


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 / <u>MR</u> FIRST <u>Guadalupe</u> MI <u>✓</u> NICKNAME LAST SUFFIX <u>Lupe Herrera</u> <u>Jr.</u> | OFFICE USE ONLY Date Received  Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Change of Address <u>1200 Kerr St. Pecos, TX 79772</u> | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION <u>(432) 448-5441</u> | | |
| 6 CAMPAIGN TREASURER NAME | MS / <u>MRS</u> / MR FIRST <u>Betty</u> MI <u>G.</u> NICKNAME LAST SUFFIX <u>Herrera</u> | | |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE (Residence or Business) <u>1200 Kerr St. Pecos, TX 79772</u> | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <u>(432) 448-8475</u> | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" 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 THROUGH Month Day Year <u>1 / 15 / 2024</u> <u>2 / 26 / 2024</u> | | |
| 11 ELECTION | ELECTION DATE ELECTION TYPE Month Day Year <u>Primary</u> Runoff Other Description <u>3 / 5 / 2024</u> General Special | | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) <u>Reeves County Commissioner & Pat. 3</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 GENERAL SPECIFIC | COMMITTEE NAME COMMITTEE ADDRESS 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 | | 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) | \$ 750.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 559,186.23 ⁴¹ 623.04 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 151.68 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0 |

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.

Lupe K

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Lupe Herrera this the 20 day of February, 2024, 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 Lupe Herrera and my date of birth is 08-14-1970
 My address is 1200 Kerr St Repos TX 79772 U.S.
(street) (city) (state) (zip code) (country)
 Executed in Reeves County, State of Texas, on the 20 day of February, 2024.
(month) (year)
Lupe Herrera
 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| | | |
|--|--|--|
| 19 FILER NAME | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 750.00 |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ 0 |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ 0 |
| 4. SCHEDULE E: LOANS | | \$ 0 |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ 557.18 0 023.04 ✓ |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ 0 |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | | \$ 0 |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ 0 |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | | \$ 0 |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | | \$ 0 |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ 0 |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | | \$ 0 |

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 Lupe Herrera | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1-11-24 | 5 Full name of contributor Clay Taylor out-of-state PAC (ID#: _____) | 7 Amount of contribution (\$) 250.00 |
| | 6 Contributor address; City; State; Zip Code 114 CR 201 Pecos TX 79772 | |
| 8 Principal occupation / Job title (See Instructions) 27 Cattle Company Owner | | 9 Employer (See Instructions) Self |
| Date 2-2-2024 | Full name of contributor Bob Hanks out-of-state PAC (ID#: _____) | Amount of contribution (\$) 400.00 |
| | Contributor address; City; State; Zip Code 1935 Adams Pecos, TX 79772 | |
| Principal occupation / Job title (See Instructions) Western Package Store Owner | | Employer (See Instructions) Self |
| Date 2-2-2024 | Full name of contributor Mike Pharoah out-of-state PAC (ID#: _____) | Amount of contribution (\$) 100.00 |
| | Contributor address; City; State; Zip Code 1605 Missouri Pecos, TX, 79772 | |
| Principal occupation / Job title (See Instructions) Retired Orthodontist | | Employer (See Instructions) NA |
| Date | Full name of contributor out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| | 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.

Reset Form

Reset Page

PLEGGED CONTRIBUTIONS

SCHEDULE B

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 B: | |
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED PLEDGES | | \$ | |
| 5 Date | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code | 8 Amount of Pledge \$ | 9 In-kind contribution description |
| 10 Principal occupation / Job title (See Instructions) | | 11 Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code | Amount of Pledge \$ | In-kind contribution description |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code | Amount of Pledge \$ | In-kind contribution description |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code | Amount of Pledge \$ | In-kind contribution description |
| 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 | | 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#: _____) 7 Contributor address; City; State; Zip Code | 8 Amount of Contribution \$ | 9 In-kind contribution description 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.

LOANS

SCHEDULE E

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 E: |
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | 9 Loan Amount (\$) |
| 6 Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N | 8 Lender address; City; State; Zip Code | 10 Interest rate |
| | | 11 Maturity date |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral none | | 15 Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |
| Date of loan | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | Loan Amount (\$) |
| Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N | Lender address; City; State; Zip Code | Interest rate |
| | | Maturity date |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral none | | Check if personal funds were deposited into political account (See Instructions) |
| GUARANTOR INFORMATION not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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 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: | 2 FILER NAME <i>Lupe Herrera</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|-------------------------------------|---------------------------------------|

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| 4 Date <i>1-15-2024</i> | 5 Payee name <i>Gibsons</i> |
|----------------------------|--------------------------------|

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|-------------------------------|--|------------------------|---------------------|--------------------------|
| 6 Amount (\$) <i>16.97</i> | 7 Payee address; <i>810 Wathall</i> | City; <i>Pecos,</i> | State; <i>TX</i> | Zip Code <i>79772</i> |
|-------------------------------|--|------------------------|---------------------|--------------------------|

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Ad Expense</i> | (b) Description <i>Box of screws</i> |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. <input type="checkbox"/> | |

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|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

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|--------------------------|-------------------------------------|
| Date <i>1-20-2024</i> | Payee name <i>Tractor Supply</i> |
|--------------------------|-------------------------------------|

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|-----------------------------|---|---------------------------|---------------------|--------------------------|
| Amount (\$) <i>32.45</i> | Payee address; <i>2208 W. Cannon</i> | City; <i>Pecos, TX</i> | State; <i>TX</i> | Zip Code <i>79772</i> |
|-----------------------------|---|---------------------------|---------------------|--------------------------|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Ad Expense</i> | Description <i>2 boxes of screws</i> |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. <input type="checkbox"/> | |

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

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| Date <i>1-20-2024</i> | Payee name <i>Gibsons</i> |
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| Amount (\$) <i>209.78</i> | Payee address; <i>810 Wathall</i> | City; <i>Pecos, TX</i> | State; <i>TX</i> | Zip Code <i>79772</i> |
|------------------------------|--------------------------------------|---------------------------|---------------------|--------------------------|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Ad Expense</i> | Description <i>Nails and washers</i> |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. <input type="checkbox"/> | |

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 <i>Lupe Herrera</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|-------------------------------------|---------------------------------------|

| | |
|---------------------------|---|
| 4 Date <i>2-6-2024</i> | 5 Payee name <i>Pecos Enterprise</i> |
|---------------------------|---|

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|--------------------------------|---|---------------------------|---------------------|--------------------------|
| 6 Amount (\$) <i>100.00</i> | 7 Payee address; <i>324 S. Cedar</i> | City; <i>Pecos, TX</i> | State; <i>TX</i> | Zip Code <i>79772</i> |
|--------------------------------|---|---------------------------|---------------------|--------------------------|

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|------------------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Ad Expense</i> | (b) Description <i>Newspaper Ad</i> |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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| Date <i>2-9-2024</i> | Payee name <i>Uncle's</i> |
|-------------------------|------------------------------|

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|-----------------------------|--|---------------------------|---------------------|--------------------------|
| Amount (\$) <i>68.25</i> | Payee address; <i>131 S. Frontage Rd.</i> | City; <i>Pecos, TX</i> | State; <i>TX</i> | Zip Code <i>79772</i> |
|-----------------------------|--|---------------------------|---------------------|--------------------------|

| | | |
|------------------------|---|----------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Transportation Expense - Campaigning in Balmarhea</i> | Description <i>Fuel</i> |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

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|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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|--------------------------|------------------------------|
| Date <i>2-19-2024</i> | Payee name <i>Walmart</i> |
|--------------------------|------------------------------|

| | | | | |
|-----------------------------|--|---------------------------|---------------------|--------------------------|
| Amount (\$) <i>30.49</i> | Payee address; <i>1903 S. Cedar</i> | City; <i>Pecos, TX</i> | State; <i>TX</i> | Zip Code <i>79772</i> |
|-----------------------------|--|---------------------------|---------------------|--------------------------|

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Printing Expense</i> | Description <i>• Copy Paper • Laminating Sheets</i> |
| | (c) 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

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.

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| 1 Total pages Schedule F1: | 2 FILER NAME <i>Lupe Herrera</i> | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|-------------------------------------|---------------------------------------|

| | |
|----------------------------|-------------------------------|
| 4 Date <i>1-26-2024</i> | 5 Payee name <i>Uncles</i> |
|----------------------------|-------------------------------|

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| 6 Amount (\$) <i>65.81</i> | 7 Payee address; <i>131 S. Frontage Rd.</i> | City; <i>Pecos, TX</i> | State; | Zip Code <i>79772</i> |
|-------------------------------|--|---------------------------|--------|--------------------------|

| | | |
|------------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Transportation Expense</i> | (b) Description <i>Fuel - Campaign in Saragosa² Balmorhea</i> |
| | (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 |
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|--------------------------|--|
| Date <i>1-26-2024</i> | Payee name <i>Matta's Burgers Place</i> |
|--------------------------|--|

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|-----------------------------|--|-------------------------------|--------|--------------------------|
| Amount (\$) <i>60.58</i> | Payee address; <i>116 S. Main St.</i> | City; <i>Balmorhea, TX</i> | State; | Zip Code <i>79718</i> |
|-----------------------------|--|-------------------------------|--------|--------------------------|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i> | Description <i>Campaigning in Saragosa² Balmorhea</i> |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

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|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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| Date <i>2-5-2024</i> | Payee name <i>Gibson's</i> |
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|----------------------------|--------------------------------------|---------------------------|--------|--------------------------|
| Amount (\$) <i>3.34</i> | Payee address; <i>810 Wathall</i> | City; <i>Pecos, TX</i> | State; | Zip Code <i>79772</i> |
|----------------------------|--------------------------------------|---------------------------|--------|--------------------------|

| | | |
|------------------------|---|-------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Ad Expense</i> | Description <i>Anchors</i> |
| | 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

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 | 3 Filer ID (Ethics Commission Filers) |
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| 4 Date 2-17-2024 | 5 Payee name Sunoco |
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| 6 Amount (\$) 35.37 | 7 Payee address; City; State; Zip Code 2612 State Hwy. 17 Pecos, TX 79772 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description Fuel |
| | Transportation Expense - Campaigning in Saragosa, Baltimore | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

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| Date | Payee name |
|------|------------|

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|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |

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|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
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|------|------------|
| Date | Payee name |
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|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED