

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 FIRST MI

NICKNAME LAST SUFFIX

Polo Leopoldo Vielma

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE

2410 2nd ST. Eagle Pass TX 78852

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(830) 776-1518

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI

NICKNAME LAST SUFFIX

Rosa Vielma G

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE

2410 2nd ST Eagle Pass TX 78852

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(830) 773-3295

9 REPORT TYPE

- January 15
 30th day before election
 Runoff
 15th day after campaign treasurer appointment (Officeholder Only)
 July 15
 8th day before election
 Exceeded Modified Reporting Limit
 Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year

01 / 23 / 2026 THROUGH / /

11 ELECTION

ELECTION DATE

Month Day Year

03 / 03 / 2026

ELECTION TYPE

- Primary
 Runoff
 Other Description
 General
 Special

12 OFFICE

OFFICE HELD (if any)

Maverick County District Clerk

13 OFFICE SOUGHT (if known)

Maverick County District Clerk

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

OFFICE USE ONLY

Date Received

RECEIVED

FEB 23

BY:.....12:48

Date Hand-delivered or Date Postmarked

Receipt

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

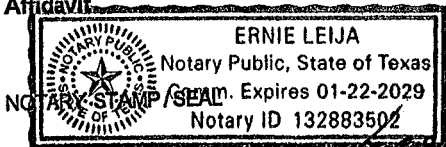
15 C/OH NAME <i>Leopoldo Polo Vielma</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>2,000.⁰⁰</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>3,467.⁸⁴</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>30.⁹⁴</i>
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.

Leopoldo Polo Vielma
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by *Leopoldo Polo Vielma* this the *23RD* day of *FEB*.

20 *26th* to certify which, witness my hand and seal of office.
Ernie Leija Signature of officer administering oath
 Ernie Leija Printed name of officer administering oath
 Notary Public Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____
 My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)
 Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) _____ (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Leopoldo Polo Vielma</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2000.00</i>
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 E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>3160.72</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>307.16</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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
2 FILER NAME Leopoldo "Pol." Vielma		3 Filer ID (Ethics Commission Filers)
4 Date 2/3/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez & Gonzalez Assoc. P.C.	7 Amount of contribution (\$) 400.00
6 Contributor address; City; State; Zip Code 269 N. Coylon Eagle Pass TX 78852		
8 Principal occupation / Job title (See Instructions) .		9 Employer (See Instructions)
Date 2/3/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosa G. Vielma	Amount of contribution (\$) 900.00
Contributor address; City; State; Zip Code 2410 2nd St Eagle Pass TX 78852		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/4/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maltos Law Firm	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 19928 Blue Hill Pass Helotes TX 78023		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/17/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vocchini/Victor Gonzalez	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 11434 Mission Trace San Antonio TX 78230		
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.

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 <p style="text-align: center; font-size: 1.2em;">Leopoldo Polo Vicuna</p>		3 Filer ID (Ethics Commission Filers)
4 Date <p style="font-size: 1.2em;">2/11/26</p>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.2em; text-align: center;">Roberto Serna</p>	7 Amount of contribution (\$) <p style="font-size: 1.5em;">400.00</p>
6 Contributor address; City; State; Zip Code <p style="font-size: 1.2em; text-align: center;">1665 N. Bible St. Engle Pass Tx. 78852</p>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

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: 5	2 FILER NAME Leopoldo Polo Vielma	3 Filer ID (Ethics Commission Filers)
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4 Date 1/27/26	5 Payee name El Latino
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6 Amount (\$) 500⁰⁰	7 Payee address; 1212 Leaty Dr	City; Engle Pass TX	State; TX	Zip Code 78852
<input type="checkbox"/> Check if individual's residence address.				

