CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MS, Judit	MI	OFFICE USE ONLY
NAME	NICKNAME LAST VEG C ADDRESS / PO BOX; APT / SUITE #; C	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #: 1350 E. Highland B. San Antonio, Tex	orty: state; zip code 1Vd. as 78210	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (70) 215-7241	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MS. JOVANNA NICKNAME LAST	MI SUFFIX	Date Processed
	Lopez	2	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLÉASE); APT / SL 310 Hammond AVE.;		STATE; ZIP CODE EXAS 782/0
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (9/7) 335-7705	EXTENSION	
9 REPORT TYPE	January 15 30th day before el	C Successive Management	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
		Reporting Limit	
10 PERIOD COVERED	Month Day Year 3 / 2 3 / 262 l	THROUGH 4	Day Year / 21 / 202 [
11 ELECTION	Month Day Year Primary 5 / 1 / 21 General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (IF KNOWN, SAISD BOARD T	1
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS / THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIR COMMITTEE TYPE COMMITTEE NAME	MAY HAVE BEEN MADE WITHOUT THE CAND	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
Additional Pages	San Antoni COMMITTEE ADDRESS 120 Adam	ASURER NAME GAVZA EASURER ADDRESS	AC nio Texas 78218
120 Adams, San Antonio Texas 78210 GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	+ Vega	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ Ø
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,675.97
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ Ø
	4. TOTAL POLITICAL EXPENDITURES	\$ 833.82
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	FDAY \$ 2,501.18
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is true uried to be reported by me under Title 15, Election Code.	and correct and includes all information
rec	who to be reported by the under the to, Lieuton Oude.	
		1/
	Malit	Vegec
	Signature of Car	didate or Officeholder
	2.0.00,000	
Please complete either option below:		
	i idade dompiete citilei option bolon	•
		i e
(1) Affidavit	•	
NOTARY STAMP/SEAL		
Sworn to and subscribed	before me by this the	day of
Sworn to and subscribed before me by this the day of,		
20, to certify	which, witness my hand and seal of office.	(3)19 0 \$
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
My name is, and my date of birth is		
My address is 1350 E. High and , San Antonio, TX, 78210, Bexar. (street) (city) (state) (zip code) (country)		
Executed in Bexar County, State of Texas, on the 23rdday of April , 2021. (year)		
	Judit Va	234
	/ Signature of Candid	ate/Officeholder (Declarant)

Political Committees

1. Communication Workers of America Committee on Political Education Political Contributions (CWA- COPE PCC)

501 Third Street, N. W. Washington, D.C. 20001

Committee Treasurer: Sara Steffens

 Texas AFT Committee on Political Education (COPE 1) 912 Highway 183 South, Suite 100-A Austin, TX 78741

Committee Treasurer: Ray McMurrey



CHRISTOPHER SHELTON, Chair SARA STEFFENS, Treasurer

CWA-COPE PCC 501 Third Street, N.W. Washington, DC 20001 Phone: 202.434.1491

Fax: 202.434.1279
Email: epolitics@cwa-union.org

Dear Friends:

Enclosed is a check which is drawn on the CWA-Committee on Political Education Political Contributions Committee (CWA-COPE PCC) account.

CWA-COPE PCC is a federal multi-candidate political committee sponsored by the Communications Workers of America and is funded solely with voluntary contributions from CWA members and their families. CWA-COPE PCC is registered with, and periodically reports its transactions to, the Federal Election Commission (FEC).

Sincerely,

Christopher Shelton

Under In Date

Chair

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Judit Vega 20 Filer ID (Ethics C	ommission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$3,335.00 \$5,940,97
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$5,940,97
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ \$
4. SCHEDULE E: LOANS	\$ \$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 833.92
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 8
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ \$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ Ø
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	\$ Ø
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ Ø

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	s form.	1 Total pages Schedule A1:
2 FILER NAME Judit	Vega		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor □ out-of-state PAC Ana Beach		7 Amount of contribution (\$)
3/23/21	6 Contributor address; City; 7926 Vanity Hill, San Ani	State; Zip Code Gnid TX 78056	\$100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
3/23/21	Contributor address; City; O26 Freiling, San And	State; Zip Code	\$ 200.00
Principal occur	pation / Job title (See Instructions)	Employer (See Instructi	
- Imorpar codap	ation 7 cop title (cee mandetions)	Employer (See instructi	ions)
Date		: (ID#:)	Amount of contribution (\$)
3/23/21	Debra Sanchez Contributor address; City; 302 Alexander Ham	State; Zip Code	\$100.00 no 18
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor Natalie Clifford	(ID#:)	Amount of contribution (\$)
3/23/21	Contributor address; City; 514 Westwood Dr. San	State; Zip Code in Autonio (as 78212	\$25.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)

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 Judit	Vega	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
3/24/21	6 Contributor address; City; State; Zip Code 302 Alexander Hamiton Dr. San Antonio	#100.00
	302 Alexander HumponDr. Jun Avironias	3278
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	
Date	Full name of contributor	Amount of contribution (\$)
3/24/21	Eloisa Portillo-Morales Contributor address: City; State; Zip Code 2251 W. Mistletoe San Antonio TX 78.	#25.00 c
Principal occup	pation / Job title (See Instructions) Employer (See Ins	JVI structions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
3/26/21	Contributor address: City: State: Zip Code GIO Stoneway Dr. SanAntonio TX 7825	7 \$40.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	structions)
Date	Full name of contributor out-of-state PAC (ID#:	
3/27/21	Contributor address; City; State; Zip Code 433 Ri Himan Rd. San Antonio TX 788	209
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

10000000	estration distance, comments in		gament and a 12 a
The Instruction Guide explains how to complete this form.		form.	1 Total pages Schedule A1:
2 FILER NAME Judit	Vegg		3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) Maria Berriozobal 6 Contributor address; City; State; Zip Code 1148 RUSSELL PL. San Antonio TX 78201		7 Amount of contribution (\$) #300.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See İnstructi	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
3/30/21	Contributor address; City; 2005 Via Masada Carlst	State; Zip Code Sud, CA 92010	\$100.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 3/30/21	Full name of contributor out-of-state PAC Celina Pena Contributor address: City: 2034 W. Kings Huy, San Av.	State: Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 3/30/2/	Full name of contributor out-of-state PAC Denise Hernandez Contributor address; City; 1214 Morey Peak Dr. Sa	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)

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SCHEDULE A1

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

10000000	estration distance, comments in		gament and a 12 a
The Instruction Guide explains how to complete this form.		form.	1 Total pages Schedule A1:
2 FILER NAME Judit	Vegg		3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) Maria Berriozobal 6 Contributor address; City; State; Zip Code 1148 RUSSELL PL. San Antonio TX 78201		7 Amount of contribution (\$) #300.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See İnstructi	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
3/30/21	Contributor address; City; 2005 Via Masada Carlst	State; Zip Code Sud, CA 92010	\$100.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 3/30/21	Full name of contributor out-of-state PAC Celina Pena Contributor address: City: 2034 W. Kings Huy, San Av.	State: Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 3/30/2/	Full name of contributor out-of-state PAC Denise Hernandez Contributor address; City; 1214 Morey Peak Dr. Sa	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)

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SCHEDULE A1

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

			and the second s
The Instruction Guide explains how to complete this form.		Total pages Schedule A1:	
2 FILER NAME JUdity	ega		Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) Samuel Duranderd 4/1/21 6 Contributor address; City; State; Zip Code 3/1 Carnahan St. San Antonio TX 78209		Amount of contribution (\$)	
8 Principal occupation	on / Job title (See Instructions)	9 Employer (See Instruction	ns)
4/2/21	Full name of contributor out-of-state PACE 101Sa Portillo Morale Contributor address; City; 251 Mistletoe San Anto	State; Zip Code	Amount of contribution (\$)
Principal occupation	n / Job title (See Instructions)	Employer (See Instruction	
4/7/21	Full name of contributor out-of-state PAC James Courtney Contributor address; city; O7 W. Russell Pl. Sand	State; Zip Code	Amount of contribution (\$)
Principal occupation	n / Job title (See Instructions)	Employer (See Instruction	is)
4/7/21	Full name of contributor out-of-state PAC RIJEY METCALFE Contributor address; City;	State; Zip Code	Amount of contribution (\$)
Principal occupation	n / Job title (See Instructions)	Employer (See Instruction	is)

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	L Vega	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (IDIF:) Enrigue Ateman, Tr. 6 Contributor address; City; State; Zip Gode 1630 W. Husache Ak. San Antonio TX 780		7 Amount of contribution (\$) Zip Gode ONLOTY-7801
8 Principal occu	pation / Job title (See Instructions) 9 Em	ployer (See Instructions)
Pete 419121	Full name of contributor out-of-state PAC (IDI)	
Principal occup	eation / Job title (See Instructions) Em	oloyer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Giscl Prado	Amount of contribution (\$)
4/10/21	Contributor address: City: State: 13515 NestAve #1022 SanAni	Zip Code \$50.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		
Date 4/10/21	Full name of contributor out-of-state PAC (ID#:	Zip Code \$50.00
Principal occup		oloyer (See Instructions)

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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 ULGÍ	t Veger	3 Filer ID (Ethics Commission Filers)
4 Date 4/10/21	Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) Gode \$100.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer	(See Instructions)
Date 4/13/21	Full name of contributor out-of-state PAC (ID#	
Principal occuj	The second secon	(See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
4/14/21	Samuel Durandard Contributor address: City: State: Zip. 311 Carnahan St. SanAntonioTo	178209 \$ 150.00
Principal occup	pation / Job title (See Instructions) Employer	(See Instructions)
Date 4/18/71	Full name of contributor out-of-state PAC (ID#: Katy Bravenec contributor address; City; State; Zip (50) Shook Ave. SanAntonio TX	
Principal occu	pation / Job title (See instructions) Employer	(See Instructions)

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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 JUDIT VEGA	3 Filer ID (Ethics Commission Filers)
4 Date 6 Full name of contributor out-of-state PAC (IDIF:)	7 Amount of contribution (\$)
9/19/19 6 Contributor address; City; State; Zip Code	\$100.00
7045 Parker Hill Dr. Madison, WI 537K 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru	
Date Full name of contributor out-of-state PAC (IDM) Sandra Barker	Amount of contribution (\$)
4/19/21 Contributor address; City; State: Zip Code 16520Avalanche Way RoundRock TX	\$50.00
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions)
Date Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)
4/20/21 Contributor address: City: State: Zip Corte 45/66 Waterpointe Terrace \$202 AShburn VA 2014	\$100.00
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions)
Date Full name of contributor Four-of-state PAC (ID#:	Amount of contribution (\$)
Communication Workers of Armerical CWA-COFE F. 4/12/21 Contributor address; City; State; Zip Code 501 Third St., N.W. Washington DC 20001	\$ \$1000.00
Principal occupation / Job title (See instructions) Employer (See instru	ctions)

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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 JUCKY (lega	3 Filer ID (Ethics Commission Filers)
4 Date 4/20/21	5 Full name of contributor out-of-state PAC (IDIF: Ursua Cruz) 6 Contributor address: City; State; Zip Gode 13913 Hunters Mount San Antan (OTX 7)	7 Amount of contribution (\$) \$50.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	structions)
Date	Full name of contributor out-of-state PAC (IDM	Amount of contribution (\$) # 50.00
4/21/21 Principal occup	Contributor address; City; State; Zip Code COI W. Magnolia AVP Sun Antonio TX pation / Job title (See Instructions) Employer (See Ins	7/2
Date	Full name of contributor Out-of-state PAC (ID#:	→ Amount of contribution (\$) #25.80
4/21/21	Contributor address: City: State: Zip Gode 4/122 Green Sloor Sun Antonis 13	329
Principal occup	pation / Job title (See Instructions) Employer (See Ins	incions)
Date	Full name of contributor	Amount of contribution (\$)
Principal occup	pation / Job title (See instructions) Employer (See ins	structions)

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SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2:
2 FILER NAME	lit Vega		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 0	
5 Date 3/26/21	6 Full name of contributor □ out-of-state PAC (ID#: San Antomo PAC 7 Contributor address; City; State; 120 Arlams San Antomio TX 72	Zip Code 8210	8 Amount of Contribution \$	In-kind contribution description Campality Liferature Paper de of Texas. Complete Schedule T.
0 .0	supation / Job title (FOR NON-JUDICIAL) (See Instructions)		FOR NON-JUDICIA	21
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 3/31/21	Full name of contributor out-of-state PAC (ID#: TEXAS AFT COMMITTEE ON POLITICAL E Contributor address; City; State; PID HIGHWAY 1835, Ste 100-A AUSTIN TA	ducate Zip Code X78741	Amount of Contribution \$	In-kind contribution description Digital Ads Ads
- (Signal OVGanization	Employe TEXASA	er (FOR NON-JUDICIA FET COPE	AL)(See Instructions)
	principal occupation (FOR JUDICIAL)			IDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n 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 T			g requirements.

Revised 8/17/2020

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 Judit 1/299	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	\$		
5 Date 5 Full name of contributor out-of-state PAC (ID#:	8 Amount of Sin-kind contribution description H 400 Phone bank Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 11 Employ	er (FOR NON-JUDICIAL) (See Instructions)		
12 Contributor's principal occupation (FOR JUDICIAL) 13 Contrib	outor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm	m of contributor's spouse (if any) (FOR JUDICIAL)		
16 if contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Full name of contributor out-of-state PAC (ID#:) San Andonis All (ance PAC 4/1/2) Contributor address; City; State; Zip Code 120 Adams San Andonio TX 78210	Amount of Contribution \$ In-kind contribution description # 1732.54 Field Dinochon		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employ Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employ	ver (FOR NON-JUDICIAL) (See Instructions)		
	outor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL) Law firm	m of contributor's spouse (if any) (FOR JUDICIAL)		
if contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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 - VEGA	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	\$
5 Date 5 Full name of contributor out-of-state PAC (ID#) Sam An Son & Alliance PAC 4/4/21 7 Contributor address; City; State; Zip Code 120 Adams San Antonio TX 78210	8 Amount of Contribution \$ In-kind contribution description ### Advectors in Texas. Complete Schedule T.
Professional Organization	er (FOR NON-JUDICIAL) (See Instructions) utor's job title (FOR JUDICIAL) (See Instructions)
	n 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 out-of-state PAC (ID#:	Amount of Contribution \$\frac{\text{In-kind contribution}}{\text{description}}\$ \$\frac{\text{Gampais}}{2\text{In-kind contribution}}\$ \$\frac{\text{Campais}}{\text{Compais}}\$ \$\frac{\text{Compais}}{2\text{In-kind contribution}}\$ \$\text{description}\$ \$\text{Campais}\$ \$\text{Compais}\$ \$\text{Check if travel outside of Texas. Complete Schedule T.}\$
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employ Professional Organization	er (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL) Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL) Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

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 JUDICY VEGG	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS \$
120 Adams San Antonio TX =	Amount of Contribution \$ in-kind contribution description Electron Ep Code Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)
Professional organization	
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
moderne talle I i serve i to	45 A 450 HEIONIA
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)	
Full name of contributor out-of-state PAC (ID#:	
San Antonio Alliance PAC	Amount of Contribution \$ In-kind contribution description Phone B23.10 Bank Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
Professional organization	
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Constitution of the Consti	ere kannatari deko witi neko holembalitari argoetti i
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
The second section of the second seco	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
	continued and account of the continued and ac
ATTACH ADDITIONAL CODIES OF TH	JIS SCHEDIJI E AS NEEDED

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 WOLLT VEGO	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTION	ons \$			
5 Date 6 Full name of contributor out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution description SB 14 Paid Phones			
9/16/21 7 Contributor address; City; State; Zip Contributor Address; Zip Contributor	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)			
	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 out-of-state PAC (ID#:	Amount of Contribution \$ In-kind contribution description Sode \$1451.75 Direct Mail 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

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.		n.	1 Total pages Schedule A2:	
2 FILER NAMI	F Vega		3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$ Ø	
5 Date 4/19/21 10 Principal occ	Full name of contributor out-of-state PAC (ID#:	Zip Code 8210 11 Employe	8 Amount of Sole In-kind contribution description ###################################	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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	Zip Code	Amount of In-kind contribution Contribution \$ description	
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL) (See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n 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 T	'HIS SCHEDI	ULE AS NEEDED	
	If contributor is out-of-state PAC please see Instructi			

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

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

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME JUDIT VEGA	3 Filer ID (Ethics Commission Filers)
4 Date 3/25 / 2/	5 Payee name Self-Branded	SA.
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$200.00	P.O.BOX 76979	5 San AntonioTX 78240
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Advertising Expense	T-shirts
	(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
Date	Payee name	
3/29/21	Pennies Food Mart	
Amount (\$)	Payee address;	City; State; Zip Code
#4.47	2547 Steves St	1,TX 78210
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD / BEVEROGE	Nater for Canvassers
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	Λ
3/29/21	Olivias Mexican Res	Acurant
Amount (\$)	Payee address;	City; State; Zip Code
\$ 18.39	801 Vanderbilt 5	A, TX 78210
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Food Beverage	Food for Canvass
	Check if travel outside of Texas. Complete Schedule T.	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
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE A2

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

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAMI	F Vega		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$ Ø
5 Date 4/19/21 10 Principal occ	Full name of contributor out-of-state PAC (ID#:	Zip Code 82/0 11 Employe	8 Amount of Contribution \$\frac{9}{\text{ln-kind contribution}}\$\text{description}\$\text{GMP OLGO}\$\text{Liller of Texas. Complete Schedule T.}
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n 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	Zip Code	Amount of In-kind contribution description
•	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL) (See Instructions)
	principal occupation (FOR JUDICIAL)		tor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n 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 1	THE SCHEDI	II E AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

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Revised 8/17/2020

SCHEDULE A2

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

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedu	ıle A2:
2 FILER NAMI	F Vega		3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 9	
5 Date 4/19/21	120 Adams San AntonioTX 7	Zip Code		9 In-kind contribution description CAMPALGA Li Lerature de of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description de of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	FOR NON-JUDICIA	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF 1	THIS SCHEDI	II E AS NEEDED	
	ATTACHADDITIONAL COPIES OF I			requirements

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/\(\) The Instruction Guide explains how to c	/ages/ContractLabor Other (enter a category not listed above) omplete this form.			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Judit Vega				
3/25 /21	5 Payee name Self-Branded	SA			
6 Amount (\$)	7 Payee address;	City; State; Zip Code			
\$200.00	P.O.BOX 76979	5 San AntonioTX 78245			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	T-shirts			
	(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/OF	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
3/29/21	Pennies Food Mart				
Amount (\$)	Payee address;	City; State; Zip Code			
#4.47	2547 Steves St	1,TX 78210			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD / BEVEROGE	Nater for Canvassers			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
Date	Payee name	Λ			
3/29/21	Olivias Mexican Res	faurant			
Amount (\$)	Payee address;	City; State; Zip Code			
\$ 18.39	801 Vanderbilt 5	A, TX 78210			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Food Beverage	Food for Canvass			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

Event Expense Fees Food/Beverage Expense Gitt/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)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Judif Verg	6340-46	3 Filer ID (Ethic	s Commission Filers)
4 Date 3/3//2/	Self-Brunded	SA		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$ 200.00	PO BOX 769795 Sa	nAntonio 7	7 782	145
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		140
PURPOSE OF EXPENDITURE	Advertising	T-sh	irts	and the state of t
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	And the second s		
4/5/21	Olivia's Mexican Restans	rant		
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 10.11	80 / Vunderbit SA	7X 782	210	
and the second s	Category (See Categories listed at the top of this schedule)	Description		and the property of the second second second second second second second second second second second second se The second
PURPOSE OF EXPENDITURE	Food /Beverage	Food -	for car	Wass
(politica)	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
4/2/21	Olivias Mexican Resta	want	and the second s	
Amount (\$)	Payee address;	City;	State;	Zip Code
#10.11	801 Vanderbilt SA	TR 7.	8210	1000 L.J. 1860 S.G. S.A. J.C.
PURPOSE OF EXPENDITURE	Food/Beverage	Description	forcar	wass.
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
y Maria Carrie	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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

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)

Credit Card Payment	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Judit Vega	3 2444 .3	Filer ID (Ethics Commission Filers)	
4 Date 4/19/21	Stop N alt	San Anton	ol n	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
\$6.66	2908 S. New Braun,	Fels SA,T.	X 78210	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food Beverage	Water	tor (anuass	
	(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	
Date	Payee name	FA(0) - 8799 1 1 - 1200		
		AND CONTRACTOR NO	normalista	
Amount (\$)	Payee address;	City;	State; Zip Code	
			general de la grange production de la companie de la grande de la companie de la companie de la companie de la La companie de la co	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE		report (potential)	es promets and a service of the serv	
esSeri i	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
		I Description		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	and a second	
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
. Alexansecon	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	D and the state of the	