

**TO THE COUNTY AUDITOR
AFFIDAVIT FOR PAYMENT OF MEMBERSHIP DUES
TO ASSOCIATIONS OTHER THAN THE TEXAS ASSOCIATION OF COUNTIES**

**THE STATE OF TEXAS
COUNTY OF HIDALGO**

I, Stephanie Franke, do hereby state that membership in the ICDLA, and dues to be paid to the association, serve to accomplish one or more of the following County purposes:

- To obtain statutorily required continuing professional education.
- To obtain continuing education necessary to maintain a license or certification.
- To access the association or organization's programs, services, and activities in order to strengthen professional skills and keep up-to-date on developments related to the Department's primary business activities:
 - Publications
 - Periodicals
 - Training
 - Annual Conference
 - Award Programs
 - Representation
 - Technical Inquiry Services

FOR STATEWIDE ASSOCIATIONS ONLY

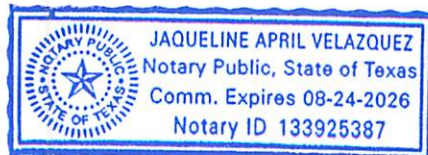
I further state that ICDLA is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

SIGNATURE: Stephanie Franke
TITLE: Public Defender

DATE: 01/29/25

Before me Jaqueline Velazquez, a Notary Public, appeared STEPHANIE FRANKE and on his/her oath deposed and stated that the facts as set forth in the above affidavit to be true and correct in every respect.

(S E A L)



Jaqueline A. Velazquez
NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

AUTHORITY TO OBTAIN AFFIDAVIT: LGC § 113.064(b)
AUTHORITY TO PAY MEMBERSHIP DUES: GC § 305.026



Texas Criminal Defense Lawyers Association

6808 Hill Meadow Drive, Austin, TX 78736
512.478.2514 phone
512.469.9107 fax

INVOICE

DATE: January 29, 2025
INVOICE # 012925

Bill To:		Project/Service Description
Name:	Jaqueline Velazquez	Annual Membership Dues
Company:	Hidalgo Country Public Defender's Office	
Address:	100 N Closner Blvd FL 5	
City, St, Zip:	Edinburg, Texas 78539	
Phone:		

Please return a copy of the Invoice with payment!

DESCRIPTION	Bar Number	Renewal Date	AMOUNT
Stephanie Franke	24031902	New Member	\$60.00
BALANCE DUE: Upon Receipt			

Total:	\$ 60.00
Tax:	\$ -
Shipping/Handling:	\$ -
Amount Paid:	\$ -
Balance Due:	\$ 60.00

INVOICE REC'D BY _____ DATE _____
 GOODS/SERVICE REC'D BY _____ DATE _____
Ted Leroy
 APPROVED _____ DATE _____

Payment Information	For TCDLA use only
<input type="checkbox"/> Payment Enclosed (make checks payable to TCDLA) <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
Name on Card	Check #:
Credit Card Number Exp. Date	Date Rec'd:
Authorized Signature	Amount Rec'd:
	CC Auth. #:
	Payer: