

**GENERAL-PURPOSE COMMITTEE  
CAMPAIGN FINANCE REPORT**

**FORM GPAC  
COVER SHEET PG 1**

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00085732	2 Total pages filed: 29			
3 COMMITTEE NAME Edinburg AFT COPE		<b>OFFICE USE ONLY</b> <p>Date Received ELECTRONICALLY FILED 01/14/2026</p> <p>Date Hand-delivered or Date Postmarked</p> <table border="1"> <tr> <td>Receipt #</td> <td>Amount</td> </tr> </table> <p>Date Processed</p> <p>Date Imaged</p>		Receipt #	Amount	
Receipt #	Amount					
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address						
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 108 N. Jackson Rd. STE 27 Edinburg, TX 78541						
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Javier	MI			
	NICKNAME	LAST Olivarez	SUFFIX			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 108 N. Jackson Rd. STE 27 Edinburg, TX 78541		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS  <input checked="" type="checkbox"/> Change of Address	STREET OR PO BOX; 108 N. Jackson Rd., Ste. 27  Edinburg, TX 78541					
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (956) 318-3238					
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff					
10 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
11 ELECTION	ELECTION DATE Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special				

**GO TO PAGE 2**

**GENERAL-PURPOSE COMMITTEE REPORT:  
PURPOSE AND TOTALS**

**FORM GPAC  
COVER SHEET PG 2**

<b>12 COMMITTEE NAME</b> Edinburg AFT COPE		<b>13 FILER ID</b> (Ethics Commission Filers) 00085732
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported  B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
<b>15 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 122.80
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 2.36
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,596.21
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**16 AFFIDAVIT**

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

Mr. Javier Olivarez

\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

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

<b>17</b> COMMITTEE NAME Edinburg AFT COPE	<b>18</b> FILER ID (Ethics Commission Filers) 00085732
<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 122.80	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS \$	
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$	
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$	
6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION \$	
7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION \$	
8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$	
9. <input type="checkbox"/> SCHEDULE E: LOANS \$	
10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 2.36	
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$	
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$	
14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$	
15. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$ 0.06	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/9 Rpt: 4/29
<b>2</b> FILER NAME Edinburg AFT COPE		<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 07/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALCALA, MICHELLE (Ms.)	<b>7</b> Amount of Contribution (\$)  \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  EDINBURG, TX 78541	
<b>8</b> Principal occupation / Job title (See Instructions) TEACHER		<b>9</b> Employer (See Instructions) EDINBURG CISD
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTU, ISRAEL (Mr.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  EDINBURG, TX 78541	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTU, ISRAEL (Mr.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  EDINBURG, TX 78541	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTU, ISRAEL (Mr.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  EDINBURG, TX 78541	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTU, ISRAEL (Mr.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  EDINBURG, TX 78541	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/9 Rpt: 5/29
<b>2</b> FILER NAME Edinburg AFT COPE		<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 11/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTU, ISRAEL (Mr.)	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  EDINBURG, TX 78541	
<b>8</b> Principal occupation / Job title (See Instructions) TEACHER		<b>9</b> Employer (See Instructions) EDINBURG CISD
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTU, ISRAEL (Mr.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  EDINBURG, TX 78541	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTU, IVAN (Mr.)	Amount of Contribution (\$) \$2.08
	Contributor address; City; State; Zip Code  EDINBURG, TX 78541	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTU, IVAN (Mr.)	Amount of Contribution (\$) \$2.08
	Contributor address; City; State; Zip Code  EDINBURG, TX 78541	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTU, IVAN (Mr.)	Amount of Contribution (\$) \$2.08
	Contributor address; City; State; Zip Code  EDINBURG, TX 78541	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/9 Rpt: 6/29
<b>2</b> FILER NAME Edinburg AFT COPE		<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 11/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTU, IVAN (Mr.)	<b>7</b> Amount of Contribution (\$) \$2.08
	<b>6</b> Contributor address; City; State; Zip Code  EDINBURG, TX 78541	
<b>8</b> Principal occupation / Job title (See Instructions) TEACHER		<b>9</b> Employer (See Instructions) EDINBURG CISD
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANTU, IVAN (Mr.)	Amount of Contribution (\$) \$2.08
	Contributor address; City; State; Zip Code  EDINBURG, TX 78541	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COLEMAN, EVA (Ms.)	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  EDINBURG, TX 78539	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COLEMAN, EVA (Ms.)	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  EDINBURG, TX 78539	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COLEMAN, EVA (Ms.)	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  EDINBURG, TX 78539	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/9 Rpt: 7/29
<b>2</b> FILER NAME Edinburg AFT COPE		<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 07/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CONTRERAS, ANA (Miss)	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  MCALLEN, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions) TEACHER		<b>9</b> Employer (See Instructions) EDINBURG CISD
<b>Date</b> 07/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) CONTRERAS, ANA (Miss)	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  MCALLEN, TX 78504	
<b>Principal occupation / Job title (See Instructions)</b> TEACHER		<b>Employer (See Instructions)</b> EDINBURG CISD
<b>Date</b> 09/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) CONTRERAS, ANA (Miss)	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  MCALLEN, TX 78504	
<b>Principal occupation / Job title (See Instructions)</b> TEACHER		<b>Employer (See Instructions)</b> EDINBURG CISD
<b>Date</b> 10/02/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) CONTRERAS, ANA (Miss)	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  MCALLEN, TX 78504	
<b>Principal occupation / Job title (See Instructions)</b> TEACHER		<b>Employer (See Instructions)</b> EDINBURG CISD
<b>Date</b> 10/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) CONTRERAS, ANA (Miss)	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  MCALLEN, TX 78504	
<b>Principal occupation / Job title (See Instructions)</b> TEACHER		<b>Employer (See Instructions)</b> EDINBURG CISD

