

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| | | | |
|--|--|---------------------------------------|----------------------|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR <u>MRS</u> FIRST <u>Lupita</u> MI | OFFICE USE ONLY | |
| | NICKNAME LAST <u>Zepeda</u> SUFFIX | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>214 Victoria St Laredo TX 78040</u> | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION <u>(956) 723-6935</u> | | |
| 6 CAMPAIGN TREASURER NAME | MS <u>MRS</u> MR FIRST <u>Oralia</u> MI <u>Z.</u> | Receipt # Amount \$ | |
| | NICKNAME LAST <u>Martinez</u> SUFFIX | Date Processed | |
| | | Date Imaged | |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>688 Juniper Ln Laredo TX 78041</u> | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <u>(956) 718-2101</u> | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" 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) | | |
| 10 PERIOD COVERED | Month Day Year <u>08 / 2024</u> THROUGH <u>09 / 26 / 2024</u> | | |
| 11 ELECTION | ELECTION DATE Month Day Year <u>11 / 05 / 2024</u> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | |
| 12 OFFICE | OFFICE HELD (if any) <u>LC Board of Trustees Pos 5</u> 13 OFFICE SOUGHT (if known) <u>LC Board of Trustee Pos 5</u> | | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |

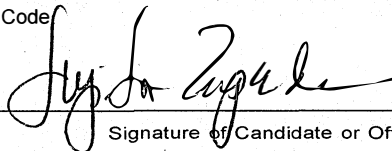
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| | | |
|-----------------------------------|---|--|
| 15 C/OH NAME <u>Lupita Zapata</u> | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <u>11,400.⁰⁰</u> |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <u>1,347.⁴⁰</u> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ |

18 SIGNATURE 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


Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ 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

OR

(2) Unsworn Declaration

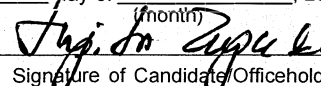
My name is Lupita Zapata, and my date of birth is 05/20/55

My address is 217 Victoria, Laredo, TX, 78040, Webb

(street) (city) (state) (zip code) (country)

Executed in Webb County, State of Texas, on the 7 day of October, 2024

(month) (year)


Signature of Candidate/Officeholder (Declarant)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME <i>Lupia Lopez</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>9/23/24</i> | 5 Full name of contributor <i>G. Leyendecker</i> out-of-state PAC (ID#: | 7 Amount of contribution (\$) <i>\$1500.00</i> |
| 6 Contributor address; City; State; Zip Code <i>4220 Sanders Laredo TX 78041</i> | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) <i>Self employed</i> |
| Date <i>9/19/24</i> | Full name of contributor <i>IBC State PAC</i> out-of-state PAC (ID#: | Amount of contribution (\$) <i>\$2,000.00</i> |
| Contributor address; City; State; Zip Code <i>130 E. Travis San Antonio TX 78205</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>9/19/24</i> | Full name of contributor <i>Mr. & Mrs. Ron Overbo</i> out-of-state PAC (ID#: | Amount of contribution (\$) <i>\$1500.00</i> |
| Contributor address; City; State; Zip Code <i>13324 Annisia Dr. Austin TX 78729</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) <i>Retired</i> |
| Date <i>9/24/24</i> | Full name of contributor <i>Lopez</i> out-of-state PAC (ID#: | Amount of contribution (\$) <i>\$500.00</i> |
| Contributor address; City; State; Zip Code <i>1503 Trevino Ct Laredo TX 78045</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) <i>Retired</i> |
| <p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME <i>Lup. J. Zepeda</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>9/25/24</i> | 5 Full name of contributor <i>Mr. & Mrs. Francisco Martinez</i> out-of-state PAC (ID# _____) | 7 Amount of contribution (\$) <i>\$500.00</i> |
| 6 Contributor address; City; State; Zip Code <i>688 Juriper Ln Laredo TX 78041</i> | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date <i>9/25/24</i> | Full name of contributor <i>H. Guardiola</i> out-of-state PAC (ID# _____) | Amount of contribution (\$) <i>\$500.00</i> |
| Contributor address; City; State; Zip Code <i>1916 Buena Vista Laredo TX 78043</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>9/26/24</i> | Full name of contributor <i>Mrs. M. L. Cegarra</i> out-of-state PAC (ID# _____) | Amount of contribution (\$) <i>\$100.00</i> |
| Contributor address; City; State; Zip Code <i>602 E Cotton Rd Laredo TX 78041</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <i>Mr. & Mrs. Carlos Vela</i> out-of-state PAC (ID# _____) | Amount of contribution (\$) <i>\$500.00</i> |
| Contributor address; City; State; Zip Code <i>8512 Alta Mira Laredo TX 78045</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| <p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

| | | | | | |
|---|--|---|-------------------------------|---|--|
| The Instruction Guide explains how to complete this form. | | | | 1 Total pages Schedule A1: | |
| 2 FILER NAME <i>Rep. A Zepeda</i> | | | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date <i>9/27/24</i> | | 5 Full name of contributor <i>E Ramirez</i> | | 7 Amount of contribution (\$) <i>\$300.⁰⁰</i> | |
| | | out-of-state PAC (ID# _____) | | | |
| | | 6 Contributor address; City; State; Zip Code <i>1219 Victoria Laredo TX 78040</i> | | | |
| 8 Principal occupation / Job title (See Instructions) <i>Investments</i> | | | 9 Employer (See Instructions) | | |
| Date <i>9/23/24</i> | | Full name of contributor <i>Rosen, Meuler & Perez</i> | | Amount of contribution (\$) <i>\$2,500.⁰⁰</i> | |
| | | out-of-state PAC (ID# _____) | | | |
| | | Contributor address; City; State; Zip Code <i>211 Calle Del Norte Laredo, TX 78041</i> | | | |
| Principal occupation / Job title (See Instructions) <i>Attorney</i> | | | Employer (See Instructions) | | |
| Date <i>9/11/24</i> | | Full name of contributor <i>J. Cruz</i> | | Amount of contribution (\$) <i>\$1,500.⁰⁰</i> | |
| | | out-of-state PAC (ID# _____) | | | |
| | | Contributor address; City; State; Zip Code <i>1506 Nelson Court Laredo TX 78045</i> | | | |
| Principal occupation / Job title (See Instructions) <i>Attorney</i> | | | Employer (See Instructions) | | |
| Date | | Full name of contributor | | Amount of contribution (\$) | |
| | | out-of-state PAC (ID# _____) | | | |
| | | Contributor address; City; State; Zip Code | | | |
| Principal occupation / Job title (See Instructions) | | | Employer (See Instructions) | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. | | | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

| | | | |
|---|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: | |
| 2 FILER NAME <i>Hup. Sr. Lopez</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Anonymous</i> | 8 Amount of Contribution \$ <i>\$4,438.²⁸</i> | 9 In-kind contribution description <i>Campaign Signs</i> |
| 7 Contributor address; City; State; Zip Code | | Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) | |
| 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 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of Contribution \$ | In-kind contribution description |
| | | Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | | Employer (FOR NON-JUDICIAL) (See Instructions) | |
| 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) | | | |
| | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. | | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: | 2 FILER-NAME Lupita Lopez | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name 24/7 News Media | |
| 6 Amount (\$) \$300.00 | 7 Payee address; 709 E. Calton Rd Ste 104 | City; State; Zip Code Laredo TX 78041 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description advertising |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 9-24-24 | Payee name Juan Rodriguez | |
| Amount (\$) \$400.00 | Payee address; 3906 Calle Tuxpan | City; State; Zip Code Laredo, TX 78046 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising expense | Description advertising |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 10-4-24 | Payee name PMAG | |
| Amount (\$) \$647.00 | Payee address; 901 Victoria St | City; State; Zip Code Laredo TX 78040 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising expense | Description Door Hangers |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

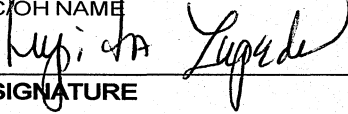
CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

.. Complete only if "Report Type" on page 1 is marked "Final Report" ..

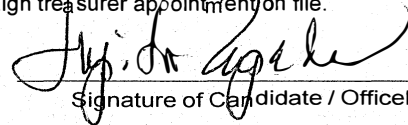
1 C/OH NAME



2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

.. Complete A & B below *only* if you are not an officeholder. ..

A. CAMPAIGN FUNDS

Check only one:

☐

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☐

I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

.. Complete this section *only* if you are an officeholder ..

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

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

| | | |
|---|--|--|
| 19 FILER NAME <i>Nupia Lopez</i> | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 11,400. ⁰⁰ |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 4,438. ²⁸ |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | SCHEDULE E: LOANS | \$ |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 1,347.20 |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |