contributor address; City; State; Zip Code Corpus Christi, TX 78418		Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Retired Military		Contributor's Job Title Retired
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/01/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goff, Phillip (Prof.) Contributor address; City; State; Zip Code Corpus Christi, TX 78412		Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney/Owner
Contributor's employer/law firm Law Office of Phillip W. Goff		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/6 Rpt: 5/16
2 FILER NAME Lopez Leon, Celina Marie (Mrs.)		3 Filer ID (Ethics Commission Filers) 00085657
4 Date 09/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Esperanza 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78416	7 Amount of Contribution (\$) \$20.00
8 Contributor's Principal Occupation N/A		9 Contributor's Job Title N/A
10 Contributor's employer/law firm N/A		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/30/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Ryan Contributor address; City; State; Zip Code Boerne, TX 78015		Amount of Contribution (\$) \$200.00
Contributor's Principal Occupation Business Owner		Contributor's Job Title Business Development Manager
Contributor's employer/law firm Synergy Recruiting Group, LLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/04/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of James B. Ragan Contributor address; City; State; Zip Code Corpus Christi, TX 78401		Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/6 Rpt: 6/16
2 FILER NAME Lopez Leon, Celina Marie (Mrs.)		3 Filer ID (Ethics Commission Filers) 00085657
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Jason Wolf, PLLC 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78401	7 Amount of Contribution (\$) \$1,500.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/30/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linebarger Goggan Blair & Sampson, LLP Contributor address; City; State; Zip Code Austin, TX 78760		Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/30/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manning, Matt Contributor address; City; State; Zip Code Corpus Christi, TX 78412		Amount of Contribution (\$) \$2,500.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Partner
Contributor's employer/law firm Webb, Cason, & Manning		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/6 Rpt: 7/16	
2 FILER NAME Lopez Leon, Celina Marie (Mrs.)		3 Filer ID (Ethics Commission Filers) 00085657	
4 Date 09/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Richard 6 Contributor address; City; State; Zip Code Corpus Christi , TX 78418	7 Amount of Contribution (\$) \$50.00	
8 Contributor's Principal Occupation Retired		9 Contributor's Job Title Retired	
10 Contributor's employer/law firm Retired		11 Law firm of contributor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)			
Date 09/30/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Michael Contributor address; City; State; Zip Code Corpus Christi, TX 78412	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Construction		Contributor's Job Title Vice President	
Contributor's employer/law firm Teal Construction		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 09/30/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piratis Pizzeria Contributor address; City; State; Zip Code Corpus Christi, TX 78467	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation		Contributor's Job Title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A(J)1: Sch: 5/6 Rpt: 8/16</p>
<p>2 FILER NAME Lopez Leon, Celina Marie (Mrs.)</p>		<p>3 Filer ID (Ethics Commission Filers) 00085657</p>
<p>4 Date 09/29/2025</p>	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Craig 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78418</p>	<p>7 Amount of Contribution (\$) \$1,000.00</p>
<p>8 Contributor's Principal Occupation Attorney</p>		<p>9 Contributor's Job Title Attorney</p>
<p>10 Contributor's employer/law firm Webb, Cason, & Manning</p>		<p>11 Law firm of contributor's spouse (if any)</p>
<p>12 If contributor is a child, law firm of parent(s) (if any)</p>		
<p>Date 09/30/2025</p>		<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salais, Gabriel Contributor address; City; State; Zip Code Corpus Christi, TX 78414</p>
<p>Contributor's Principal Occupation Attorney</p>		<p>Contributor's Job Title Associate Attorney</p>
<p>Contributor's employer/law firm Law Office of Scott Ellison</p>		<p>Law firm of contributor's spouse (if any) Wood, Boykin, and Wolter P.C.</p>
<p>If contributor is a child, law firm of parent(s) (if any)</p>		
<p>Date 09/30/2025</p>		<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salazar, Eloy Contributor address; City; State; Zip Code Corpus Christi, TX 78415</p>
<p>Contributor's Principal Occupation Property Investor</p>		<p>Contributor's Job Title Owner</p>
<p>Contributor's employer/law firm Salazar Investments</p>		<p>Law firm of contributor's spouse (if any)</p>
<p>If contributor is a child, law firm of parent(s) (if any)</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 6/6 Rpt: 9/16	
2 FILER NAME Lopez Leon, Celina Marie (Mrs.)		3 Filer ID (Ethics Commission Filers) 00085657	
4 Date 10/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Savoy, Melba 6 Contributor address; City; State; Zip Code Boerne, TX 78015	7 Amount of Contribution (\$) \$50.00	
8 Contributor's Principal Occupation Retired		9 Contributor's Job Title Retired	
10 Contributor's employer/law firm Retired		11 Law firm of contributor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)			
Date 10/01/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Sadie Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation Business Owner		Contributor's Job Title Owner	
Contributor's employer/law firm Modern American Cheer		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 09/30/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, James Contributor address; City; State; Zip Code Corpus Christi, TX 78418	Amount of Contribution (\$) \$25.00
Contributor's Principal Occupation Doctor		Contributor's Job Title Doctor	
Contributor's employer/law firm Corpus Christi Medical Associates		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

LOANS (JUDICIAL)

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): Sch: 1/1 Rpt: 10/16
2 FILER NAME Lopez Leon, Celina Marie (Mrs.)		3 Filer ID (Ethics Commission Filers) 00085657
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 09/17/2025	7 Name of lender Leon, Celina	<input type="checkbox"/> out-of-state PAC (ID#): _____
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Corpus Christi, TX 78415	9 Loan Amount (\$) \$500.00
		10 Interest Rate
		11 Maturity Date
12 Lender's Principal Occupation Attorney		13 Lender's Job Title Attorney
14 Lender's Employer/Law Firm Leon Law, PLLC		15 Law Firm of lender's spouse (if any)
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input checked="" type="checkbox"/> None		18 Check if personal funds were deposited into political account <input checked="" type="checkbox"/> (See Instructions)
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor 21 Guarantor address; City; State; Zip Code	22 Amount Guaranteed (\$)
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is child, law firm of parent(s) (if any)		

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: 1/1 Rpt: 11/16	2 FILER NAME Lopez Leon, Celina Marie (Mrs.)	3 Filer ID (Ethics Commission Filers) 00085657
4 Date 09/30/2025	5 Payee name House of Rock	
6 Amount (\$) \$600.00	7 Payee address; City; State; Zip Code 511 Starr Street Corpus Christi, TX 78401	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Campaign kick-off event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/12/2025	Payee name Lighthouse Graphics	
Amount (\$) \$3,355.75	Payee address; City; State; Zip Code 3046 S Padre Island Dr Corpus Christi, TX 78415	
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 Large Campaign Signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/08/2025	Payee name NUECES COUNTY DEMOCRATIC PARTY	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 6102 Ayers, Ste. 107 CORPUS CHRISTI, TX 78415	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Filing Fee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
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 F2:	2 FILER NAME Sch: 1/1 Rpt: 12/16	3 Filer ID (Ethics Commission Filers) 00085657	
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$	
5 Date 12/10/2025	6 Payee name ELITE PROMO		
7 Amount (\$) \$178.61	8 Payee address; City; 1826 S Padre Island Dr Suite A CORPUS CHRISTI, TX 78416	State; Zip Code	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> <p><input type="checkbox"/> Check if Austin, TX, officeholder living expense</p> <p>Koozie Order</p>	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4: Sch: 1/2 Rpt: 13/16	2 FILER NAME Lopez Leon, Celina Marie (Mrs.)		3 Filer ID (Ethics Commission Filers) 00085657
4 CREDIT CARD ISSUER	Name of financial institution Capital One		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$202.37	(b) Date of Charge 09/08/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name SQUARESPACE		(b) Payee address; City, State, Zip Code 225 VARICK STREET 12TH FLOOR NEW YORK, NY 10014
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Website Activation
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$14.00	(b) Date of Charge 09/08/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name SQUARESPACE		(b) Payee address; City, State, Zip Code 225 VARICK STREET 12TH FLOOR NEW YORK, NY 10014
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Domain Purchase
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$188.00	(b) Date of Charge 09/11/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name USPS		(b) Payee address; City, State, Zip Code 802 N. Tancahua CORPUS CHRISTI, TX 78401
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description PO Box Rental
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
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 F4: Sch: 2/2 Rpt: 14/16	2 FILER NAME Lopez Leon, Celina Marie (Mrs.)		3 Filer ID (Ethics Commission Filers) 00085657
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$850.49	(b) Date of Charge 09/17/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name GULF COAST MAILING		(b) Payee address; City, State, Zip Code 6901 S. PADRE ISLAND DRIVE CORPUS CHRISTI, TX 78412
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Campaign Announcement Mailer
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$768.57	(b) Date of Charge 09/24/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Lighthouse Graphics		(b) Payee address; City, State, Zip Code 3046 S Padre Island Dr Corpus Christi, TX 78415
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Yard Signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 1/2 Rpt: 15/16	2 FILER NAME Lopez Leon, Celina Marie (Mrs.)	3 Filer ID (Ethics Commission Filers) 00085657	
4 Date 09/06/2025	5 Payee name Coastal Bend Tejano Democrats		
6 Amount (\$) \$100.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 60402 Corpus Christi, TX 78406		
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 Ad for Coastal Bend Tejano Democratic Convention	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/17/2025	Payee name GULF COAST MAILING SERVICES		
Amount (\$) \$850.49 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6901 S. PADRE ISLAND DRIVE CORPUS CHRISTI, TX 78412		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Announcement Flyers printed and mailed to coastal bend bar members	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/24/2025	Payee name Lighthouse Graphics		
Amount (\$) \$768.57 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3046 S Padre Island Dr Corpus Christi, TX 78415		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Yard Signs and cards	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 2/2 Rpt: 16/16	2 FILER NAME Lopez Leon, Celina Marie (Mrs.)	3 Filer ID (Ethics Commission Filers) 00085657	
4 Date 08/29/2025	5 Payee name NUECES COUNTY DEMOCRATIC PARTY		
6 Amount (\$) \$250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 6102 Ayers, Ste. 107 CORPUS CHRISTI, TX 78415		
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 Ad at Democratic Coastal Bend Conference	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/08/2025	Payee name SQUARESPACE		
Amount (\$) \$202.37 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 225 VARICK STREET 12TH FLOOR NEW YORK, NY 10014		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Website Activation	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/11/2025	Payee name USPS		
Amount (\$) \$188.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 802 N. Tancahua CORPUS CHRISTI, TX 78401		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Announcement mailout	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held