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/9 Rpt: 8/29
<b>2</b> FILER NAME Edinburg AFT COPE		<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 12/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CONTRERAS, ANA (Miss)	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  MCALLEN, TX 78504	
<b>8</b> Principal occupation / Job title (See Instructions) TEACHER		<b>9</b> Employer (See Instructions) EDINBURG CISD
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FAUBION, ERIKA (Ms.)	Amount of Contribution (\$) \$3.08
	Contributor address; City; State; Zip Code  EDINBURG, TX 78541-1300	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FAUBION, ERIKA (Ms.)	Amount of Contribution (\$) \$3.08
	Contributor address; City; State; Zip Code  EDINBURG, TX 78541-1300	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FAUBION, ERIKA (Ms.)	Amount of Contribution (\$) \$3.08
	Contributor address; City; State; Zip Code  EDINBURG, TX 78541-1300	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FAUBION, ERIKA (Ms.)	Amount of Contribution (\$) \$3.08
	Contributor address; City; State; Zip Code  EDINBURG, TX 78541-1300	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/9 Rpt: 9/29
<b>2</b> FILER NAME Edinburg AFT COPE		<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 11/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FAUBION, ERIKA (Ms.)	<b>7</b> Amount of Contribution (\$) \$3.08
	<b>6</b> Contributor address; City; State; Zip Code  EDINBURG, TX 78541-1300	
<b>8</b> Principal occupation / Job title (See Instructions) TEACHER		<b>9</b> Employer (See Instructions) EDINBURG CISD
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARZA, DELORES (Ms.)	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code  WESLACO, TX 78599-4640	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARZA, DELORES (Ms.)	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code  WESLACO, TX 78599-4640	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARZA, DELORES (Ms.)	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code  WESLACO, TX 78599-4640	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARZA, DELORES (Ms.)	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code  WESLACO, TX 78599-4640	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/9 Rpt: 10/29
<b>2</b> FILER NAME Edinburg AFT COPE		<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 11/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARZA, DELORES (Ms.)	<b>7</b> Amount of Contribution (\$) \$3.00
	<b>6</b> Contributor address; City; State; Zip Code  WESLACO, TX 78599-4640	
<b>8</b> Principal occupation / Job title (See Instructions) TEACHER		<b>9</b> Employer (See Instructions) EDINBURG CISD
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARZA, DELORES (Ms.)	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code  WESLACO, TX 78599-4640	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, MARSHA (Ms.)	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  EDINBURG, TX 78539	
Principal occupation / Job title (See Instructions) RETIRED TEACHER		Employer (See Instructions) EDINBURG CISD
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, MARSHA (Ms.)	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  EDINBURG, TX 78539	
Principal occupation / Job title (See Instructions) RETIRED TEACHER		Employer (See Instructions) EDINBURG CISD
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, MARSHA (Ms.)	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  EDINBURG, TX 78539	
Principal occupation / Job title (See Instructions) RETIRED TEACHER		Employer (See Instructions) EDINBURG CISD

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/9 Rpt: 11/29
<b>2</b> FILER NAME Edinburg AFT COPE		<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 10/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, MARSHA (Ms.)	<b>7</b> Amount of Contribution (\$) \$1.00
	<b>6</b> Contributor address; City; State; Zip Code  EDINBURG, TX 78539	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED TEACHER		<b>9</b> Employer (See Instructions) EDINBURG CISD
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, MARSHA (Ms.)	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  EDINBURG, TX 78539	
Principal occupation / Job title (See Instructions) RETIRED TEACHER		Employer (See Instructions) EDINBURG CISD
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, MARSHA (Ms.)	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  EDINBURG, TX 78539	
Principal occupation / Job title (See Instructions) RETIRED TEACHER		Employer (See Instructions) EDINBURG CISD
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VIDAL, OLGA (Ms.)	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  EDINBURG, TX 78540-2192	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VIDAL, OLGA (Ms.)	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  EDINBURG, TX 78540-2192	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/9 Rpt: 12/29
<b>2</b> FILER NAME Edinburg AFT COPE		<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 10/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VIDAL, OLGA (Ms.)	<b>7</b> Amount of Contribution (\$) \$1.00
	<b>6</b> Contributor address; City; State; Zip Code  EDINBURG, TX 78540-2192	
<b>8</b> Principal occupation / Job title (See Instructions) TEACHER		<b>9</b> Employer (See Instructions) EDINBURG CISD
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VIDAL, OLGA (Ms.)	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  EDINBURG, TX 78540-2192	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VIDAL, OLGA (Ms.)	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  EDINBURG, TX 78540-2192	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) EDINBURG CISD

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

<b>EXPENDITURE CATEGORIES FOR BOX 8(a)</b>			
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.			
<b>1</b> Total pages Schedule F1: Sch: 1/15 Rpt: 13/29	<b>2</b> FILER NAME Edinburg AFT COPE		<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 07/30/2025	<b>5</b> Payee name ALCALA, MICHELLE (Ms.)		
<b>6</b> Amount (\$)  \$0.07	<b>7</b> Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  EDINBURG, TX 78541		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  TRANSACTION FEE	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 07/30/2025	Payee name CANTU, ISRAEL (Mr.)		
Amount (\$)  \$0.07	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  EDINBURG, TX 78541		
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  TRANSACTION FEE	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/17/2025	Payee name CANTU, ISRAEL (Mr.)		
Amount (\$)  \$0.07	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  EDINBURG, TX 78541		
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  TRANSACTION FEE	
Complete <u>ONLY</u> 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: 2/15 Rpt: 14/29	2 FILER NAME Edinburg AFT COPE	3 Filer ID (Ethics Commission Filers) 00085732
4 Date 09/30/2025	5 Payee name CANTU, ISRAEL (Mr.)	
6 Amount (\$)  \$0.07  <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  EDINBURG, TX 78541	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRANSACTION FEE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/29/2025	Payee name CANTU, ISRAEL (Mr.)	
Amount (\$)  \$0.07  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  EDINBURG, TX 78541	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRANSACTION FEE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/29/2025	Payee name CANTU, ISRAEL (Mr.)	
Amount (\$)  \$0.07  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  EDINBURG, TX 78541	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRANSACTION FEE
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: 3/15 Rpt: 15/29	2 FILER NAME Edinburg AFT COPE	3 Filer ID (Ethics Commission Filers) 00085732	
4 Date 12/30/2025	5 Payee name CANTU, ISRAEL (Mr.)		
6 Amount (\$) \$0.07	7 Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  EDINBURG, TX 78541		
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRANSACTION FEE	
8 PURPOSE OF EXPENDITURE			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 07/30/2025	Payee name CANTU, IVAN (Mr.)		
Amount (\$) \$0.03	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  EDINBURG, TX 78541-4397		
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRANSACTION FEE	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/30/2025	Payee name CANTU, IVAN (Mr.)		
Amount (\$) \$0.03	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  EDINBURG, TX 78541-4397		
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRANSACTION FEE	
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: 4/15 Rpt: 16/29	2 FILER NAME Edinburg AFT COPE	3 Filer ID (Ethics Commission Filers) 00085732
4 Date 10/29/2025	5 Payee name CANTU, IVAN (Mr.)	
6 Amount (\$) \$0.03	7 Payee address; City;  <b>REDACTED PER 254.0401, ELEC. CODE</b>  EDINBURG, TX 78541-4397	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRANSACTION FEE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name CANTU, IVAN (Mr.)	Office sought Office held
Date 11/29/2025	Payee name CANTU, IVAN (Mr.)	
Amount (\$) \$0.03	Payee address; City;  <b>REDACTED PER 254.0401, ELEC. CODE</b>  EDINBURG, TX 78541-4397	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRANSACTION FEE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name CANTU, IVAN (Mr.)	Office sought Office held
Date 12/30/2025	Payee name CANTU, IVAN (Mr.)	
Amount (\$) \$0.03	Payee address; City;  <b>REDACTED PER 254.0401, ELEC. CODE</b>  EDINBURG, TX 78541-4397	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRANSACTION FEE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name CANTU, IVAN (Mr.)	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: 5/15 Rpt: 17/29	2 FILER NAME Edinburg AFT COPE	3 Filer ID (Ethics Commission Filers) 00085732
4 Date 10/29/2025	5 Payee name COLEMAN, EVA (Ms.)	
6 Amount (\$) \$0.01	7 Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  EDINBURG, TX 78539	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRANSACTION FEE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/29/2025	Payee name COLEMAN, EVA (Ms.)	
Amount (\$) \$0.01	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  EDINBURG, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRANSACTION FEE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/30/2025	Payee name COLEMAN, EVA (Ms.)	
Amount (\$) \$0.01	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  EDINBURG, TX 78539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRANSACTION FEE
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: 6/15 Rpt: 18/29	2 FILER NAME Edinburg AFT COPE	3 Filer ID (Ethics Commission Filers) 00085732
4 Date 07/02/2025	5 Payee name CONTRERAS, ANA (Miss)	
6 Amount (\$)  \$0.19  <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  MCALLEN, TX 78504	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  TRANSACTION FEE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name CONTRERAS, ANA (Miss)	Office sought Office held
Date 07/31/2025	Payee name CONTRERAS, ANA (Miss)	
Amount (\$)  \$0.19  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  MCALLEN, TX 78504	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  TRANSACTION FEE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name CONTRERAS, ANA (Miss)	Office sought Office held
Date 09/18/2025	Payee name CONTRERAS, ANA (Miss)	
Amount (\$)  \$0.19  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  MCALLEN, TX 78504	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  TRANSACTION FEE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name CONTRERAS, ANA (Miss)	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: 7/15 Rpt: 19/29	2 FILER NAME Edinburg AFT COPE	3 Filer ID (Ethics Commission Filers) 00085732
4 Date 10/02/2025	5 Payee name CONTRERAS, ANA (Miss)	
6 Amount (\$)  \$0.19  <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  MCALLEN, TX 78504	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRANSACTION FEE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name CONTRERAS, ANA (Miss)	Office sought Office held
Date 10/30/2025	Payee name CONTRERAS, ANA (Miss)	
Amount (\$)  \$0.19  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  MCALLEN, TX 78504	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRANSACTION FEE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name CONTRERAS, ANA (Miss)	Office sought Office held
Date 12/03/2025	Payee name CONTRERAS, ANA (Miss)	
Amount (\$)  \$0.19  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  MCALLEN, TX 78504	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRANSACTION FEE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name CONTRERAS, ANA (Miss)	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: 8/15 Rpt: 20/29	2 FILER NAME Edinburg AFT COPE	3 Filer ID (Ethics Commission Filers) 00085732
4 Date 07/30/2025	5 Payee name FAUBION, ERIKA (Ms.)	
6 Amount (\$)  \$0.04  <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  EDINBURG, TX 78541-1300	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  TRANSACTION FEE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name FAUBION, ERIKA (Ms.)	Office sought Office held
Date 09/17/2025	Payee name FAUBION, ERIKA (Ms.)	
Amount (\$)  \$0.04  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  EDINBURG, TX 78541-1300	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  TRANSACTION FEE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name FAUBION, ERIKA (Ms.)	Office sought Office held
Date 09/30/2025	Payee name FAUBION, ERIKA (Ms.)	
Amount (\$)  \$0.04  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  EDINBURG, TX 78541-1300	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  TRANSACTION FEE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name FAUBION, ERIKA (Ms.)	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: 9/15 Rpt: 21/29	2 FILER NAME Edinburg AFT COPE	3 Filer ID (Ethics Commission Filers) 00085732
4 Date 10/29/2025	5 Payee name FAUBION, ERIKA (Ms.)	
6 Amount (\$) \$0.04	7 Payee address; City; State; Zip Code  REDACTED PER 254.0401, ELEC. CODE  EDINBURG, TX 78541-1300	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRANSACTION FEE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/29/2025	Payee name FAUBION, ERIKA (Ms.)	
Amount (\$) \$0.04	Payee address; City; State; Zip Code  REDACTED PER 254.0401, ELEC. CODE  EDINBURG, TX 78541-1300	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRANSACTION FEE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/30/2025	Payee name GARZA, DELORES (Ms.)	
Amount (\$) \$0.04	Payee address; City; State; Zip Code  REDACTED PER 254.0401, ELEC. CODE  WESLACO, TX 78599-4640	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRANSACTION FEE
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: 10/15 Rpt: 22/29	2 FILER NAME Edinburg AFT COPE	3 Filer ID (Ethics Commission Filers) 00085732
4 Date 09/17/2025	5 Payee name GARZA, DELORES (Ms.)	
6 Amount (\$)  \$0.04	7 Payee address; City; State; Zip Code  REDACTED PER 254.0401, ELEC. CODE  WESLACO, TX 78599-4640	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRANSACTION FEE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/30/2025	Payee name GARZA, DELORES (Ms.)	
Amount (\$)  \$0.04	Payee address; City; State; Zip Code  REDACTED PER 254.0401, ELEC. CODE  WESLACO, TX 78599-4640	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRANSACTION FEE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/29/2025	Payee name GARZA, DELORES (Ms.)	
Amount (\$)  \$0.04	Payee address; City; State; Zip Code  REDACTED PER 254.0401, ELEC. CODE  WESLACO, TX 78599-4640	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRANSACTION FEE
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: 11/15 Rpt: 23/29	2 FILER NAME Edinburg AFT COPE	3 Filer ID (Ethics Commission Filers) 00085732	
4 Date 11/29/2025	5 Payee name GARZA, DELORES (Ms.)		
6 Amount (\$)  \$0.04	7 Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  WESLACO, TX 78599-4640		
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRANSACTION FEE	
8 PURPOSE OF EXPENDITURE			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/30/2025	Payee name GARZA, DELORES (Ms.)		
Amount (\$)  \$0.04	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  WESLACO, TX 78599-4640		
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRANSACTION FEE	
PURPOSE OF EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 07/30/2025	Payee name GONZALEZ, MARSHA (Ms.)		
Amount (\$)  \$0.01	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  EDINBURG, TX 78539-2324		
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRANSACTION FEE	
PURPOSE OF EXPENDITURE			
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: 12/15 Rpt: 24/29	2 FILER NAME Edinburg AFT COPE	3 Filer ID (Ethics Commission Filers) 00085732
4 Date 09/17/2025	5 Payee name GONZALEZ, MARSHA (Ms.)	
6 Amount (\$)  \$0.01	7 Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  EDINBURG, TX 78539-2324	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  TRANSACTION FEE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name GONZALEZ, MARSHA (Ms.)	Office sought Office held
Date 09/30/2025	Payee name GONZALEZ, MARSHA (Ms.)	
Amount (\$)  \$0.01	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  EDINBURG, TX 78539-2324	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  TRANSACTION FEE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name GONZALEZ, MARSHA (Ms.)	Office sought Office held
Date 10/29/2025	Payee name GONZALEZ, MARSHA (Ms.)	
Amount (\$)  \$0.01	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  EDINBURG, TX 78539-2324	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  TRANSACTION FEE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name GONZALEZ, MARSHA (Ms.)	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: 13/15 Rpt: 25/29	2 FILER NAME Edinburg AFT COPE	3 Filer ID (Ethics Commission Filers) 00085732
4 Date 11/29/2025	5 Payee name GONZALEZ, MARSHA (Ms.)	
6 Amount (\$) \$0.01	7 Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  EDINBURG, TX 78539-2324	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRANSACTION FEE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name GONZALEZ, MARSHA (Ms.)	Office sought Office held
Date 12/30/2025	Payee name GONZALEZ, MARSHA (Ms.)	
Amount (\$) \$0.01	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  EDINBURG, TX 78539-2324	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRANSACTION FEE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name VIDAL, OLGA (Ms.)	Office sought Office held
Date 07/30/2025	Payee name VIDAL, OLGA (Ms.)	
Amount (\$) \$0.01	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  EDINBURG, TX 78540-2192	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRANSACTION FEE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name GONZALEZ, MARSHA (Ms.)	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: 14/15 Rpt: 26/29	2 FILER NAME Edinburg AFT COPE	3 Filer ID (Ethics Commission Filers) 00085732
4 Date 09/30/2025	5 Payee name VIDAL, OLGA (Ms.)	
6 Amount (\$)  \$0.01	7 Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  EDINBURG, TX 78540-2192	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRANSACTION FEE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/29/2025	Payee name VIDAL, OLGA (Ms.)	
Amount (\$)  \$0.01	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  EDINBURG, TX 78540-2192	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRANSACTION FEE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/29/2025	Payee name VIDAL, OLGA (Ms.)	
Amount (\$)  \$0.01	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  EDINBURG, TX 78540-2192	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRANSACTION FEE
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: 15/15 Rpt: 27/29	2 FILER NAME Edinburg AFT COPE	3 Filer ID (Ethics Commission Filers) 00085732	
4 Date 12/30/2025	5 Payee name VIDAL, OLGA (Ms.)		
6 Amount (\$) \$0.01	7 Payee address; City; State; Zip Code  REDACTED PER 254.0401, ELEC. CODE  EDINBURG, TX 78540-2192		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRANSACTION FEE	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

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

**SCHEDULE K**

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule K: Sch: 1/2 Rpt: 28/29</p>
<p><b>2</b> FILER NAME Edinburg AFT COPE</p>		<p><b>3</b> Filer ID (Ethics Commission Filers) 00085732</p>
<p><b>4</b> Date 07/31/2025</p>	<p><b>5</b> Name of person from whom amount is received Bank Of America</p> <p>.....</p> <p><b>6</b> Address of person from whom amount is received; City; State; Zip Code Edinburg, TX 78539</p>	<p><b>8</b> Amount (\$) \$0.01</p>
	<p><b>7</b> Purpose for which amount is received Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 08/29/2025</p>	<p>Name of person from whom amount is received Bank Of America</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code Edinburg, TX 78539</p>	<p>Amount (\$) \$0.01</p>
	<p>Purpose for which amount is received Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 09/30/2025</p>	<p>Name of person from whom amount is received Bank Of America</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code Edinburg, TX 78539</p>	<p>Amount (\$) \$0.01</p>
	<p>Purpose for which amount is received Interest</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 Bank Of America</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code Edinburg, TX 78539</p>	<p>Amount (\$) \$0.01</p>
	<p>Purpose for which amount is received Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 11/28/2025</p>	<p>Name of person from whom amount is received Bank Of America</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code Edinburg, TX 78539</p>	<p>Amount (\$) \$0.01</p>
	<p>Purpose for which amount is received Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 2/2 Rpt: 29/29
<b>2</b> FILER NAME Edinburg AFT COPE		<b>3</b> Filer ID (Ethics Commission Filers) 00085732
<b>4</b> Date 12/31/2025	<b>5</b> Name of person from whom amount is received Bank Of America .....	<b>8</b> Amount (\$) \$0.01
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code Edinburg, TX 78539	
<b>7</b> Purpose for which amount is received Interest		<input type="checkbox"/> Check if political contribution returned to filer