

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 Leopoldo NICKNAME LAST SUFFIX Polo Vielma | OFFICE USE ONLY <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JAN 15 P.M. By <i>[Signature]</i> 2:17 PM </div> Date Received Date Hand-deltivered or Postmarked Receipt # Amount \$ Date Processed Date Imaged | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2410 2 nd ST. Eagle Pass TX 78852 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (830) 776-1518 | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Rosa G NICKNAME LAST SUFFIX Vielma | | |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2410 2 nd ST. Eagle Pass TX 78852 (Residence or Business) | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (830) 776-3295 | | |
| 9 REPORT TYPE | <input checked="" 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 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 Month Day Year 10 / 21 / 2025 THROUGH 12 / 31 / 2025 | | |
| 11 ELECTION | ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 03 / 03 / 2026 <input type="checkbox"/> General <input type="checkbox"/> 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. | | |
| <input type="checkbox"/> Additional Pages <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | 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

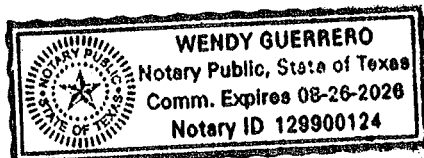
| | | |
|---|---|--|
| 15 C/OH NAME <u>Leopoldo "Polo" Vielma</u> | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ <u>3,900.00</u> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <u>1,835.56</u> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <u>2,064.44</u> |
| 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 Vielma
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Leopoldo Vielma this the Jan day of 15th, 2020, to certify which, witness my hand and seal of office.

Wendy Guerrero Signature of officer administering oath
Wendy Guerrero 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>Leop. Ido Vielma "Polo"</i> | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ <i>3900.⁰⁰</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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>801.²⁸</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 type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ <i>294.²⁸</i> |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ <i>750.⁰⁰</i> |
| 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: 3150.00 |
| 2 FILER NAME Leopoldo Polo Vielma | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/18/25 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leopoldo Vielma | 7 Amount of contribution (\$) 900.00 |
| 6 Contributor address; City; State; Zip Code 2410 2nd ST. Eagle Pass TX 78852 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/15/25 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Claudia Heredia | Amount of contribution (\$) 1000.00 |
| Contributor address; City; State; Zip Code 468 Main ST Eagle Pass TX 78852 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/17/25 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolando M. Jasso | Amount of contribution (\$) 1000.00 |
| Contributor address; City; State; Zip Code 315 N. Ceylon ST. Eagle Pass TX 78852 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/17/25 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marco Bass | Amount of contribution (\$) 1000.00 |
| Contributor address; City; State; Zip Code 1934 Del Rio Blvd Eagle Pass TX 78852 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | |

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 | 2 FILER NAME Leopoldo "Dolo" Vielma | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/18/25 | 5 Payee name Federico Daniel Ramos | |
| 6 Amount (\$) 100.00 | 7 Payee address; City; State; Zip Code 959 Medina ST. Apt 5 Eagle Pass TX 78852 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description ck006 Internet Facebook Ad/Interview |
| | (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 | | |
| Date 12/21/25 | Payee name Jose G Landa (Informate) | |
| Amount (\$) 80.00 | Payee address; City; State; Zip Code 2937 Rodriguez ST Eagle Pass TX 78852 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description ck1001 Internet Facebook Ad |
| | <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 | | |
| Date 12/21/25 | Payee name Federico Daniel Ramos (EPTXN) | |
| Amount (\$) 300.00 | Payee address; City; State; Zip Code 959 Medina ST Apt 5 Eagle Pass TX 78852 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description ck1002 Internet Campaign Ad Package Through Primary 3/3/25 |
| | <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

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) |
| 4 Date <i>12/29/25</i> | 5 Payee name <i>La Dulcita</i> | |
| 6 Amount (\$) <i>100.00</i> | 7 Payee address; <i>2661 oakmanor</i> | City; State; Zip Code <i>Eagle Pass TX 78852</i> |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | (b) Description <i>ck 1003 X-mas ad campaign</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 | | |
| Date <i>12/29/25</i> | Payee name <i>Leopoldo Vielma</i> | |
| Amount (\$) <i>71.28</i> | Payee address; <i>2410 2nd ST</i> | City; State; Zip Code <i>Eagle Pass TX 78852</i> |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Transportation</i> | Description <i>ck 1004 Gasoline STAMPS, Murphy (Foreign 11/22/25, 12/02/25 install)</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 | | |
| Date <i>12/30/25</i> | Payee name <i>El Latino</i> | |
| Amount (\$) <i>150.00</i> | Payee address; <i>1212 Katy DR</i> | City; State; Zip Code <i>Eagle Pass TX 78852</i> |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | Description <i>ck 1005 X-mas Campaign ad</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 | | |

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 Velma "Polo"</i> | 3 FILER ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 8 | | \$ 284²⁸ |
| 5 CREDIT CARD ISSUER | Name of financial institution <i>Falcon Bank</i> | |
| 6 PAYMENT <i>30⁰⁰</i> | (a) Amount Charged \$ <i>300⁰⁰</i> | (b) Date Expenditure Charged <i>12/19/25</i> |
| | | (c) Date(s) Credit Card Issuer Paid <i>12/19/25</i> |
| 7 PAYEE | (a) Payee name <i>Yopos</i> | (b) Payee address; City, State, Zip Code <i>2420 main st Eagle Pass TX 78852</i> |
| 8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) <i>Contribution/Donation</i> | (b) Description <i>x-mas Party Gift giveaway</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>30⁰⁰</i> | (a) Amount Charged \$ <i>300⁰⁰</i> | (b) Date Expenditure Charged <i>12/19/25</i> |
| | | (c) Date(s) Credit Card Issuer Paid <i>12/19/25</i> |
| PAYEE | (a) Payee name <i>Peter Piper Pizza</i> | (b) Payee address; City, State, Zip Code <i>402 S. Bibb St Eagle Pass TX 78852</i> |
| PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) <i>Contribution/Donation</i> | (b) Description <i>x-mas Party Gift giveaway</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>25⁰⁰</i> | (a) Amount Charged \$ <i>25⁰⁰</i> | (b) Date Expenditure Charged <i>12/19/25</i> |
| | | (c) Date(s) Credit Card Issuer Paid <i>12/19/25</i> |
| PAYEE | (a) Payee name <i>Whata Burger</i> | (b) Payee address; City, State, Zip Code <i>454 South Bibb Eagle Pass TX 78852</i> |
| PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) <i>Contribution/Donation</i> | (b) Description <i>x-mas Party Gift Donation</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

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 | Printing Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | | 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 | | 3 FILER ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | | \$ |
| 5 CREDIT CARD ISSUER | Name of financial institution | | |
| 6 PAYMENT 2500 | (a) Amount Charged \$ 2500 | (b) Date Expenditure Charged 12/19/25 | (c) Date(s) Credit Card Issuer Paid 12/19/25 |
| 7 PAYEE | (a) Payee name Whataburger | (b) Payee address; City, State, Zip Code 454 South Bubb Eagle Pass TX 78852 | |
| 8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Contribution/Donation | | (b) Description X-mas Party Gift Donation |
| | (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 2500 | (a) Amount Charged \$ 2500 | (b) Date Expenditure Charged 12/19/25 | (c) Date(s) Credit Card Issuer Paid 12/19/25 |
| PAYEE | (a) Payee name Whataburger | (b) Payee address; City, State, Zip Code 454 South Bubb Eagle Pass TX 78852 | |
| PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Contribution/Donation | | (b) Description X-mas Party Gift Donation |
| | (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 51.25 | (a) Amount Charged \$ 51.25 | (b) Date Expenditure Charged 12/22/25 | (c) Date(s) Credit Card Issuer Paid 12/22/25 |
| PAYEE | (a) Payee name Stripes 2262 | (b) Payee address; City, State, Zip Code 2093 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) Transportation | | (b) Description gasoline sign installation |
| | (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 | 3 FILER ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | \$ |
| 5 CREDIT CARD ISSUER | Name of financial institution | |
| 6 PAYMENT 20.03 | (a) Amount Charged \$ 20.03 | (b) Date Expenditure Charged 12/22/25 |
| | | (c) Date(s) Credit Card Issuer Paid 12/22/25 |
| 7 PAYEE | (a) Payee name Murphy 2903 | (b) Payee address; City, State, Zip Code 2090 N. Veterans Eagle Pass TX. 78852 |
| 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) Transportation | (b) Description gasoline sign installations |
| | (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 28.00 | (a) Amount Charged \$ 28.00 | (b) Date Expenditure Charged 12/22/25 |
| | | (c) Date(s) Credit Card Issuer Paid 12/22/25 |
| PAYEE | (a) Payee name USPS | (b) Payee address; City, State, Zip Code 410 S. Bulb 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) other | (b) Description Postage for letter mailouts |
| | (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 | (a) Amount Charged \$ | (b) Date Expenditure Charged |
| | | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name | (b) Payee address; City, State, Zip Code |
| PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | (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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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)

The Instruction Guide explains how to complete this form.

| | | |
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| 1 Total pages Schedule G: 750⁰⁰ | 2 FILER NAME Leopoldo "Polo" Vielma | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/21/25 | 5 Payee name Maverick County Elections office | |
| 6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 501 main st. Eagle Pass TX 78852 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description Filing fees |
| | (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 |
| Date | Payee name | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <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 |
| Date | Payee name | |
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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
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| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED