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

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

| 12 COMMITTEE NAME | | | 13 Filer ID | (Ethics Commission Filers) |
|---|--|--|---------------|----------------------------|
| State Tejano Democra | ts | | 00056106 | i |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | |
| | 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 | PLEDGES, LOANS, CONTRIBUTIONS M | O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$ | 0.00 |
| | 2. TOTAL POLITICA (OTHER THAN PLE | L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 18,182.54 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED | D POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICA | L EXPENDITURES | \$ | 6,504.27 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL OF THE REPORTIN | CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD | DAY \$ | 17,659.54 |
| OUTSTANDING LOAN TOTALS | | AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD | THE \$ | 0.00 |
| 16 AFFIDAVIT | | | <u>'</u> | |
| | | I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code. | | |
| | | Teresa Pe | rez-Wiseley | |
| | | Signature of Car | mpaign Treası | urer |
| AFFIX NOTARY | / STAMP / SEAL ABOVE | | | |
| Sworn to and subscribed | d before me, by the said | , th | nis the | day |
| of | _, 20, to certify | which, witness my hand and seal of office. | | |
| Signature of officer ac | dministering oath | Printed name of officer administering oath | Title of offi | cer administering oath |

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

| | | 3 of 20 |
|---|-----------------------------|----------------------------|
| 17 COMMITTEE NAME State Tejano Democrats | 18 Filer ID 00056106 | (Ethics Commission Filers) |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 18,182.54 |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ |
| 4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION | OR | \$ |
| 5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPOR LABOR ORGANIZATION | ATION OR | \$ |
| 6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORC | GANIZATION | \$ |
| 7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | २ | \$ |
| 8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR | ORGANIZATION | \$ |
| 9. SCHEDULE E: LOANS | | \$ |
| 10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | NS | \$ 6,504.27 |
| 11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUT | IONS | \$ |
| 13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ |
| 14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUT | IONS | \$ |
| 15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED | \$ |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| | MONET | ARY POLITICAL CONTR | SCHEDULE A1 | | | | |
|---|--------------------------------|---|-----------------|--|----------------|---|------------|
| | The Instruc | ction Guide explains how to comp | olete this form | n. | 1 | Total pages Schedule A1: Sch: 1/10 Rpt: 4/20 | |
| 2 | FILER NAME State Tejano | Democrats | | | 3 | 3 Filer ID (Ethics Commission Filers) 00056106 | |
| 4 | Date 10/10/2023 | Acevedo, Fidel (Mr.) | tate PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$30.00 |
| 8 | Principal occu | Austin, TX 78728 pation / Job title (See Instructions) | l _o | Employer (See Instructions | | | |
| 0 | Retired | pation / Job title (See instructions) | | Retired | •) | | |
| | Date 07/13/2023 | Alvarenga, Jonathan Contributor address; City; State; Zip Cod | ate PAC (ID#: |) | | Amount of Contribution (\$) | \$15.00 |
| | Principal occu | Houston, TX 77007 pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> ;) | | |
| | Student | | | unemployed | | | |
| | Date 07/26/2023 | Full name of contributor out-of-st Arevalo, Diana Contributor address; City; State; Zip Cod | ate PAC (ID#: |) | | Amount of Contribution (\$) | \$28.52 |
| | | San Antonio, TX 78201 | | | | | |
| | Principal occu Election G | pation / Job title (See Instructions) | | Employer (See Instructions Consultant | 5) | | |
| | Date 07/26/2023 | Arevalo, Diana | | | | Amount of Contribution (\$) | \$28.52 |
| | Principal occu Election Gee | pation / Job title (See Instructions) ks | | Employer (See Instructions Consultant | 5) | | |
| | Date 08/17/2023 | Austin Tejano Democrats | |) | | Amount of Contribution (\$) | \$1,350.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | | | · | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | DNS | | SCHEDUL | E A1 |
|---|-------------------------|---|-----------------------------------|----|---|-------------|
| | The Instru | ction Guide explains how to complete this 1 | orm. | 1 | Total pages Schedule A1: Sch: 2/10 Rpt: 5/20 | |
| 2 | FILER NAME State Tejano | Democrats | | 3 | Filer ID (Ethics Commission 00056106 | n Filers) |
| 4 | Date 07/31/2023 | Full name of contributor out-of-state PAC (ID#:_Bexar CO SD 19 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$3,750.00 |
| _ | Deignigal | San Antonio, TX 78221 | D. Frankriger (Co. Jacks estimate | | | |
| 0 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Date 08/19/2023 | Full name of contributor out-of-state PAC (ID#:_Bexar CO SD 19 Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$30.00 |
| | | San Antonio, TX 78227 | | Ĺ | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | S) | | |
| | Date 08/17/2023 | Full name of contributor out-of-state PAC (ID#:_Bexar Co T D S D 26 Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$450.00 |
| | | San Antonio, TX 78221 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Date 08/21/2023 | Full name of contributor out-of-state PAC (ID#:_ Bexar Co T D S D 26 Contributor address; City; State; Zip Code San Antonio, TX 78221 |) | | Amount of Contribution (\$) | \$720.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Date 08/18/2023 | Full name of contributor out-of-state PAC (ID#:_Border Tejano Democrats Contributor address; City; State; Zip Code Laredo, TX 78041 | | | Amount of Contribution (\$) | \$405.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | | | 1 | | | |

| | MONET | ARY POLITICAL CONTRIBUTIO | NS | | SCHEDUL | E A1 |
|---|-------------------------|---|------------------------------|---|---|-------------|
| | The Instru | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 3/10 Rpt: 6/20 | |
| 2 | FILER NAME State Tejano | Democrats | | 3 | Filer ID (Ethics Commission 00056106 | n Filers) |
| 4 | Date 07/21/2023 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$1.50 |
| | | Arlington, TX 76106 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Date 09/11/2023 | Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu | Austin, TX 78744 Dation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Constable | | Travis County | | | |
| | Date 07/05/2023 | Full name of contributor | | | Amount of Contribution (\$) | \$20.00 |
| | | Corpus Christi, TX 78466 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 08/11/2023 | Full name of contributor out-of-state PAC (ID#:_ Coastal Bend T. D. Contributor address; City; State; Zip Code Corpus Christi, TX 78466 | | | Amount of Contribution (\$) | \$75.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> 5) | | |
| | Date 08/19/2023 | Full name of contributor out-of-state PAC (ID#:_ Coastal Bend T. D. Contributor address; City; State; Zip Code Corpus Christi, TX 78466 | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | | | | | | |

| | MONET | ARY POLITICAL CONT | | SCHEDULE A1 | | | |
|---|-----------------------------|---|--------------------|--|----------|---|----------|
| | The Instru | ction Guide explains how to co | mplete 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 | Full name of contributor out-out-out-out-out-out-out-out-out-out- | | | 7 | Amount of Contribution (\$) | \$975.00 |
| | | Mesquite, TX 75150 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 E | mployer (See Instructions) |) | | |
| | Date 07/13/2023 | Full name of contributor out-out-out-out-out-out-out-out-out-out- | of-state PAC (ID#: | | | Amount of Contribution (\$) | \$15.00 |
| | Principal occu | Houston, TX 77007 pation / Job title (See Instructions) | T p | mployer (See Instructions) | <u> </u> | | |
| | Student | pation 7 000 title (Oce manucilons) | | nemployed | , | | |
| | Date 09/11/2023 | Full name of contributor out-out-out-out-out-out-out-out-out-out- | of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$30.00 |
| | | McAllen, TX 78744 | | | | | |
| | Principal occu Counselor | pation / Job title (See Instructions) | | mployer (See Instructions) County Facility |) | | |
| | Date 09/14/2023 | Enriquez, Otilia B. | |) | | Amount of Contribution (\$) | \$15.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | E | |) | | |
| | Date 08/19/2023 | Full name of contributor out-out-out-out-out-out-out-out-out-out- | | | | Amount of Contribution (\$) | \$570.00 |
| | Principal occu | pation / Job title (See Instructions) | E | mployer (See Instructions) |) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTIO | Ν | IS | | SCHEDUL | E A1 |
|---|----------------------------|--|------|---|----------|---|-------------|
| | The Instruc | ction Guide explains how to complete this fo | ori | m. | 1 | Total pages Schedule A1: Sch: 5/10 Rpt: 8/20 | |
| 2 | FILER NAME State Tejano | Democrats | | | 3 | Filer ID (Ethics Commissio 00056106 | n Filers) |
| 4 | Date 08/14/2023 | Full name of contributor | | | 7 | Amount of Contribution (\$) | \$28.52 |
| _ | D: : 1 | San Antonio, TX 78251 | _ | - | Ĺ | | |
| 8 | | pation / Job title (See Instructions) sentative HD 12 | 9 | Employer (See Instructions State of Texas | 5) | | |
| | Date 08/21/2023 | Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$14.26 |
| | Principal occu | San Marcos, TX 78666 pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | | |
| | Student | | | unemployed | | | |
| | Date 08/18/2023 | Full name of contributor out-of-state PAC (ID#: Harris County Tejano Democrats Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$2,250.00 |
| | | Houston, TX 77009 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Date 08/21/2023 | Full name of contributor out-of-state PAC (ID#:_ Harris County Tejano Democrats Contributor address; City; State; Zip Code Houston, TX 77009 | •••• | | | Amount of Contribution (\$) | \$539.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Date 08/19/2023 | Full name of contributor out-of-state PAC (ID#:_ Hays County Tejano Democrats Contributor address; City; State; Zip Code Buda, TX 78610 | |) | | Amount of Contribution (\$) | \$585.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTIO | NS | | SCHEDUL | E A1 |
|---|---------------------------|--|---------------------------------------|----------|---|-------------|
| | The Instru | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 6/10 Rpt: 9/20 | |
| 2 | FILER NAME State Tejano | Democrats | | 3 | Filer ID (Ethics Commission 00056106 | n Filers) |
| 4 | Date 08/09/2023 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$495.00 |
| | | Donna, TX 78537 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Date 09/10/2023 | Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$45.00 |
| | Principal occu | Donna, TX 78537 Dation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Date 08/14/2023 | Full name of contributor out-of-state PAC (ID#:_ Josey, Garcia Contributor address; City; State; Zip Code San Antonio, TX 78251 | | | Amount of Contribution (\$) | \$28.52 |
| | Principal occu St. | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 08/28/2023 | Full name of contributor out-of-state PAC (ID#: Law Office of Martin Golando, PLLC Contributor address; City; State; Zip Code San Antonio, TX 78205 | | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | () | | |
| | Date 08/24/2023 | Full name of contributor out-of-state PAC (ID#:_Lopez, Carlos Contributor address; City; State; Zip Code Uvalde, TX 78801 |) | | Amount of Contribution (\$) | \$14.26 |
| | Principal occu Student | pation / Job title (See Instructions) | Employer (See Instructions unemployed | () | | |
| | | | | | | |

| | MONEI | ARY POLITICAL C | ONTRIBUTIO | NS | SCHEDULE A | 1 |
|---|--------------------------------|---|------------------------|---|--|-------|
| | The Instru | ction Guide explains how | to complete this fo | orm. | 1 Total pages Schedule A1: Sch: 7/10 Rpt: 10/20 | |
| 2 | FILER NAME State Tejano | | | | 3 Filer ID (Ethics Commission Filers 00056106 | s) |
| 4 | Date 07/13/2023 | Full name of contributor McNeil, Holly Contributor address; City; St. | out-of-state PAC (ID#: | | 7 Amount of Contribution (\$) \$1 | 5.00 |
| • | Dringing Loon | Houston, TX 77007 | <u> </u> | D. Employer (See Instruction | | |
| 8 | Unemployed | | | 9 Employer (See Instructions none | | |
| | Date 07/13/2023 | Full name of contributor McNeil, Joshua Contributor address; City; St. | out-of-state PAC (ID#: |) | Amount of Contribution (\$) \$1 | 5.00 |
| | Principal occu | Houston, TX 77007 Ipation / Job title (See Instructions) | :) | Employer (See Instructions | <u> </u> s) | |
| | Football Coa | ach | | W. Lloyd Meadow Elem | ı. School | |
| | Date 07/13/2023 | Full name of contributor McNeil, Mike Contributor address; City; St | out-of-state PAC (ID#: | | Amount of Contribution (\$) \$1 | 5.00 |
| | | Houston, TX 77007 | | | | |
| | Principal occu Construction | pation / Job title (See Instructions |) | Employer (See Instructions Self Employed | 5) | |
| | Date 08/17/2023 | Full name of contributor Medina, Manuel (Mr.) Contributor address; City; St | out-of-state PAC (ID#: | | Amount of Contribution (\$) \$15 | 60.00 |
| | Principal occu Engineer | pation / Job title (See Instructions |) | Employer (See Instructions Self Employed | 5) | |
| | Date 07/13/2023 | Full name of contributor Moreno, Reynaldo Contributor address; City; Sta | out-of-state PAC (ID#: |) | Amount of Contribution (\$) \$1 | .0.00 |
| | Principal occu Retired | I pation / Job title (See Instructions |) | Employer (See Instructions | s) | |
| | | | | | | |