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description 1013 Newspaper
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/2/26	Payee name Internews
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Amount (\$) 150⁰⁰	Payee address; 902 Secord	City; Engle Pass TX	State; TX	Zip Code 78852
<input type="checkbox"/> Check if individual's residence address.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description 1014 Internet Campaign Announcements
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/2/26	Payee name Mauvrick County Democratic Party
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Amount (\$) 25⁰⁰	Payee address; 1299 Main st	City; Engle Pass TX	State; TX	Zip Code 78852
<input type="checkbox"/> Check if individual's residence address.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution Donation	Description 1015 Misc & Grant
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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>Leopoldo Polo Vielma</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2/2/26</i>	5 Payee name <i>830 Signs</i>
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6 Amount (\$) <i>173.20</i>	7 Payee address; <i>437 Quarry Ct</i>	City; <i>Engle Pass</i>	State; <i>Tx</i>	Zip Code <i>78857</i>
<input type="checkbox"/> Check if individual's residence address.				

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Exp</i>	(b) Description <i>4-Signs 1016</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/2/26</i>	Payee name <i>Aguilar Uniforms</i>
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Amount (\$) <i>266.12</i>	Payee address; <i>1299 Main St. Ste A</i>	City; <i>Engle Pass</i>	State; <i>Tx</i>	Zip Code <i>78857</i>
<input type="checkbox"/> Check if individual's residence address.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing</i>	Description <i>1017 Imprinting shirts</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/3/26</i>	Payee name <i>La Galeria</i>
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Amount (\$) <i>150.00</i>	Payee address; <i>P.O. Box 4483</i>	City; <i>Engle Pass</i>	State; <i>Tx</i>	Zip Code <i>78852</i>
<input type="checkbox"/> Check if individual's residence address.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>1018 Internet Campaign Announcement.</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 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>Leopoldo Ureban Polo</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2/3/26</i>	5 Payee name <i>Graciela Linguin Prindley Pear</i>
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6 Amount (\$) <i>55.00</i>	7 Payee address: <i>668 Main st</i>	City: <i>Engle Pass</i>	State: <i>TX</i>	Zip Code: <i>78852</i>
<input type="checkbox"/> Check if individual's residence address				

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <i>Gift Awards</i>	(b) Description: <i>1019 meet & greet Democratic Party Event</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/3/26</i>	Payee name <i>Bee's & Berry's</i>
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Amount (\$) <i>25.00</i>	Payee address: <i>668 Main st.</i>	City: <i>Engle Pass</i>	State: <i>TX</i>	Zip Code: <i>78852</i>
<input type="checkbox"/> Check if individual's residence address				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <i>Gift Award</i>	Description: <i>1020 meet & greet Democratic Party Event.</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/4/26</i>	Payee name <i>the news Gram</i>
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Amount (\$) <i>900.00</i>	Payee address: <i>2431 Del Rio Blvd</i>	City: <i>Engle Pass TX</i>	State: <i>TX</i>	Zip Code: <i>78852</i>
<input type="checkbox"/> Check if individual's residence address				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <i>Advertising Exp</i>	Description: <i>1021 newspaper Ad Announcement</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Leopoldo Polo Vielma</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/4/26</i>	5 Payee name <i>Jose Linda</i>	
6 Amount (\$) <i>100.00</i>	7 Payee address: <i>2937 Rodriguez St</i> <input type="checkbox"/> Check if individual's residence address	City: <i>Engle Pass TX</i> State: <i>TX</i> Zip Code: <i>78852</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Exp</i>	(b) Description <i>1022</i> <i>Internet Ad Announcement/Design</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/5/26</i>	Payee name <i>Jose Luis Armandaric</i>		
Amount (\$) <i>300.00</i>	Payee address: <i>682 Adams St</i> <input type="checkbox"/> Check if individual's residence address	City: <i>Engle Pass TX</i> State: <i>TX</i> Zip Code: <i>78852</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contractor Labor</i>	Description <i>1023</i> <i>Installing Signs</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/9/26</i>	Payee name <i>830 Signs</i>		
Amount (\$) <i>173.00</i>	Payee address: <i>437 Quarry St</i> <input type="checkbox"/> Check if individual's residence address	City: <i>Engle Pass TX</i> State: <i>TX</i> Zip Code: <i>78852</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Exp</i>	Description <i>1024</i> <i>4-Signs</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 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>Leopoldo Polo Vielma</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2/10/26</i>	5 Payee name <i>830 Signs</i>
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6 Amount (\$) <i>163.20</i>	7 Payee address; <i>437 Quarry St.</i>	City; <i>Engle Pass TX</i>	State;	Zip Code <i>78852</i>
<input type="checkbox"/> Check if individual's residence address.				

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing exp</i>	(b) Description <i>1025 4 - Signs</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense.	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/12/26</i>	Payee name <i>La Galeria</i>
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Amount (\$) <i>150.00</i>	Payee address; <i>P.O. Box 4483</i>	City; <i>Engle Pass TX</i>	State;	Zip Code <i>78852</i>
<input type="checkbox"/> Check if individual's residence address.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>1026 Internet Campaign Announcement</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense.	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/13/26</i>	Payee name <i>Creative Design</i>
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Amount (\$) <i>3000</i>	Payee address; <i>1299 main st STE B</i>	City; <i>Engle Pass TX</i>	State;	Zip Code <i>78852</i>
<input type="checkbox"/> Check if individual's residence address.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing</i>	Description <i>1012 RE - stickers for signs</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense.	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | 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) |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 2	2 FILER NAME Leopoldo Victoria Polo		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$
5 CREDIT CARD ISSUER	Name of financial institution Falcon Bank		
6 PAYMENT 22.72	(a) Amount Charged \$ 22.72	(b) Date Expenditure Charged 1-26-25	(c) Date(s) Credit Card Issuer Paid 1-27-25
7 PAYEE	(a) Payee name Amazon	(b) Payee address; City, State, Zip Code <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description 112-8242723-7134653 Stakes for Political Signs (5m)
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
PAYMENT 9.44	(a) Amount Charged \$ 9.44	(b) Date Expenditure Charged 2/3/26	(c) Date(s) Credit Card Issuer Paid 2/4/26
PAYEE	(a) Payee name Walmart	(b) Payee address; City, State, Zip Code <input type="checkbox"/> Check if individual's residence address. 496 S. B. 1st English TX. 78852	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description meet & greet Mints Early Democrat event.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
PAYMENT 3.98	(a) Amount Charged \$ 3.98	(b) Date Expenditure Charged 2/11/26	(c) Date(s) Credit Card Issuer Paid 2/11/26
PAYEE	(a) Payee name Harbor Freight	(b) Payee address; City, State, Zip Code <input type="checkbox"/> Check if individual's residence address. 2084 N. Veterans Eagle Pass TX 78852	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Ty-Raps for Install signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | 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) |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME <i>Leopoldo Velazquez P/lo</i>		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$
5 CREDIT CARD ISSUER	Name of financial institution <i>Falcon Bank</i>		
6 PAYMENT <i>19.93</i>	(a) Amount Charged \$ <i>19.93</i>	(b) Date Expenditure Charged <i>2/11/26</i>	(c) Date(s) Credit Card Issuer Paid <i>2/11/26</i>
7 PAYEE	(a) Payee name <i>Sams Club</i>	(b) Payee address; City, State, Zip Code <i>5855 Loop 410 San Antonio Tx 78229</i> <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <i>Food Expense</i>		(b) Description <i>Cookies Early Voting</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
PAYMENT <i>40.00</i>	(a) Amount Charged \$ <i>40.00</i>	(b) Date Expenditure Charged <i>2/15/26</i>	(c) Date(s) Credit Card Issuer Paid <i>2/17/26</i>
PAYEE	(a) Payee name <i>STripes</i>	(b) Payee address; City, State, Zip Code <i>2093 Westwood Loop TX 78852</i> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <i>Transportation</i>		(b) Description <i>Signs & Early Voting Transport.</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
PAYMENT <i>211.09</i>	(a) Amount Charged \$ <i>211.09</i>	(b) Date Expenditure Charged <i>2/16/26</i>	(c) Date(s) Credit Card Issuer Paid <i>2/17/26</i>
PAYEE	(a) Payee name <i>P30 Signs</i>	(b) Payee address; City, State, Zip Code <i>437 Quarry St. Empluss Tx 78852</i> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <i>Advertising, Exp</i>		(b) Description <i>Sign Banner Early Voting</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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