

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH
COVER SHEET PG 1

| | | | |
|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------|
| The SC C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00090467 | 2 Total pages filed: 8 |
| 3 CANDIDATE NAME | MS / MRS / MR Ms. | FIRST Lorraine | MI |
| | NICKNAME | LAST De Leon | SUFFIX |
| OFFICE USE ONLY | | | |
| Date Received ELECTRONICALLY FILED 02/24/2026 | | | |
| Date Hand-delivered or Date Postmarked | | | |
| 4 CANDIDATE ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 210 E. Linda Harlingen, TX 78550 | | |
| | Receipt # | Amount | |
| | Date Processed | | |
| | Date Imaged | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST Jerry | MI |
| | NICKNAME | LAST Santos | SUFFIX |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 17733 Forest Lane Harlingen, TX 78552 | | |
| | AREA CODE | PHONE NUMBER | EXTENSION |
| 7 CAMPAIGN TREASURER PHONE | (956) 659-0531 | | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before convention / election <input type="checkbox"/> Runoff | | |
| | <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before convention / election <input type="checkbox"/> Final report (Attach SC C/OH-FR) | | |
| 9 PERIOD COVERED | Month Day Year 01/23/2026 | | Month Day Year 02/21/2026 |
| | THROUGH | | |
| 10 CONVENTION / ELECTION DATE | Month Day Year | | 11 OFFICE SOUGHT |
| | | | <input type="checkbox"/> STATE CHAIR <input checked="" type="checkbox"/> COUNTY CHAIR |
| 12 POLITICAL PARTY | Republican | | |
| | COUNTY (If Applicable) Cameron | | |

GO TO PAGE 2

**STATE / COUNTY CHAIR
CAMPAIGN FINANCE REPORT:
SUPPORT & TOTALS**

**FORM SC C/OH
COVER SHEET PG 2**

2 of 8

| | |
|--------------------------------------------------|-----------------------------------------------------------|
| 13 CANDIDATE NAME De Leon, Lorraine (Ms.) | 14 Filer ID (Ethics Commission Filers) 00090467 |
|--------------------------------------------------|-----------------------------------------------------------|

| | | | |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | This box is for notice of political expenditures by political committees to support the candidate. <i>These expenditures may have been made without the candidate's knowledge or consent.</i> Candidates are required to report this information only if they receive notice of such expenditures. | | |
| <input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | |
| | <input type="checkbox"/> SPECIFIC | | |
| | COMMITTEE CAMPAIGN TREASURER NAME | | |
| COMMITTEE CAMPAIGN TREASURER ADDRESS | | | |

| | | | |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 1,817.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 575.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 2,750.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 3,000.00 |

17 AFFADAVIT

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.

Ms. Lorraine De Leon
Signature of Candidate

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 - SC C/OH

| | | | |
|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------|
| 18 CANDIDATE NAME De Leon, Lorraine (Ms.) | | 19 Filer ID 00090467 | (Ethics Commission Filers) |
| 20 SCHEDULE SUBTOTALS | | | SUBTOTAL AMOUNT |
| NAME OF SCHEDULE | | | |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ | 300.00 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | 1,517.00 |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ | |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ | |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | 575.00 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ | |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ | |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ | |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ | |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/8 |
| 2 FILER NAME De Leon, Lorraine (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00090467 |
| 4 Date 01/23/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Joshua (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Harlingen, TX 78550 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Social Worker | | 9 Employer (See Instructions) Unknown |
| Date 02/11/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopkins, Cindy (Ms.) <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Commercial Realtor | | Employer (See Instructions) CHRE |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 1/2 Rpt: 5/8 | |
| 2 FILER NAME De Leon, Lorraine (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00090467 | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 01/31/2026 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Israel (Dr.) | 8 Amount of contribution (\$) \$350.00 | 9 In-kind contribution description Advertisement |
| | 7 Contributor address; City; State; Zip Code Harlingen, TX 78550 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Professor | | 11 Employer (FOR NON-JUDICIAL) (See instructions) UTRGV | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 02/17/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cisneros, Noemi (Mrs.) | Amount of contribution (\$) \$200.00 | In-kind contribution description Campaign, elections, social media |
| | Contributor address; City; State; Zip Code Harlingen, TX 78550 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired | | Employer (FOR NON-JUDICIAL) (See instructions) N/A | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 02/07/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Irene (Mrs.) | Amount of contribution (\$) \$200.00 | In-kind contribution description |
| | Contributor address; City; State; Zip Code Harlingen, TX 78550 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired | | Employer (FOR NON-JUDICIAL) (See instructions) N/A | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 2/2 Rpt: 6/8 | |
| 2 FILER NAME De Leon, Lorraine (Ms.) | | 3 Filer ID (Ethics Commission Filers) 00090467 | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 02/13/2026 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Teresita (Mrs.) | 8 Amount of contribution (\$) \$300.00 | 9 In-kind contribution description Billboards, voting locations, set-up |
| | 7 Contributor address; City; State; Zip Code Harlingen , TX 78552 | | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired Navy | | 11 Employer (FOR NON-JUDICIAL) (See instructions) N/A | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 02/10/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez , Jesus Rami (Mr.) | Amount of contribution (\$) \$467.00 | In-kind contribution description Fiesta Graphics, Campaign Boards |
| | Contributor address; City; State; Zip Code Brownsville , TX 78520 | | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Accountant | | Employer (FOR NON-JUDICIAL) (See instructions) Unknown | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: Sch: 1/2 Rpt: 7/8 | 2 FILER NAME De Leon, Lorraine (Ms.) | 3 Filer ID (Ethics Commission Filers) 00090467 |
| 4 Date 02/17/2026 | 5 Payee name Fiesta Graphics | |
| 6 Amount (\$) \$100.00 | 7 Payee address; City; State; Zip Code 205 Paredes Line Rd Brownsville , TX 78521 | |
| 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 Advertisement |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/26/2026 | Payee name Las Cazuelas | |
| Amount (\$) \$150.00 | Payee address; City; State; Zip Code 314 S. F Street Harlingen, TX 78550 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Meals for volunteers |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/06/2026 | Payee name Print Pack Ship Store | |
| Amount (\$) \$125.00 | Payee address; City; State; Zip Code 1327 E. Washington Ave. Harlingen, TX 78550 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing 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 Advertisement |
| 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 - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1: Sch: 2/2 Rpt: 8/8 | 2 FILER NAME De Leon, Lorraine (Ms.) | 3 Filer ID (Ethics Commission Filers) 00090467 |
| 4 Date 02/02/2026 | 5 Payee name Stripes/Valero | |
| 6 Amount (\$) \$200.00 | 7 Payee address; City; State; Zip Code 1826 W. Tyler Harlingen , TX 78550 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel/Gas |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |