FORM CEC COUNTY EXECUTIVE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The CEC Instruction Guide explains how to complete this form. 00023943 3 COMMITTEE NAME **OFFICE USE ONLY** Webb County Democratic Party (CEC) Date Received **ELECTRONICALLY FILED** 07/17/2023 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1802 Houston St. Date Hand-delivered or Date Postmarked Change of Address Laredo, TX 78040 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Amber A. NAME NICKNAME LAST **SUFFIX** Avis STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1802 Houston St. STREET **ADDRESS** (Residence or Business) Laredo, TX 78040 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1802 Houston St. MAILING **ADDRESS** Laredo, TX 78040 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 693-9906 PHONE REPORT January 15 30th day before election Final Report **TYPE** 10th day after campaign treasurer 8th day before election July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2023 06/30/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/08/2022 General Special **GO TO PAGE 2**

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC COVER SHEET PG 2

				1	
L2 COMMITTEE NAME	-ti- Dt- (050)			13 Filer ID	(Ethics Commission Filers)
Webb County Democra	atic Party (CEC)			000239	43
4 COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)	7. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
L5 CONTRIBUTION TOTALS	PLEDGES, LOAN CONTRIBUTIONS	ZED POLITICAL CON S, OR GUARANTEES S MADE ELECTRONI oort qualifies for the highe	CALLY)	\$	0.00
	2. TOTAL POLITION	CAL CONTRIBUTION	ONS	\$	8,374.00
-========	`		R GUARANTEES OF LOANS)		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ZED POLITICAL EXPI	ENDITURES	\$	0.00
	4. TOTAL POLITIC	CAL EXPENDITUR	EES	\$	11,682.69
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT		MAINTAINED AS OF THE LAST	DAY \$	19,400.05
OUTSTANDING LOAN TOTALS		AL AMOUNT OF ALL IE REPORTING PERI	OUTSTANDING LOANS AS OF IOD	THE \$	0.00
.6 AFFIDAVIT				<u> </u>	
		true	ear, or affirm, under penalty of pr and correct and includes all info er Title 15, Election Code.		
			Ambe	er A. Avis	
			Signature of Ca		asurer
AEEIV NOTAD	/ STAMP / SEAL ABOV	/C	olgridia of oc	ampaign mod	200,01
			, †	this the	day
of	_, 20, to certi	fy which, witness my l	hand and seal of office.		
Signature of officer ad	dministering oath	Printed name of of	fficer administering oath	Title of o	officer administering oath

SUBTOTALS - CEC FORM CEC **COVER SHEET PG 3** 18 Filer ID **17** COMMITTEE NAME (Ethics Commission Filers) Webb County Democratic Party (CEC) 00023943 19 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 8,374.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11,682.69 \$ 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 10. \$ TO FILER

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 1/11 Rpt: 4/37	
2	FILER NAME	y Democratic Party (CEC)		3	Filer ID (Ethics Commission 00023943	n Filers)
4	Date 01/17/2023	Full name of contributor		7	Amount of Contribution (\$)	\$100.00
_		Laredo, TX 78040		<u> </u>		
8	Accountant	pation / Job title (See Instructions)	9 Employer (See Instructions Self Employed	5)		
	Date 01/05/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Retired		Retired			
	Date 02/13/2023	Full name of contributor out-of-state PAC (ID#: Bruni, Sylvia Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Laredo, TX 78041				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
	Date 03/07/2023	Full name of contributor out-of-state PAC (ID#: Bruni, Sylvia Contributor address; City; State; Zip Code Laredo, TX 78041)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	<u> </u> 5)		
	Date 04/04/2023	Full name of contributor out-of-state PAC (ID#: Bruni, Sylvia Contributor address; City; State; Zip Code Laredo, TX 78041			Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/11 Rpt: 5/37	
2	FILER NAME Webb Count	ty Democratic Party (CEC)		3	Filer ID (Ethics Commission 00023943	ı Filers)
4	Date 05/01/2023	 Full name of contributor out-of-state PAC (ID#:_Bruni, Sylvia Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
_	<u> </u>	Laredo, TX 78041	10 5 1 10 11 11			
8	Principal occu Retired	ipation / Job title (See Instructions)	9 Employer (See Instructions Retired)		
	Date 06/06/2023	Full name of contributor out-of-state PAC (ID#:_ Bruni, Sylvia Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Laredo, TX 78041 spation / Job title (See Instructions)	Employer (See Instructions)		
	Retired	pation 7 oob tille (eee motiotions)	Retired	,		
	Date 01/05/2023	Full name of contributor out-of-state PAC (ID#:_ Cigarroa, Melissa Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$60.00
		Laredo, TX 78040				
	Principal occu P/T MOA	pation / Job title (See Instructions)	Employer (See Instructions Cigarroa Heart Clinic)		
	Date 02/13/2023	Full name of contributor out-of-state PAC (ID#:_ Cigarroa, Melissa Contributor address; City; State; Zip Code Laredo, TX 78040			Amount of Contribution (\$)	\$60.00
	Principal occu P/T MOA	ipation / Job title (See Instructions)	Employer (See Instructions Cigarroa Heart Clinic)		
	Date 03/07/2023	Full name of contributor out-of-state PAC (ID#:_Cigarroa, Melissa Contributor address; City; State; Zip Code Laredo, TX 78040			Amount of Contribution (\$)	\$60.00
	Principal occu P/T MOA	ipation / Job title (See Instructions)	Employer (See Instructions Cigarroa Heart Clinic)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 3/11 Rpt: 6/37	
2	FILER NAME	ty Democratic Party (CEC)		3	Filer ID (Ethics Commission 00023943	Filers)
4	Date 04/04/2023	5 Full name of contributor Out-of-state PAC (ID#: Cigarroa, Melissa 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$60.00
		Laredo, TX 78040				
8	Principal occu P/T MOA	pation / Job title (See Instructions)	9 Employer (See Instructions Cigarroa Heart Clinic	s)		
	Date 05/12/2023	Full name of contributor			Amount of Contribution (\$)	\$60.00
	Principal occu	Laredo, TX 78040 pation / Job title (See Instructions)	Employer (See Instructions	<u>s)</u>		
	P/T MOA	pation / out the (See instructions)	Cigarroa Heart Clinic	٠,		
	Date 06/06/2023	Full name of contributor out-of-state PAC (ID#: Cigarroa, Melissa Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$60.00
		Laredo, TX 78040				
	Principal occu P/T MOA	pation / Job title (See Instructions)	Employer (See Instructions Cigarroa Heart Clinic	5)		
	Date 02/13/2023	Full name of contributor		•	Amount of Contribution (\$)	\$15.00
	Dringinal occu	Laredo, TX 78045 pation / Job title (See Instructions)	Employer (See Instructions	-) 		
	Not Employe	' '	Employer (See instructions))		
	Date 02/27/2023	Full name of contributor out-of-state PAC (ID#: Cruz, Brenda Contributor address; City; State; Zip Code Laredo, TX 78045			Amount of Contribution (\$)	\$15.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions	<u>. </u>		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/11 Rpt: 7/37	
2	FILER NAME Webb Count	ry Democratic Party (CEC)		3	Filer ID (Ethics Commission 00023943	n Filers)
4	Date 03/28/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
•	Dringing oggu	Laredo, TX 78045	Employer /See Instructions			
8	Not Employe	pation / Job title (See Instructions) ed	9 Employer (See Instructions)		
	Date 04/25/2023	Full name of contributor out-of-state PAC (ID#:_ Cruz, Brenda Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00
	Principal occu	Laredo, TX 78045 pation / Job title (See Instructions)	Employer (See Instructions			
	Not Employe		Employer (God moradulorio	,		
	Date 06/06/2023	Full name of contributor out-of-state PAC (ID#:_ Cruz, Brenda Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$15.00
		Laredo, TX 78045				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions)		
	Date 01/05/2023	Full name of contributor out-of-state PAC (ID#:_ De Hoyos- Vargas, Rosa Contributor address; City; State; Zip Code Laredo, TX 78041			Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired)		
	Date 02/28/2023	Full name of contributor out-of-state PAC (ID#:_Friends of WCDP Contributor address; City; State; Zip Code Laredo, TX 78040			Amount of Contribution (\$)	\$720.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/11 Rpt: 8/37	
2	FILER NAME Webb Count	y Democratic Party (CEC)		3	Filer ID (Ethics Commission 00023943	n Filers)
4	Date 03/08/2023	 Full name of contributor out-of-state PAC (ID#:_ Friends of WCDP Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$370.00
_	Dringing! goog	Laredo, TX 78040	Employer (Coo Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 03/09/2023	Full name of contributor out-of-state PAC (ID#:_ Friends of WCDP Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$420.00
	Dringing aggr	Laredo, TX 78040	Employer (Coo Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/21/2023	Full name of contributor out-of-state PAC (ID#:_ Friends of WCDP Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$680.00
		Laredo, TX 78040				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/10/2023	Full name of contributor out-of-state PAC (ID#:_ Friends of WCDP Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$265.00
	Principal occu	Laredo, TX 78040 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/14/2023	Full name of contributor out-of-state PAC (ID#:_ Friends of WCDP Contributor address; City; State; Zip Code Laredo, TX 78040			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/11 Rpt: 9/37	
2	FILER NAME Webb Count	y Democratic Party (CEC)		3	Filer ID (Ethics Commission 00023943	on Filers)
4	Date 03/29/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$4,484.00
8	Dringing oggu	Laredo, TX 78040 pation / Job title (See Instructions)	Employer (See Instructions			
<u> </u>	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 01/05/2023	Full name of contributor out-of-state PAC (ID#:_Galindo, Mary Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Deire size al. a. a	Laredo, TX 78046	Final hour (October the Artist th			
	Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/13/2023	Full name of contributor out-of-state PAC (ID#:_Galindo, Mary Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Laredo, TX 78046				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/07/2023	Full name of contributor out-of-state PAC (ID#:_Galindo, Mary Contributor address; City; State; Zip Code Laredo, TX 78046			Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/04/2023	Full name of contributor out-of-state PAC (ID#:_Galindo, Mary Contributor address; City; State; Zip Code Laredo, TX 78046)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
		•				

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 7/11 Rpt: 10/37	
2	FILER NAME Webb Count	y Democratic Party (CEC)			3	Filer ID (Ethics Commission 00023943	ı Filers)
4	Date 05/12/2023	5 Full name of contributor [Galindo, Mary6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$25.00
_		Laredo, TX 78046	1-		<u> </u>		
8	Principal occur Retired	pation / Job title (See Instructions)	ا	Employer (See Instructions	5)		
	Date 06/06/2023	Full name of contributor [Galindo, Mary Contributor address; City; Sta)		Amount of Contribution (\$)	\$25.00
		Laredo, TX 78046					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 01/09/2023	Full name of contributor [Garcia, Jaime Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Laredo, TX 78045					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions J. Cruz & Associates	5)		
	Date 02/13/2023	Full name of contributor [Garcia, Jaime Contributor address; City; Sta)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions J. Cruz & Associates	<u> </u> 5)		
	Date 03/20/2023	Full name of contributor Garcia, Jaime Contributor address; City; Sta Laredo, TX 78045	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions J. Cruz & Associates	5)		
	, morroy			o. Oraz a rissociates			

	MONET	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULI	■ A1
	The Instruc	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 8/11 Rpt: 11/37	
2	FILER NAME Webb County	y Democratic Party (CEC)			3	Filer ID (Ethics Commission 00023943	ı Filers)
4		5 Full name of contributor Garcia, Jaime6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$25.00
8	Principal occur	Laredo, TX 78045 pation / Job title (See Instructions) [0	Employer (See Instructions	s) 		
0	Attorney	pation / Job title (See instructions	,	J. Cruz & Associates	>)		
	Date 05/12/2023	Full name of contributor Garcia, Jaime Contributor address; City; St				Amount of Contribution (\$)	\$25.00
		Laredo, TX 78045					
		pation / Job title (See Instructions)	Employer (See Instructions J. Cruz & Associates	S)		
	Attorney	Full name of contributor	out-of-state PAC (ID#:	J. Cluz & Associates	Τ	Amount of Contribution (\$)	
	06/16/2023	Garcia, Jaime Contributor address; City; St	_		•	y unount of oor landation (c)	\$25.00
		Laredo, TX 78045					
	Principal occup Attorney	pation / Job title (See Instructions)	Employer (See Instructions J. Cruz & Associates	5)		
	Date 01/05/2023	Full name of contributor Hudson, Nicholas Contributor address; City; St Laredo, TX 78041)		Amount of Contribution (\$)	\$25.00
	Principal occup Administrator	pation / Job title (See Instructions r)	Employer (See Instructions	5)		
	Date 02/13/2023	Full name of contributor Hudson, Nicholas Contributor address; City; St Laredo, TX 78041	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occup Administrator	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			<u>, </u>				

	MONET	ARY POLITICAL CONTRIBUT	ΓIONS		SCHEDULE	E A1
	The Instru	ction Guide explains how to complete th	is form.	1	Total pages Schedule A1: Sch: 9/11 Rpt: 12/37	
2	FILER NAME			3	Filer ID (Ethics Commission	r Filers)
		y Democratic Party (CEC)		_	00023943	
4	Date 03/07/2023	5 Full name of contributor out-of-state PAC (I Hudson, Nicholas		7	Amount of Contribution (\$)	\$25.00
		6 Contributor address; City; State; Zip Code Laredo, TX 78041				
g	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	e) 		
Ü	Administrato		TAMIU	٥)		
	Date	Full name of contributor out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
	01/05/2023	Jackson, Gloria				\$25.00
		Contributor address; City; State; Zip Code		1		
		Loredo TV 70045				
	Dringing coor	Laredo, TX 78045	Employer (See Instructions	c) 		
	Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	S)		
	Date	Full name of contributor out-of-state PAC (Т	Amount of Contribution (\$)	
	02/13/2023	Jackson, Gloria)		randula of Contribution (4)	\$25.00
	0=/=0/=0=0	Contributor address; City; State; Zip Code		-		420.00
		,				
		Laredo, TX 78045				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			
	Date	Full name of contributor	[ID#:)		Amount of Contribution (\$)	
	03/07/2023					\$25.00
		Contributor address; City; State; Zip Code				
		Laredo, TX 78045				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (l	ID#:)	Τ	Amount of Contribution (\$)	
	04/04/2023	Jackson, Gloria				\$25.00
		Contributor address; City; State; Zip Code		1		
		Loredo TV 70045				
	Dringinal cos:	Laredo, TX 78045	Employer (See Instructions	e)		
	Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	3 <i>)</i>		
	Remeu		Retired			

	MONET	ARY POLITICAL CONTRIBUTI	IONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 10/11 Rpt: 13/37	
2	FILER NAME	y Democratic Party (CEC)		3	Filer ID (Ethics Commission 00023943	ı Filers)
4	Date 02/03/2023	Full name of contributor		7	Amount of Contribution (\$)	\$10.00
_	Deinsinal assu	Laredo, TX 78040	O Franks or (Cook both stiere	<u></u>		
8	School Cour	pation / Job title (See Instructions) nselor	9 Employer (See Instructions UISD	S)		
	Date 02/27/2023	Full name of contributor out-of-state PAC (ID: Perez, Maria Contributor address; City; State; Zip Code Laredo, TX 78040	#:)		Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
School Counselor Date Full name of contributor Out-of-state PAC (UISD	_		
	Date 03/28/2023	Full name of contributor out-of-state PAC (ID: Perez, Maria Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00
		Laredo, TX 78040				
	Principal occu School Cour	pation / Job title (See Instructions) nselor	Employer (See Instructions UISD	s)		
	Date 05/01/2023	Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$10.00
	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	e) 		
	School Cour	,	UISD	3)		
	Date 06/06/2023	Full name of contributor out-of-state PAC (ID: Perez, Maria Contributor address; City; State; Zip Code Laredo, TX 78040	#:)		Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	School Cour		UISD			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/11 Rpt: 14/37	
2	FILER NAME Webb Coun	ty Democratic Party (CEC)		3	Filer ID (Ethics Commission 00023943	n Filers)
4	Date 01/17/2023	5 Full name of contributor out-of-state PAC (ID#:_ Saenz, Ana 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$25.00
		Laredo, TX 78043				
8	Principal occu Retired	upation / Job title (See Instructions)	9 Employer (See Instructions Retired	s)		
	Date 04/25/2023	Full name of contributor out-of-state PAC (ID#:_ Saenz, Ana Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Laredo, TX 78043 upation / Job title (See Instructions)	Employer (See Instructions Retired	<u> </u> s)		
	Date 05/16/2023	Full name of contributor out-of-state PAC (ID#:_Saenz, Ana Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Laredo, TX 78043				
	Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instructions Retired	s)		
	Date 06/16/2023	Full name of contributor out-of-state PAC (ID#:_Saenz, Ana Contributor address; City; State; Zip Code Laredo, TX 78043)	-	Amount of Contribution (\$)	\$25.00
	Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instructions Retired	<u>I</u> S)		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
Ŀ			_
1	Total pages Schedule F1:		
	Sch: 1/23 Rpt: 15/37	Webb County Democratic Party (CEC) 00023943	
4	Date	5 Payee name	_
	01/05/2023	ActBlue Technical Services	
Ŀ			_
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$7.32	366 Summer St.	
l		Somerville, MA 02144-3132	
Ļ		I	_
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
l		Check if Austin, TX, officeholder living expense	
		Processing Fees	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
F	Date	Davies name	=
		Payee name	
	01/09/2023	ActBlue Technical Services	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.99	366 Summer St.	
		Somerville, MA 02144-3132	
L			_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Processing Fees	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
F	Date	Payee name	_
	01/17/2023	ActBlue Technical Services	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.99	366 Summer St.	
1			
		Somerville, MA 02144-3132	
\vdash	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Processing Fees	
		Flocessing rees	
L			
l	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	7	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 3 Filer ID (Ethics Commission Filers)
	Sch: 2/23 Rpt: 16/37	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
	06/12/2023	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$47.60	440 Terry Ave N
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense HQ supplies
		τις συμμίος
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	04/15/2023	Arena Analytics LLC
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$1,150.00	1201 W Jasmine Ave
	+ =,=00.00	
		Alamo , TX 78516
Н	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		Political Consultant
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	Davida marra
	03/03/2023	Payee name Bath & Body Works
L		<u> </u>
	Amount (\$) \$39.51	Payee address; City; State; Zip Code 5300 San Dario Ave
	\$39.51	5500 San Dano Ave
		Loredo TV 70041
L		Laredo, TX 78041
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraiser Prize
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
Г		
ı		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ursement Solicitation/Fundraising Expense
Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 3 Filer ID (Ethics Commission Filers)			
	Sch: 3/23 Rpt: 17/37	Webb County Democratic Party (CEC) 00023943			
4	Date	5 Payee name			
	03/23/2023	Bedazzle & More			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$135.31	103 W Gravis St			
		San Diego, TX 78384			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Solicitation/Fundraising Expense			
		☐ Check if Austin, TX, officeholder living expense Fundraising Gifts			
		T unutaining Onto			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/O				
_	Data				
	Date	Payee name			
	03/02/2023	Bruni, Sylvia			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$103.00	7404 Lake Victoria			
		Laredo, TX 78045			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.			
		Expense			
		Reimbursement for Cessian			
_	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
_	Data				
	Date 02/21/2023	Payee name			
		Canva			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$119.99	110 Kippaz St			
		Surry Hills Australia			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Subscription			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				

SCHEDULE F1

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 3 Filer ID (Ethics Commission Filers)	_
	Sch: 4/23 Rpt: 18/37	Webb County Democratic Party (CEC) 00023943	
4	Date	5 Payee name	_
	02/13/2023	Coffino Online Soluions	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$300.00	11905 Conly Road	
		Laredo, TX 78045	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Office Overhead/Rental Expense	
	LXI LINDITORE	Check if Austin, TX, officeholder living expense	
		Website Maintenance	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/OI		
_	Data		_
	Date 03/27/2023	Payee name Coffino Online Soluions	
			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00	11905 Conly Road	
		Laredo, TX 78045	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE		Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Website Maintenance	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Date	Payee name	_
	04/13/2023	Coffino Online Soluions	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$300.00	11905 Conly Road	
	4000.00		
		Laredo, TX 78045	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Website Maintenance	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	¬	

SCHEDULE F1

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: Sch: 5/23 Rpt: 19/37	2 FILER NAME Webb County Democratic Party (CEC) 3 Filer ID (Ethics Commission Filers) 00023943
4	Date 03/22/2023	5 Payee name Gonzalez Bakery
6	Amount (\$) \$13.54	7 Payee address; City; State; Zip Code 3620 N Arkansas Ave
		Laredo, TX 78043
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 01/31/2023	Payee name International Bank of Commerce
	Amount (\$) \$17.23	Payee address; City; State; Zip Code 1200 San Bernardo
		Laredo, TX 78040
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank Fees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 02/28/2023	Payee name International Bank of Commerce
	Amount (\$) \$17.05	Payee address; City; State; Zip Code 1200 San Bernardo
		Laredo, TX 78040
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank Fees
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/23 Rpt: 20/37	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
	03/31/2023	International Bank of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$28.31	1200 San Bernardo
		Laredo, TX 78040
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank Fees
		Daille 1 dec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/30/2023	International Bank of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.44	1200 San Bernardo
		Laredo, TX 78040
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Bank Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/31/2023	International Bank of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.11	1200 San Bernardo
	¥-0:	
		Laredo, TX 78040
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Bank Fees
	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E		nse Travel in District ense Travel Out of District		
Credit Card Payment The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2 FILER NAM	E			3 Filer ID	(Ethics Commission Filers)	
	Sch: 7/23 Rpt: 21/37	Webb Cou	inty Democratic Party (CE	C)		0002394	3	
4	Date	5 Payee nam	<u> </u>			<u> </u>		
	06/30/2023	,	al Bank of Commerce					
6	Amount (\$)	7 Payee addr	ess; City; Sta	ate; Zip Co	.de			
ľ	\$23.03	1200 San		ite, zip ee	de			
	Ψ23.03	1200 3411	Demardo					
		Laredo, T	< 78040					
8	PURPOSE	(a) Category	See Categories listed at the top of this	schedule)	(b) Description			
	OF EXPENDITURE	Fees	3p	,		outside of Texas. C	omplete Schedule T.	
	EXPENDITORE					n, TX, officeholder liv	ving expense	
					Bank Fees			
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sou	ght	Office	held	
	Date	Payee nam	e					
	03/27/2023	Jackson, (Gloria					
	Amount (\$)	Payee addr	ess; City; Sta	ate; Zip Co	de			
	\$59.79	505 Bright		·				
	·	J						
		Laredo, T	C 78045					
	PURPOSE OF	(a) Category (See Categories listed at the top of this	schedule)	(b) Description			
	EXPENDITURE	Solicitation	n/Fundraising Expense		<u> </u>		omplete Schedule T.	
					Fundraising (n, TX, officeholder liv	ing expense	
					T dildidising	Concessions		
_	Complete ONLY if direct	Candidato/O	ficeholder name	Office sou	aht	Office	hold	
	expenditure to benefit C/O		ilceriolaer flame	Office 300	gnt	Office	TICIU	
	Date	Payee nam						
	04/03/2023	LF Enterp	ises					
	Amount (\$)	Payee addr	ess; City; Sta	ate; Zip Co	de			
	\$395.00	800 E Mar	nn Rd Ste 201					
		Laredo, T	< 78041					
	PURPOSE	(a) Category	See Categories listed at the top of this	cohodulo)	(b) Description			
	OF	Advertising		scriedule)	`	outside of Texas. C	omplete Schedule T.	
	EXPENDITURE		9 — 10 - 11 - 1		Check if Austin	n, TX, officeholder li	ving expense	
					Party Banner	r		
L								
	Complete ONLY if direct		ficeholder name	Office sou	ght	Office	held	
	expenditure to benefit C/OI	4						

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 3 Filer ID (Ethics Commission Filers)				
	Sch: 8/23 Rpt: 22/37	Webb County Democratic Party (CEC) 00023943				
4	Date	5 Payee name				
	04/17/2023	LF Enterprises				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$298.50	800 E Mann Rd Ste 201				
		Laredo, TX 78041				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		GOTV Banners				
		GOT V Burners				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
9	Complete ONLY if direct expenditure to benefit C/OI					
	Date	Payee name				
	02/20/2023	LIFE				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$500.00	US 59				
	φουσ.σσ					
		Laredo, TX 78043				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Advertising Expense				
	LXI LINDITORL	Check if Austin, TX, officeholder living expense				
		Advertising				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
	Date	Payee name				
	04/13/2023	La Posada Hotel				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,387.82	1000 Zaragoza				
		Laredo, TX 78040				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense				
		Event expense				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	onportation to bottom Order					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			OTHER (enter a category not listed above)				
_	Total conservation Education	6 EU ED MANA				1	_	Ell- ID	(Ethian Camanianian	
1	Total pages Schedule F1: Sch: 9/23 Rpt: 23/37	l	⊨ nty Democratic Party (CE	-C)			3	Filer ID 00023943	(Ethics Commission	i Filers)
	-							00023343		
4	Date	5 Payee name								
	06/26/2023	La Roca								
6	Amount (\$)	7 Payee addre	ess; City; St	ate; Zip Co	de					
	\$234.36	6102 McPł	nerson Rd							
		Laredo, TX	78041							
8	PURPOSE				(h)	D inti				
0	OF		See Categories listed at the top of this	schedule)	(D)	Description Check if travel (nutei	de of Texas. Com	olete Schedule T	
	EXPENDITURE	F000/Beve	rage Expense					officeholder living		
						Meeting expe				
9	Complete ONLY if direct	L Candidate/Of	ficeholder name	Office sou	ıaht			Office he	eld	
	expenditure to benefit C/OI	4			3					
	Data									
	Date	Payee name								
	03/13/2023	Lamberton	-							
	Amount (\$)	Payee addre		ate; Zip Co	ode					
	\$142.18	3001 Falco	n Ridge Cove							
		Laredo, TX	78045							
	PURPOSE	(a) Category (s	See Categories listed at the top of this	cchodulo)	(b)	Description				
	OF	l	/Fundraising Expense	(Scriedule)	` ′		outsi	de of Texas. Com	olete Schedule T.	
	EXPENDITURE		,, and along Expense			Check if Austin,	TX,	officeholder living	expense	
						Fundraising F	Priz	es		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held					eld					
	expenditure to benefit C/OI	H								
	Date	Payee name	1							
	04/15/2023	Lamberton								
	Amount (\$)	Payee addre	•	ate; Zip Co	ndo.					
	\$56.99	1	on Ridge Cove	ale, Zip Cc	ue					
	φ50.99	3001 Faice	in Riuge Cove							
		Laredo, TX	78045							
	PURPOSE	(a) Category (s	See Categories listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE	Travel In D	istrict			브		de of Texas. Comp		
						_		officeholder living	expense	
						Fuel Reimbur	se	ment		
					<u> </u>					
	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Office sou	ght			Office he	eld	
	experience to benefit 0/011									
_					_		_			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
4. Tatal manua C. L. L. T.				
1 Total pages Schedule F1:				
Sch: 10/23 Rpt: 24/37	Webb County Democratic Party (CEC) 00023943			
4 Date	5 Payee name			
05/17/2023	Lamberton, Rosie			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$90.18	3001 Falcon Ridge Cove			
Ψ30.10	30011 algorithage gove			
	Laredo, TX 78045			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Office Overhead/Rental Expense			
	Check if Austin, TX, officeholder living expense			
	Office supplies			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
experiorare to benefit C/Of	1			
Date	Payee name			
01/18/2023	Laredo Firefighters Union Hall			
Amount (\$)	Payee address; City; State; Zip Code			
\$300.00	5219 Tesoro Plaza			
φοσο.σσ	5215 165616 1 Id24			
	Laureda TV 70044			
	Laredo, TX 78041			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.			
	Check if Austin, TX, officeholder living expense Hall Rental			
	Hall Nethal			
One of the ONE Wife disease	One districts (Office healths grown			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
Date	Payee name			
03/29/2023	Laredo Firefighters Union Hall			
Amount (\$)	Payee address; City; State; Zip Code			
\$300.00	5219 Tesoro Plaza			
	Laredo, TX 78041			
DUDDOCE	To a second seco			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	Hall Rental			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/O				

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

mbursement Solicitation/Fundraising Expense
tal Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 3 Filer ID (Ethics Commission Filers)
	Sch: 11/23 Rpt: 25/37	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
	01/23/2023	Marenco, Rosario
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$37.73	107 Castellanos Ct
		Laredo, TX 78045
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Volunteer Refreshments
		Volunteer Refrestiffiertis
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	05/04/2023	McDonalds
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.66	2515 Jacaman Rd
		Laredo, TX 78041
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meals
		Medis
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davies same
	Date 01/06/2023	Payee name Microsoft
		1.111.
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.75	Microsoft Corporation One Microsoft
		Redmond , WA 98052-6399
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Subscription
		ουνουιριίοι τ
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 3 Filer ID (Ethics Commission Filers)			
	Sch: 12/23 Rpt: 26/37	Webb County Democratic Party (CEC) 00023943			
4	Date	5 Payee name			
	01/19/2023	Narvaez Flower & Gift Shop			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$171.03	1620 San Bernardo			
		Laredo, TX 78040			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Memorial Expense			
		Memorial Expense			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/O				
_	Date	Payee name			
	06/12/2023	Narvaez Flower & Gift Shop			
		·			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$60.00	1620 San Bernardo			
		Laredo, TX 78040			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		Memorial Expense			
_	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held			
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
_	Data				
	Date	Payee name			
	05/15/2023	Nubie Internet			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$300.00	10918 Vance Jackson Rd. Suite 201			
		San Antonio, TX 78230			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		Website maintenance			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 3 Filer ID (Ethics Commission Filers)						
	Sch: 13/23 Rpt: 27/37	Webb County Democratic Party (CEC) 00023943						
4	Date	5 Payee name						
	06/15/2023	Nubie Internet						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$300.00	10918 Vance Jackson Rd. Suite 201						
		San Antonio, TX 78230						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Website Host						
		Website Host						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
9	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·						
<u> </u>								
	Date	Payee name						
	01/17/2023	Office Depot						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$165.31	5.31 5718 San Bernardo Ave						
		Laredo, TX 78041						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Office Supplies						
		Office Supplies						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
	Date	Payee name						
	02/03/2023	Office Depot						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$28.41	5718 San Bernardo Ave						
		Laredo, TX 78041						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.						
	LAFENDITORE	Check if Austin, TX, officeholder living expense						
		Office Supplies						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
	experience to beliefft C/OI	•						

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guide explain		Vages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	Ē				3	Filer ID	(Ethics Commission Filers)	\exists
_	Sch: 14/23 Rpt: 28/37		- nty Democratic Party (CEC	C)				00023943	(
4	Date	5 Payee name								
	02/06/2023	Office Depo	ot							
6	Amount (\$)	7 Payee addre	ess; City; Stat	e; Zip Co	de					
	\$36.53	5718 San E	Bernardo Ave							
		Laredo, TX	78041							
8	PURPOSE	(a) Category (S	see Categories listed at the top of this s	chedule)	(b)	Description				
	OF EXPENDITURE	Office Over	head/Rental Expense			느		de of Texas. Comp		
						Office Supplie		officeholder living	expense	
						Office Supplie				
_	0 1: 0 11 1 1	0 11 1 10		0.00				000		_
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	ght			Office he	eld	
	Date	Payee name								
	03/03/2023	Office Depo	ot							
	Amount (\$)	Payee addre	ess; City; Stat	e; Zip Co	de					_
	\$74.65	5718 San E	Bernardo Ave							
		Laredo, TX	78041							
	PURPOSE	(a) Category (S	see Categories listed at the top of this s	chedule)	(b)	Description				
	OF EXPENDITURE	Office Over	head/Rental Expense			=		de of Texas. Com		
						ш		officeholder living	expense	
						Office Supplie	35			
		- "								_
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name	Office sou	gnt			Office he	21 0	
	<u> </u>									
	Date	Payee name								
	04/28/2023	Office Depo	ot							
	Amount (\$)	Payee addre	ess; City; Stat	e; Zip Co	de					
	\$149.11	5718 San E	Bernardo Ave							
		Laredo, TX	78041							
	PURPOSE	(a) Category (S	see Categories listed at the top of this s	chedule)	(b)	Description				
	OF EXPENDITURE	Office Over	head/Rental Expense			=		de of Texas. Com		
	ZA ZADITORZ					ш		officeholder living	expense	
						Office supplie	S			
					<u> </u>					_
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name	Office sou	ght			Office he	eld	
	experience to beliefft C/Of						_			
					_		_			

SCHEDULE F1

Advertising Expense
Accounting/Banking
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Cord Reument

Event Expense
Gitt/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Sparies Wagnes/Contract Labor

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/23 Rpt: 29/37	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
	01/09/2023	Perez, Maria Carmen
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$235.18	8606 Shiloh Rock Dr
	!	
		Laredo, TX 78045
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	!	Website Maintenance
	!	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
_	expenditure to benefit C/Oh	
H	Date	Payee name
	01/30/2023	Perez, Maria Carmen
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$35.72	8606 Shiloh Rock Dr
	Ψ00.12	6000 SHIIDH ROCK DI
		Laredo, TX 78045
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	!	Check if Austin, TX, officeholder living expense Website Maintenace
	!	Wobsite Maintenase
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Pouse name
	04/17/2023	Payee name Pla Mor
_		
	Amount (\$) \$916.66	Payee address; City; State; Zip Code 2819 Bob Bullock Loop
	ΦΆΤΟ.ΟΟ	2819 Bob Bullock Loop
	!	Laredo, TX 78045
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
	!	Co. Executive Meeting Expense
	!	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experialitate to belieff e, c.	'

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	T-1-1	
1	Total pages Schedule F1: Sch: 16/23 Rpt: 30/37	2 FILER NAME Webb County Democratic Party (CEC) 3 Filer ID (Ethics Commission Filers) 00023943
Ļ	·	
4	Date	5 Payee name
	06/23/2023	Print Xpress
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$116.26	4820 McPherson Rd #1
		Laredo, TX 78041
8	PURPOSE	1
ľ	OF	
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Printing express
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	Date	Davisa nama
		Payee name Ouarter Mile Inc.
	03/02/2023	Quarter Mile Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$330.12	6420 Polario Dr #4
		Laredo, TX 78041
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Printing Expense
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	03/06/2023	Quarter Mile Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$188.06	6420 Polario Dr #4
	φ100.00	OTZO I OIGIIU DI TIT
		L L . TV 700 44
		Laredo, TX 78041
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	- -	Check if Austin, TX, officeholder living expense
		Printing expense
	Operation Objects "	Out that 10th a half are seen as 10th and 10th a
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	The straight of the straight of the	

SCHEDULE F1

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 3 Filer ID (Ethics Commission Filers)	_
	Sch: 17/23 Rpt: 31/37	Webb County Democratic Party (CEC) 00023943	
4	Date	5 Payee name	
	04/03/2023	Quarter Mile Inc	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$139.64	6420 Polario Dr #4	
		Laredo, TX 78041	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Printing expense	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	1	
F	Date	Payee name	-
	03/24/2023	Sam's Club	
Г	Amount (\$)	Payee address; City; State; Zip Code	_
	\$323.79	4810 San Bernardo Ave	
		Laredo, TX 78041	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Solicitation/Fundraising Expense	
		Check if Austin, TX, officeholder living expense Food & Freshments	
		1 ood & 1 restitions	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
F	Date	Payee name	_
	03/27/2023	Sam's Club	
H	Amount (\$)	Payee address; City; State; Zip Code	_
	\$13.27	4810 San Bernardo Ave	
		Laredo, TX 78041	
Н	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Solicitation/Fundraising Expense	
l	LAFLINDITORL	Check if Austin, TX, officeholder living expense	
		Food & Refreshments	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
H			_

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/23 Rpt: 32/37	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
	03/27/2023	Sam's Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$47.49	4810 San Bernardo Ave
		Laredo, TX 78041
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food & Refreshments
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	04/18/2023	South Meadow Self Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$165.00	1320 S Meadow St
		Laredo, TX 78043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Storage Rental
	Complete ONLY if direct	Condidate/Officeholder neme
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	D :	
	Date	Payee name
	05/30/2023	South Meadow Self Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$160.00	1320 S Meadow St
		Laureda, TV 70040
		Laredo, TX 78043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Pental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Storage rental
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1

SCHEDULE F1

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 (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/23 Rpt: 33/37	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
	06/20/2023	South Meadow Self Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$155.00	1320 S Meadow St
		Laredo, TX 78043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Storage Rental
_	0 1: 0.11.7.7.1.	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/06/2023	Stripes
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.84	7120 Bob Bullock Loop
		Laredo, TX 78041
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	ZAI ZABITORZ	Check if Austin, TX, officeholder living expense
		Fuel Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	D :	
	Date	Payee name
	03/27/2023	Taco Palenque
	Amount (\$)	Payee address; City; State; Zip Code
	\$257.81	4515 San Bernando Ave
		Laredo, TX 78041
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food
		1 350
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Contributions

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T	
1	Total pages Schedule F1: Sch: 20/23 Rpt: 34/37	2 FILER NAME Webb County Democratic Party (CEC) 3 Filer ID (Ethics Commission Filers) 00023943
4	Date	5 Payee name
	05/05/2023	Taco Palenque
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$118.64	4515 San Bernando Ave
		Laredo, TX 78041
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Food & beverage expense
L		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/19/2023	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$106.90	7501 San Dario
		Laredo, TX 78041
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense HQ Supplies
		Γιζ
_		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/06/2023	United States Postal Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.76	2395 E Del Mar Blvd
		Laredo, TX 78041
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Postage expense
	Complete ONU V if allow	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	- Farment to solitone of of	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee 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 3 Filer ID (Ethics Commission Filers)
	Sch: 21/23 Rpt: 35/37	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
	03/07/2023	United States Postal Service
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$128.52	2395 E Del Mar Blvd
		Laredo, TX 78041
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Postage
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/06/2023	United States Postal Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.12	2395 E Del Mar Blvd
		Laredo, TX 78041
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Postage
		1 ostage
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	<u> </u>	
	Date	Payee name
	01/23/2023	Vargas, Rosina
	Amount (\$)	Payee address; City; State; Zip Code
	\$216.77	325 Wyoming
		Laredo, TX 78041
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Office Supplies
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to beliefft 6/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services			ages	/Contract Labor		OTHER (enter a	strict category not listed al	bove)
	ordan dara r aymoni			The Instruction G	uide explains ho	w to cor	nple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 22/23 Rpt: 36/37		Webb Coun	ty Democratic I	Party (CEC)					00023943		
4	Date	5	Payee name									
	03/02/2023		WordPress									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Cod	de					
	\$35.18		60 29th St. #									
			San Francis	co , CA 94110-	4929							
8	PURPOSE	(2)					(h)	Description				
ľ	OF	(4)	Advertising	e Categories listed at	the top of this sched	ule)	(6)		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Auvertising	Lxperise						officeholder livin		
								Website Host	t			
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Off	ice souç	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	04/03/2023		WordPress									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Coo	de					
	\$35.18		60 29th St. #		,	•						
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
			San Erancic	co , CA 94110-	4020							
	DUDDOGE	(-)					<i>(</i> 1)					
	PURPOSE OF	(a)		e Categories listed at	the top of this schedu	ule)	(D)	Description	outci	do of Toyas Com	nplete Schedule T.	
	EXPENDITURE		Advertising	Expense				=		officeholder living		
								Website Host	t			
	Complete ONLY if direct		 Candidate/Offic	ceholder name	Off	ice souç	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	05/02/2023		WordPress									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Cod	de					
	\$35.18		60 29th St. #		State,	p						
	Ψ00.10		00 2011 01. 7	70.10								
			San Erancic	co , CA 94110-	4020							
							<i>a</i> >					
	PURPOSE OF	(a)		e Categories listed at	the top of this schedu	ule)	(b)	Description	outci	do of Toyas Com	nplete Schedule T.	
	EXPENDITURE		Advertising	Expense						officeholder living		
								Website host				
	Complete ONLY if direct		 Candidate/Offic	ceholder name	Off	ice souç	ght			Office h	eld	
	expenditure to benefit C/O											
l												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fees Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services	Polling Exp nse Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of D		e
			The Instruction Guide 6	explains how to con	plete this form.				
1	Total pages Schedule F1: Sch: 23/23 Rpt: 37/37		E nty Democratic Party	(CEC)		3	Filer ID 00023943	(Ethics Commission Fi	lers)
4	Date	5 Payee name	9						
	06/01/2023	WordPress	<u> </u>						
6	Amount (\$) \$35.18	7 Payee addr 60 29th St	. #343	State; Zip Coo	e				
		San Franc	isco , CA 94110-4929)					
8	PURPOSE OF EXPENDITURE	(a) Category (a) Advertising	See Categories listed at the top g Expense	of this schedule)		avel outs ustin, TX	ide of Texas. Cor , officeholder livin	nplete Schedule T. g expense	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Of	ficeholder name	Office soug	ht		Office h	eld	