

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00056106	2 Total pages filed: 20
3 COMMITTEE NAME State Tejano Democrats		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/10/2024	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 909 Theresa Avenue Austin, TX 78703		
	5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Teresa NICKNAME LAST SUFFIX Perez-Wiseley		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 909 Theresa Avenue Austin, TX 78703		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 909 Theresa Ave. Austin, TX 78703		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 784-4839		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/01/2023 12/31/2023		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <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

12 COMMITTEE NAME State Tejano Democrats	13 Filer ID (Ethics Commission Filers) 00056106
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 18,182.54
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,504.27
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 17,659.54
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 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.

Teresa Perez-Wiseley

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 20

17 COMMITTEE NAME State Tejano Democrats		18 Filer ID (Ethics Commission Filers) 00056106
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 18,182.54
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 type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 6,504.27
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/10 Rpt: 4/20
2 FILER NAME State Tejano Democrats		3 Filer ID (Ethics Commission Filers) 00056106
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Acevedo, Fidel (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78728	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 07/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarenga, Jonathan <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) unemployed
Date 07/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arevalo, Diana <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78201	Amount of Contribution (\$) \$28.52
Principal occupation / Job title (See Instructions) Election G		Employer (See Instructions) Consultant
Date 07/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arevalo, Diana <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78201	Amount of Contribution (\$) \$28.52
Principal occupation / Job title (See Instructions) Election Geeks		Employer (See Instructions) Consultant
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin Tejano Democrats <hr/> Contributor address; City; State; Zip Code Austin, TX 78610	Amount of Contribution (\$) \$1,350.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/10 Rpt: 5/20
2 FILER NAME State Tejano Democrats		3 Filer ID (Ethics Commission Filers) 00056106
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bexar CO SD 19	7 Amount of Contribution (\$) \$3,750.00
6 Contributor address; City; State; Zip Code San Antonio, TX 78221		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bexar CO SD 19	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code San Antonio, TX 78227		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bexar Co T D S D 26	Amount of Contribution (\$) \$450.00
Contributor address; City; State; Zip Code San Antonio, TX 78221		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bexar Co T D S D 26	Amount of Contribution (\$) \$720.00
Contributor address; City; State; Zip Code San Antonio, TX 78221		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Border Tejano Democrats	Amount of Contribution (\$) \$405.00
Contributor address; City; State; Zip Code Laredo, TX 78041		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/10 Rpt: 6/20
2 FILER NAME State Tejano Democrats		3 Filer ID (Ethics Commission Filers) 00056106
4 Date 07/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Celina Vasquez <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76106	7 Amount of Contribution (\$) \$1.50
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chincanchan, Joaquin <hr/> Contributor address; City; State; Zip Code Austin, TX 78744	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Constable		Employer (See Instructions) Travis County
Date 07/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coastal Bend T. D. <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78466	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coastal Bend T. D. <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78466	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coastal Bend T. D. <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78466	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/10 Rpt: 7/20
2 FILER NAME State Tejano Democrats		3 Filer ID (Ethics Commission Filers) 00056106
4 Date 08/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dallas County Tejano Democrats <hr/> 6 Contributor address; City; State; Zip Code Mesquite, TX 75150	7 Amount of Contribution (\$) \$975.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darby, Cyrus <hr/> Contributor address; City; State; Zip Code Houston, TX 77007	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) unemployed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diaz-Aleman, Mia <hr/> Contributor address; City; State; Zip Code McAllen, TX 78744	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) County Facility
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enriquez, Otilia B. <hr/> Contributor address; City; State; Zip Code Burleson, TX 76028	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fort Bend County Tejano Democrats <hr/> Contributor address; City; State; Zip Code Houston, TX 77053	Amount of Contribution (\$) \$570.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/10 Rpt: 8/20
2 FILER NAME State Tejano Democrats		3 Filer ID (Ethics Commission Filers) 00056106
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Josey <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78251	7 Amount of Contribution (\$) \$28.52
8 Principal occupation / Job title (See Instructions) State Representative HD 12		9 Employer (See Instructions) State of Texas
Date 08/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Lorenzo <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$14.26
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) unemployed
Date 08/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris County Tejano Democrats <hr/> Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$2,250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris County Tejano Democrats <hr/> Contributor address; City; State; Zip Code Houston, TX 77009	Amount of Contribution (\$) \$539.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hays County Tejano Democrats <hr/> Contributor address; City; State; Zip Code Buda, TX 78610	Amount of Contribution (\$) \$585.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/10 Rpt: 9/20
2 FILER NAME State Tejano Democrats		3 Filer ID (Ethics Commission Filers) 00056106
4 Date 08/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hidalgo County Tejano Democrats <hr/> 6 Contributor address; City; State; Zip Code Donna, TX 78537	7 Amount of Contribution (\$) \$495.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hidalgo County Tejano Democrats <hr/> Contributor address; City; State; Zip Code Donna, TX 78537	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Josey, Garcia <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78251	Amount of Contribution (\$) \$28.52
Principal occupation / Job title (See Instructions) St.		Employer (See Instructions)
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Martin Golando, PLLC <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78205	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Carlos <hr/> Contributor address; City; State; Zip Code Uvalde, TX 78801	Amount of Contribution (\$) \$14.26
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) unemployed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/10 Rpt: 10/20
2 FILER NAME State Tejano Democrats		3 Filer ID (Ethics Commission Filers) 00056106
4 Date 07/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNeil, Holly	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Houston, TX 77007		
8 Principal occupation / Job title (See Instructions) Unemployed		9 Employer (See Instructions) none
Date 07/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNeil, Joshua	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Houston, TX 77007		
Principal occupation / Job title (See Instructions) Football Coach		Employer (See Instructions) W. Lloyd Meadow Elem. School
Date 07/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNeil, Mike	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Houston, TX 77007		
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) Self Employed
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina, Manuel (Mr.)	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code San Antonio, TX 78257		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Self Employed
Date 07/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreno, Reynaldo	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Austin, TX 78745		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/10 Rpt: 11/20
2 FILER NAME State Tejano Democrats		3 Filer ID (Ethics Commission Filers) 00056106
4 Date 07/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munson, Brennn <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77077	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Student		9 Employer (See Instructions) unemployed
Date 10/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez-Wiseley, Teresa <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$0.92
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Sophia <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) unemployed
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rendon, Marisa <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77380	Amount of Contribution (\$) \$14.26
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) Unemployed
Date 08/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruiz, Belinda <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78232	Amount of Contribution (\$) \$14.26
Principal occupation / Job title (See Instructions) Billing Coder		Employer (See Instructions) Health By Design

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/10 Rpt: 12/20
2 FILER NAME State Tejano Democrats		3 Filer ID (Ethics Commission Filers) 00056106
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruiz, Phillip <hr/> 6 Contributor address; City; State; Zip Code Lockhardt, TX 78644	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz-Rodriguez, Maria <hr/> Contributor address; City; State; Zip Code Austin, TX 78130-2410	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Senatorial District 11 Tejano Democrats <hr/> Contributor address; City; State; Zip Code Leaque City, TX 77573	Amount of Contribution (\$) \$765.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) T D of El Paso <hr/> Contributor address; City; State; Zip Code Horizon City, TX 79928	Amount of Contribution (\$) \$1,065.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) T. D. Paso del Norte <hr/> Contributor address; City; State; Zip Code El Paso, TX 79928	Amount of Contribution (\$) \$165.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/10 Rpt: 13/20
2 FILER NAME State Tejano Democrats		3 Filer ID (Ethics Commission Filers) 00056106
4 Date 08/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) T. D. of El Paso <hr/> 6 Contributor address; City; State; Zip Code Horizon City, TX 79928	7 Amount of Contribution (\$) \$135.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The 23rd SD Tejano Democrats <hr/> Contributor address; City; State; Zip Code Dallas, TX 75220	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The 23rd SD Tejano Democrats <hr/> Contributor address; City; State; Zip Code Dallas, TX 75220	Amount of Contribution (\$) \$1,650.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb Co. SD21 Tejano Democrats <hr/> Contributor address; City; State; Zip Code Laredo, TX 78045	Amount of Contribution (\$) \$1,215.00
Principal occupation / Job title (See Instructions)		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.

1 Total pages Schedule F1: Sch: 1/7 Rpt: 14/20	2 FILER NAME State Tejano Democrats	3 Filer ID (Ethics Commission Filers) 00056106
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4 Date 07/28/2023	5 Payee name Amazon
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6 Amount (\$) \$32.18 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 440 Terry Avenue N Seattle , WA 98109
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Supplies	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printer Toner
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/24/2023	Payee name Amazon
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Amount (\$) \$72.56 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 440 Terry Avenue N Seattle , WA 98109
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) office supplies	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense files, items for state convention
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/28/2023	Payee name COSTCO
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Amount (\$) \$86.59 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1401 RESEARCH BLVD. Austin, TX 78759
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) office supplies	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Shredder
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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.

1 Total pages Schedule F1: Sch: 2/7 Rpt: 15/20	2 FILER NAME State Tejano Democrats	3 Filer ID (Ethics Commission Filers) 00056106
4 Date 10/02/2023	5 Payee name Coastal Bend T.D.	
6 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 7217 Sparkle Sea #EE Corpus Christi, TX 78412	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Convention Expenses/ meals, hotel rooms
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/19/2023	Payee name Constant Contact	
Amount (\$) \$81.02 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1601 Trapelo Rd. Ste. 329 Waltham, ME 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Email Service	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly contractual service fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/21/2023	Payee name Constant Contact	
Amount (\$) \$81.02 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1601 Trapelo Rd. Ste. 329 Waltham, ME 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Email Service	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense email contractual monthly service fee
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.

1 Total pages Schedule F1: Sch: 3/7 Rpt: 16/20	2 FILER NAME State Tejano Democrats	3 Filer ID (Ethics Commission Filers) 00056106
4 Date 09/13/2023	5 Payee name Constant Contact	
6 Amount (\$) \$79.02 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1601 Trapelo Rd. Ste. 329 Waltham, ME 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Email Service	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Contractual month fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/19/2023	Payee name Constant Contact	
Amount (\$) \$81.02 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1601 Trapelo Rd. Ste. 329 Waltham, ME 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Email Service	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Contractual monthly Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/19/2023	Payee name Constant Contact	
Amount (\$) \$81.02 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1601 Trapelo Rd. Ste. 329 Waltham, ME 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Email Service	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email contractual monthly fee
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.

1 Total pages Schedule F1: Sch: 4/7 Rpt: 17/20	2 FILER NAME State Tejano Democrats	3 Filer ID (Ethics Commission Filers) 00056106
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4 Date 09/16/2023	5 Payee name Constant Contact
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6 Amount (\$) \$81.02	7 Payee address; City; State; Zip Code 1601 Trapelo Rd. Ste. 329 Waltham, ME 02451
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Expenditure from corporate funds

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Email Service	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Contractual Monthly Fee
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/16/2023	Payee name Constant Contact
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Amount (\$) \$81.02	Payee address; City; State; Zip Code 1601 Trapelo Rd. Ste. 329 Waltham, ME 02451
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Email Service	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email contractual monthly fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/15/2023	Payee name Election Nerds, LLC
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Amount (\$) \$250.00	Payee address; City; State; Zip Code 2076 N. Veteran's Blvd. Ste D1 Eagle Pass, TX 78852
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website maintenance Executive Director
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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.

1 Total pages Schedule F1: Sch: 5/7 Rpt: 18/20	2 FILER NAME State Tejano Democrats	3 Filer ID (Ethics Commission Filers) 00056106
4 Date 12/30/2023	5 Payee name Election Nerds, LLC	
6 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2076 N. Veteran's Blvd. Ste D1 Eagle Pass, TX 78852	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Management Executive Director Admin.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/13/2023	Payee name Emerald Beach Hotel	
Amount (\$) \$1,045.14 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1102 S. Shoreline Blvd. Corpus Christi, TX 78401	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel Rooms - 3
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/13/2023	Payee name Office Max	
Amount (\$) \$98.08 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 9600 S IH 35 Frontage Rd. Austin, TX 78748	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office supplies	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printer cable, printer paper, container and labels
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.

1 Total pages Schedule F1: Sch: 6/7 Rpt: 19/20	2 FILER NAME State Tejano Democrats	3 Filer ID (Ethics Commission Filers) 00056106
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4 Date 09/13/2023	5 Payee name Pena, Emilio
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6 Amount (\$) \$42.37 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 7310 Westville Dr. San Antonio, TX 78227
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Copying Expenses for Convention
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/12/2023	Payee name Perez-Wiseley, Teresa
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Amount (\$) \$600.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 909 Theresa Ave. Austin, TX 78703
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Misdeposited monies refunded; Not political expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/15/2023	Payee name Switchboard Public Benefit Corp
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Amount (\$) \$289.54 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P. O. Box 33485 Washington, DC 20033
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Text Messaging	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Switchboard Messaging
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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.

1 Total pages Schedule F1: Sch: 7/7 Rpt: 20/20	2 FILER NAME State Tejano Democrats	3 Filer ID (Ethics Commission Filers) 00056106
4 Date 11/06/2023	5 Payee name Switchboard Public Benefit Corp	
6 Amount (\$) \$186.43 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P. O. Box 33485 Washington, DC 20033	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Text Service	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Switchboard messaging
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/06/2023	Payee name Switchboard Public Benefit Corp	
Amount (\$) \$226.24 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P. O. Box 33485 Washington, DC 20033	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Texting Service	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Switchboard messaging
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/05/2023	Payee name Wellsfargo Direct Billing	
Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code W. 15th and San Anatonio Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Direct Payment Service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held