

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| <b>The GPAC Instruction Guide explains how to complete this form.</b>                         |  | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00055120   | <b>2</b> Total pages filed:<br>15 |
| <b>3</b> COMMITTEE NAME<br>Coastal Bend Texas Democratic Women                                |  | <b>OFFICE USE ONLY</b>  |                                   |
|   |  | Date Received<br>ELECTRONICALLY FILED<br>07/24/2023   |                                   |
|   |  | Date Hand-delivered or Date Postmarked  |                                   |
|   |  | Receipt #   | Amount                            |
|   |  | Date Processed  |                                   |
|   |  | Date Imaged   |                                   |
| <b>4</b> COMMITTEE ADDRESS<br><br><input type="checkbox"/> Change of Address                  | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>P.O. Box 8396<br><br>Corpus Christi, TX 78468  |   |                                   |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR FIRST MI   | Mrs. Glenda G.  |                                   |
|   | NICKNAME LAST SUFFIX   | Turner  |                                   |
| <b>6</b> CAMPAIGN TREASURER STREET ADDRESS<br>(Residence or Business)                         | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>3014 Eikel Pl.<br><br>Corpus Christi, TX 78418  |   |                                   |
| <b>7</b> CAMPAIGN TREASURER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>P.O. Box 8396<br><br>Corpus Christi, TX 78468  |   |                                   |
| <b>8</b> CAMPAIGN TREASURER PHONE   | AREA CODE  | PHONE NUMBER  | EXTENSION                         |
|   | (361)  | 937-1790  |                                   |
| <b>9</b> REPORT TYPE  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR)<br><input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination<br><input type="checkbox"/> Runoff |   |                                   |
| <b>10</b> PERIOD COVERED  | Month Day Year      Month Day Year<br>01/01/2023      THROUGH      06/30/2023  |   |                                   |
| <b>11</b> ELECTION  | ELECTION DATE<br>Month Day Year  | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |                                   |

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

|   |   |
|---|---|
| <b>12 COMMITTEE NAME</b><br>Coastal Bend Texas Democratic Women | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00055120 |
|---|---|

|   |  |              |
|---|--|--------------|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported |
|   |  | B. Opposed   |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported |
|   |  | B. Opposed   |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |              |

|                               |  |    |          |
|-------------------------------|--|----|----------|
| <b>15 CONTRIBUTION TOTALS</b> | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> | \$ | 1,399.00 |
|                               | <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold                                 |    |          |
|                               | <b>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</b>  | \$ | 4,799.00 |
| EXPENDITURE TOTALS            | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>  | \$ | 0.00     |
|                               | <b>4. TOTAL POLITICAL EXPENDITURES</b>   | \$ | 2,607.83 |
| CONTRIBUTION BALANCE          | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>  | \$ | 5,490.64 |
| OUTSTANDING LOAN TOTALS       | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>   | \$ | 0.00     |

**16 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mrs. Glenda G. Turner  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 15

|   |   |                                |                            |
|---|---|--------------------------------|----------------------------|
| <b>17 COMMITTEE NAME</b><br>Coastal Bend Texas Democratic Women |   | <b>18 Filer ID</b><br>00055120 | (Ethics Commission Filers) |
| <b>19 SCHEDULE SUBTOTALS</b>                                    |   | <b>SUBTOTAL AMOUNT</b>         |                            |
| NAME OF SCHEDULE  |   |                                |                            |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 | \$                             | 4,799.00                   |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                              | \$                             |                            |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$                             |                            |
| 4.  | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION               | \$                             |                            |
| 5.  | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$                             |                            |
| 6.  | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                     | \$                             |                            |
| 7.  | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                 | \$                             |                            |
| 8.  | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                 | \$                             |                            |
| 9.  | <input checked="" type="checkbox"/> SCHEDULE E: LOANS   | \$                             | 0.00                       |
| 10.   | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS              | \$                             | 2,607.83                   |
| 11.   | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                             |                            |
| 12.   | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                        | \$                             |                            |
| 13.   | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  | \$                             |                            |
| 14.   | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                      | \$                             |                            |
| 15.   | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER       | \$                             |                            |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |   |
|--|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>                 |  | 1 Total pages Schedule A1:<br>Sch: 1/4 Rpt: 4/15  |
| 2 FILER NAME<br>Coastal Bend Texas Democratic Women                              |  | 3 Filer ID (Ethics Commission Filers)<br>00055120 |
| 4 Date<br>01/25/2023   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Banales, Jose Manuel (Judge)<br>.....<br>6 Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78410-2422 | 7 Amount of Contribution (\$)<br><br>\$200.00     |
| 8 Principal occupation / Job title (See Instructions)<br>County Judge            |  | 9 Employer (See Instructions)<br>Nueces County    |
| Date<br>02/16/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Banales, Jose Manuel (Judge)<br>.....<br>Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78410-2422     | Amount of Contribution (\$)<br><br>\$100.00       |
| Principal occupation / Job title (See Instructions)<br>County Judge              |  | Employer (See Instructions)<br>Nueces County      |
| Date<br>01/04/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Cantu, Eric<br>.....<br>Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78466                           | Amount of Contribution (\$)<br><br>\$1,800.00     |
| Principal occupation / Job title (See Instructions)<br>Lawyer                    |  | Employer (See Instructions)<br>Self Employed      |
| Date<br>02/01/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Clower Jr., George<br>.....<br>Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78463-1300               | Amount of Contribution (\$)<br><br>\$120.00       |
| Principal occupation / Job title (See Instructions)<br>Retired                   |  | Employer (See Instructions)<br>Retired            |
| Date<br>02/01/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Foley, Kathleen<br>.....<br>Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78411                       | Amount of Contribution (\$)<br><br>\$60.00        |
| Principal occupation / Job title (See Instructions)<br>Project Manager / Trainer |  | Employer (See Instructions)<br>Retired            |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                  |   | <b>1</b> Total pages Schedule A1:<br>Sch: 2/4 Rpt: 5/15  |
| <b>2</b> FILER NAME<br>Coastal Bend Texas Democratic Women                        |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055120 |
| <b>4</b> Date<br>01/26/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Klein, James (Mr.) | <b>7</b> Amount of Contribution (\$)                     |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78411                             |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>College Professor |   | <b>9</b> Employer (See Instructions)<br>Del Mar College  |
| Date<br>01/23/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>LaMantia, Morgan (Ms.)      | Amount of Contribution (\$)                              |
|   | Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78520                                      |  |
| Principal occupation / Job title (See Instructions)<br>Retired                    |   | Employer (See Instructions)<br>Retired                   |
| Date<br>03/01/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Longino, Tami (Mrs.)        | Amount of Contribution (\$)                              |
|   | Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78412                                      |  |
| Principal occupation / Job title (See Instructions)<br>Retired                    |   | Employer (See Instructions)<br>Retired                   |
| Date<br>01/04/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Longoria, Betty Jean (Mrs.) | Amount of Contribution (\$)                              |
|   | Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78413                                      |  |
| Principal occupation / Job title (See Instructions)<br>Retired                    |   | Employer (See Instructions)<br>Retired                   |
| Date<br>03/13/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>McGonagill, Darrell C (Mr.) | Amount of Contribution (\$)                              |
|   | Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78411                                      |  |
| Principal occupation / Job title (See Instructions)<br>Retired                    |   | Employer (See Instructions)<br>Retired                   |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |  | <b>1</b> Total pages Schedule A1:<br>Sch: 3/4 Rpt: 6/15      |
| <b>2</b> FILER NAME<br>Coastal Bend Texas Democratic Women                |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055120     |
| <b>4</b> Date<br>01/26/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Moeller, Betsy K (Ms.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78412 | <b>7</b> Amount of Contribution (\$)<br><br>\$80.00          |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>President |  | <b>9</b> Employer (See Instructions)<br>Texas AFLCIO         |
| Date<br>02/02/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Molina, JBeatrice (Ms.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Corpus christi, TX 78413                  | Amount of Contribution (\$)<br><br>\$50.00                   |
| Principal occupation / Job title (See Instructions)<br>Retired            |  | Employer (See Instructions)<br>Retired                       |
| Date<br>01/10/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Oropez, Armando<br><hr/> Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78404                          | Amount of Contribution (\$)<br><br>\$120.00                  |
| Principal occupation / Job title (See Instructions)<br>Retired            |  | Employer (See Instructions)<br>Retired                       |
| Date<br>01/26/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Ramirez, Sylvia (Ms.)<br><hr/> Contributor address; City; State; Zip Code<br><br>Portland, TX 78374-2924                     | Amount of Contribution (\$)<br><br>\$120.00                  |
| Principal occupation / Job title (See Instructions)<br>District Director  |  | Employer (See Instructions)<br>Senator Juan (Chuey) Hinojosa |
| Date<br>02/27/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Torres, David<br><hr/> Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78411                            | Amount of Contribution (\$)<br><br>\$50.00                   |
| Principal occupation / Job title (See Instructions)<br>Relator            |  | Employer (See Instructions)<br>Self                          |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |   | <b>1</b> Total pages Schedule A1:<br>Sch: 4/4 Rpt: 7/15  |
| <b>2</b> FILER NAME<br>Coastal Bend Texas Democratic Women              |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055120 |
| <b>4</b> Date<br>02/01/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Whitworth, Sylvia<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78413 | <b>7</b> Amount of Contribution (\$)<br><br>\$50.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Retired |   | <b>9</b> Employer (See Instructions)<br>Retired          |
| Date<br>02/01/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Wilson, sylvia<br><hr/> Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78413-3143                 | Amount of Contribution (\$)<br><br>\$120.00              |
| Principal occupation / Job title (See Instructions)<br>Retired          |   | Employer (See Instructions)<br>Retired                   |

# LOANS

# SCHEDULE E

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>           |  | <b>1</b> Total pages Schedule E:<br>Sch: 1/1 Rpt: 8/15   |
| <b>2</b> FILER NAME<br>Coastal Bend Texas Democratic Women                 |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055120   |
| <b>4</b> TOTAL OF UNITEMIZED LOANS   |  | <b>\$</b> 0.00   |
| <b>5</b> Date of loan  | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | <b>9</b> Loan Amount (\$)  |
| <b>6</b> Is lender a financial institution?                                | <b>8</b> Lender address; City; State; Zip Code                                 | <b>10</b> Interest Rate  |
|  |  | <b>11</b> Maturity Date  |
| <b>12</b> Principal occupation / Job title (See Instructions)              |  | <b>13</b> Employer (See Instructions)  |
| <b>14</b> Description of Collateral<br><input type="checkbox"/> None       |  | <b>15</b> Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| <b>16</b> GUARANTOR INFORMATION<br><input type="checkbox"/> not applicable | <b>17</b> Name of guarantor  | <b>19</b> Amount Guaranteed (\$)   |
|  | <b>18</b> Guarantor address; City; State; Zip Code                             |  |
| <b>20</b> Principal occupation   |  | <b>21</b> Employer (See Instructions)  |



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/7 Rpt: 9/15  | <b>2</b> FILER NAME<br>Coastal Bend Texas Democratic Women  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055120   |
| <b>4</b> Date<br>01/27/2023  | <b>5</b> Payee name<br>Gary Office Machines LLC   |  |
| <b>6</b> Amount (\$)<br>\$35.29<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>125 Leopard St<br><br>corpus Christi, TX 78402           |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense            | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Copier Rental printing News Letter   |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH                                     | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>06/21/2023   | Payee name<br>Gary Office Machines LLC  |  |
| Amount (\$)<br>\$138.75<br><br><input type="checkbox"/> Expenditure from corporate funds         | Payee address; City; State; Zip Code<br>1320 Leopard Street<br><br>Corpus Christi, TX 78401               |  |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense            | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Rental Fee for Copier for Newsletter |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>02/22/2023   | Payee name<br>Gathsame Luthern Church   |  |
| Amount (\$)<br>\$40.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>3434 Holly Road<br><br>Corpus Church, TX 78415                    |  |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Room Rental to assemble news letter  |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/7 Rpt: 10/15   | <b>2</b> FILER NAME<br>Coastal Bend Texas Democratic Women  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055120  |
| <b>4</b> Date<br>03/22/2023  | <b>5</b> Payee name<br>Gathsame Luthern Church  |   |
| <b>6</b> Amount (\$)<br>\$40.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>3434 Holly Road<br><br>Corpus Church, TX 78415           |   |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Room Rental Fee for assembling Newsletter |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                              |   |   |
| Date<br>02/28/2023   | Candidate/Officeholder name<br>Nueces County Democratic Party   |   |
| Amount (\$)<br>\$600.00<br><br><input type="checkbox"/> Expenditure from corporate funds         | Office sought<br>PO Box 853<br><br>Corpus Christi, TX 78403   |   |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense                  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fund Raising Event                        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       |   |   |
| Date<br>01/27/2023   | Candidate/Officeholder name<br>Postmaster   |   |
| Amount (\$)<br>\$5.30<br><br><input type="checkbox"/> Expenditure from corporate funds           | Office sought<br>809 Nueces Bay Blvd<br><br>Corpus Christi, TX 78468                                      |   |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fee for return mail            | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Return Postage Newsletter                 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       |   |   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -         | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/7 Rpt: 11/15  | <b>2</b> FILER NAME<br>Coastal Bend Texas Democratic Women   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055120  |
| <b>4</b> Date<br>01/27/2023   | <b>5</b> Payee name<br>Postmaster  |   |
| <b>6</b> Amount (\$)<br>\$226.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>809 Nueces Bay Blvd<br><br>Corpus Christi, TX 78468 |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fee for Box Rental        | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Box Rental at Post office                   |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH                                      | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>02/22/2023  | Payee name<br>Postmaster   |   |
| Amount (\$)<br>\$150.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>809 Nueces Bay Blvd<br><br>Corpus Christi, TX 78468          |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fee for Bulk Mail Permit mailing newsletter |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>03/01/2023  | Payee name<br>Postmaster   |   |
| Amount (\$)<br>\$6.34<br><br><input type="checkbox"/> Expenditure from corporate funds            | Payee address; City; State; Zip Code<br>809 Nueces Bay Blvd<br><br>Corpus Christi, TX 78468          |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                      | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Postal charge on return Mail Newsletter     |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 4/7 Rpt: 12/15  | <b>2</b> FILER NAME<br>Coastal Bend Texas Democratic Women   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055120   |
| <b>4</b> Date<br>03/22/2023   | <b>5</b> Payee name<br>Postmaster  |  |
| <b>6</b> Amount (\$)<br>\$200.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>809 Nueces Bay Blvd<br><br>Corpus Christi, TX 78468                                       |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bulk Mail fee for Newsletter                               |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH                                      | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>04/19/2023  | Payee name<br>Postmaster   |  |
| Amount (\$)<br>\$515.60<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>809 Nueces Bay Blvd<br><br>Corpus Christi, TX 78468  |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Renewal of Bulk Mail Permit;<br>Bulk mail depots for Newsletter | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fee for Renewal of Bulk mail<br>Permit ad also bulk mail & |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>02/08/2023  | Payee name<br>Texas Democratic Women   |  |
| Amount (\$)<br>\$270.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>Po Box 2211<br><br>Austin, TX 78768  |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>State Dues for Membership                                       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Origination State Fees                                     |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 5/7 Rpt: 13/15  | <b>2</b> FILER NAME<br>Coastal Bend Texas Democratic Women                                    | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055120   |
| <b>4</b> Date<br>04/08/2023   | <b>5</b> Payee name<br>Texas Democratic Women   |  |
| <b>6</b> Amount (\$)<br>\$360.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>Po Box 2211<br><br>Austin, TX 78768          |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees               | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fee for State Dues for TDW<br>Origination Dues |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               |   |  |
| Date<br>01/10/2023  | Candidate/Officeholder name<br>Wells fargo Bank   |  |
| Amount (\$)<br>\$3.50<br><br><input type="checkbox"/> Expenditure from corporate funds            | Office sought<br>615 Upper North Broadway<br><br>Corpus Christi, TX 78401                     |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bank Charge                                    |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |   |  |
| Date<br>02/08/2023  | Candidate/Officeholder name<br>Wells fargo Bank   |  |
| Amount (\$)<br>\$3.50<br><br><input type="checkbox"/> Expenditure from corporate funds            | Office sought<br>615 Upper North Broadway<br><br>Corpus Christi, TX 78401                     |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bank Charge                                    |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |   |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 6/7 Rpt: 14/15  | <b>2</b> FILER NAME<br>Coastal Bend Texas Democratic Women  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055120   |
| <b>4</b> Date<br>03/08/2023   | <b>5</b> Payee name<br>Wells fargo Bank   |  |
| <b>6</b> Amount (\$)<br>\$3.50<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>615 Upper North Broadway<br><br>Corpus Christi, TX 78401 |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking             | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Checking Account Return<br>Bank Charge |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH                                    | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>04/04/2023  | Payee name<br>Wells fargo Bank  |  |
| Amount (\$)<br>\$3.05<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>615 Upper North Broadway<br><br>Corpus Christi, TX 78401          |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking             | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fee for return checking                |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>05/06/2023  | Payee name<br>Wells fargo Bank  |  |
| Amount (\$)<br>\$3.50<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>615 Upper North Broadway<br><br>Corpus Christi, TX 78401          |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking             | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fee for Return checks                  |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 7/7 Rpt: 15/15  | <b>2</b> FILER NAME<br>Coastal Bend Texas Democratic Women  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055120   |
| <b>4</b> Date<br>06/06/2023   | <b>5</b> Payee name<br>Wells fargo Bank   |  |
| <b>6</b> Amount (\$)<br>\$3.50<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>615 Upper North Broadway<br><br>Corpus Christi, TX 78401 |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking             | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fee for Return of the Checks |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                             | Candidate/Officeholder name   | Office sought                      Office held   |