| State Tejano Democrats Date S Full name of contributor out-of-state PAC (ID#; | MONE | TARY POLITICAL CONTRIBUTIO | ONS | | SCHEDUL | E A1 |
|--|-------------|---|---------------------------------------|----------------|-----------------------------|-------------|
| State Tejano Democrats 4 Date 5 Full name of contributor out-of-state PAC (IDIN:) 7 Amount of Contribution (S) Munson, Brennn 6 Contributor address: City, State; Zip Code Houston, TX 77077 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) unemployed Date 10/17/2023 Perez-Wiseley, Teresa Contributor out-of-state PAC (IDIN:) Amount of Contribution (S) Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Full name of contributor out-of-state PAC (IDIN:) Amount of Contribution (S) 9 Frincipal occupation / Job title (See Instructions) Employer (See Instructions) Retired Full name of contributor out-of-state PAC (IDIN:) Amount of Contribution (S) 9 Frincipal occupation / Job title (See Instructions) Employer (See Instructions) 10 Interpretation Interpretation Out-of-state PAC (IDIN:) Amount of Contribution (S) 11 | The Instr | ruction Guide explains how to complete this fo | orm. | 1 | | |
| Date Full name of contributor | | | | 3 | | n Filers) |
| Principal occupation / Job title (See Instructions) Student | 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ 3 Munson, Brennn |) | 7 | | \$15.00 |
| Student | | Houston, TX 77077 | | | | |
| 10/17/2023 Perez-Wiseley, Teresa \$0.99 Contributor address; City; State; Zip Code Austin, TX 78703 Principal occupation / Job title (See Instructions) Retired Date O7/13/2023 Powers, Sophia Contributor out-of-state PAC (ID#: Ontributor address; City; State; Zip Code Houston, TX 77077 Principal occupation / Job title (See Instructions) Student Date Full name of contributor out-of-state PAC (ID#: Ontributor out-of-state PAC (ID#: Ontributo | | cupation / Job title (See Instructions) | | s) | | |
| Principal occupation / Job title (See Instructions) Retired Date | | Perez-Wiseley, Teresa |) | | Amount of Contribution (\$) | \$0.92 |
| Date O7/13/2023 Full name of contributor out-of-state PAC (ID#: | Dringingles | <u> </u> | Family you (Cook In the street in the | <u></u> | | |
| O7/13/2023 Powers, Sophia \$15.00 Contributor address; City; State; Zip Code Houston, TX 77077 Principal occupation / Job title (See Instructions) Student Date O8/17/2023 Rendon, Marisa Student The Woodlands, TX 77380 Principal occupation / Job title (See Instructions) Student Date The Woodlands, TX 77380 Principal occupation / Job title (See Instructions) Student Date O8/15/2023 Ruiz, Belinda Student Date Sull name of contributor out-of-state PAC (ID#: Unemployed) Date Sull name of contributor out-of-state PAC (ID#: Unemployed) Date Sull name of contributor out-of-state PAC (ID#: Sull name of contributor Student Date Sull name of contributor out-of-state PAC (ID#: Sull name of contributor Student Date Sull name of contributor out-of-state PAC (ID#: Sull name of contributor Sull name of contributo | | cupation / Job title (see instructions) | Employer (See Instructions | 5) | | |
| Principal occupation / Job title (See Instructions) Student Date 08/17/2023 Rendon, Marisa Contributor address; City; State; Zip Code The Woodlands, TX 77380 Principal occupation / Job title (See Instructions) Student Employer (See Instructions) Employer (See Instructions) Unemployed Amount of Contribution (\$) \$14.20 \$14.20 Amount of Contribution (\$) \$14.20 \$14.20 Principal occupation / Job title (See Instructions) Student Date 08/15/2023 Ruiz, Belinda Contributor address; City; State; Zip Code San Antonio, TX 78232 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$14.20 \$14.20 San Antonio, TX 78232 Principal occupation / Job title (See Instructions) Employer (See Instructions) | | Powers, Sophia |) | • | Amount of Contribution (\$) | \$15.00 |
| Student Date Full name of contributor out-of-state PAC (ID#: | | Houston, TX 77077 | | | | |
| Rendon, Marisa Contributor address; City; State; Zip Code The Woodlands, TX 77380 Principal occupation / Job title (See Instructions) Student Date O8/15/2023 Ruiz, Belinda Contributor address; City; State; Zip Code San Antonio, TX 78232 Principal occupation / Job title (See Instructions) Employer (See Instructions) Unemployed Amount of Contribution (\$) \$14.20 | • | cupation / Job title (See Instructions) | | 5) | | |
| Principal occupation / Job title (See Instructions) Student Date Date O8/15/2023 Ruiz, Belinda Contributor address; City; State; Zip Code San Antonio, TX 78232 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$14.20 \$14.20 \$20 \$30 \$40 \$40 \$40 \$40 \$40 \$40 \$4 | | Rendon, Marisa Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$14.26 |
| 08/15/2023 Ruiz, Belinda \$14.20 Contributor address; City; State; Zip Code San Antonio, TX 78232 Principal occupation / Job title (See Instructions) Employer (See Instructions) | | <u> </u> | | <u>I</u> S) | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | Ruiz, Belinda Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$14.26 |
| Billing Coder Health By Design | • | cupation / Job title (See Instructions) | | <u> </u> s) | | |
| | Billing Cod | ler | Health By Design | | | |

| | MONET | ARY POLITICAL CONTRIBUTIO | | SCHEDUL | LE A1 | |
|---|-------------------------|--|----------------------------|----------|--|------------|
| | The Instru | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 9/10 Rpt: 12/20 | |
| 2 | FILER NAME State Tejano | Democrats | | 3 | Filer ID (Ethics Commission 00056106 | n Filers) |
| 4 | Date 08/14/2023 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$30.00 |
| 8 | Principal occu | Lockhardt, TX 78644 pation / Job title (See Instructions) | Employer (See Instructions | <u></u> | | |
| _ | Retired | , | | , | | |
| | Date 07/07/2023 | Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$15.00 |
| | Principal occu | Austin, TX 78130-2410 pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Retired | | | | | |
| | Date 07/21/2023 | Full name of contributor out-of-state PAC (ID#:_ Senatorial District 11 Tejano Democrats Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$765.00 |
| | | Leaque City, TX 77573 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Date 07/24/2023 | Full name of contributor out-of-state PAC (ID#:_ T D of El Paso Contributor address; City; State; Zip Code Horizon City, TX 79928 |) | | Amount of Contribution (\$) | \$1,065.00 |
| | Principal occu | oation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 08/23/2023 | Full name of contributor out-of-state PAC (ID#:_ T. D. Paso del Norte Contributor address; City; State; Zip Code El Paso, TX 79928 |) | | Amount of Contribution (\$) | \$165.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | | • | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | ONS | | SCHEDULE A1 | |
|---|----------------------------|--|------------------------------|----------|---|------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 10/10 Rpt: 13/20 | |
| 2 | FILER NAME State Tejano | | | 3 | Filer ID (Ethics Commission 00056106 | on Filers) |
| 4 | Date 08/19/2023 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$135.00 |
| 8 | Principal occu | Horizon City, TX 79928 pation / Job title (See Instructions) | 9 Employer (See Instructions |) | | |
| | | , | | | | |
| | Date 08/19/2023 | Full name of contributor out-of-state PAC (ID#:_ The 23rd SD Tejano Democrats Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$15.00 |
| | Principal occu | Dallas, TX 75220 pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | | , | | , | | |
| | Date 08/19/2023 | Full name of contributor out-of-state PAC (ID#:_ The 23rd SD Tejano Democrats Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$1,650.00 |
| | | Dallas, TX 75220 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Date 09/11/2023 | Full name of contributor out-of-state PAC (ID#:_ Webb Co. SD21 Tejano Democrats Contributor address; City; State; Zip Code Laredo, TX 78045 |) | | Amount of Contribution (\$) | \$1,215.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

| Candidate/Officeholder/Politica Credit Card Payment | | not listed above) | |
|--|--|--------------------|--|
| 1 Total pages Schodule F1: | · | Commission Filers) | |
| 1 Total pages Schedule F1: | | Commission Filers) | |
| Sch: 1/7 Rpt: 14/20 | State Tejano Democrats 00056106 | | |
| 4 Date | 5 Payee name | | |
| 07/28/2023 | Amazon | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| \$32.18 | | | |
| | | | |
| Expenditure from | Coottle MA 00100 | | |
| corporate funds | Seattle , WA 98109 | | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| EXPENDITURE | Office Supplies | edule T. | |
| | Check if Austin, TX, officeholder living expense Printer Toner | | |
| | Filliter Totler | | |
| | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held | | |
| experialitate to benefit 6/61 | | | |
| Date | Payee name | | |
| 08/24/2023 | Amazon | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| \$72.56 | | | |
| Ψ12.30 | 440 Telly Avenue IV | | |
| Expenditure from | | | |
| corporate funds | Seattle , WA 98109 | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| OF EXPENDITURE | office supplies Check if travel outside of Texas. Complete Sche | edule T. | |
| | Check if Austin, TX, officeholder living expense | | |
| | files, items for state convention | | |
| | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | |
| expenditure to benefit C/O | JH | | |
| Date | Payee name | | |
| 09/28/2023 | COSTCO | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| \$86.59 | | | |
| \$60.59 | 1401 RESEARCH BLVD. | | |
| Expenditure from | | | |
| corporate funds | Austin, TX 78759 | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| OF EXPENDITURE | office supplies | edule T. | |
| EXPENDITORE | Check if Austin, TX, officeholder living expense | | |
| | Shredder | | |
| | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | |
| expenditure to benefit C/OH | | | |
| | | | |

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

| 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: 2/7 Rpt: 15/20 | State Tejano Democrats 00056106 | | |
| 4 Date | 5 Payee name | | |
| 10/02/2023 | Coastal Bend T.D. | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| \$1,500.00 | 7217 Sparkle Sea #EE | | |
| Expenditure from corporate funds | Corpus Christi, TX 78412 | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| OF EXPENDITURE | Event Expense | | |
| EXI ENDITORE | Check if Austin, TX, officeholder living expense | | |
| | Convention Expenses/ meals, hotel rooms | | |
| | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | |
| Date | Payee name | | |
| 07/19/2023 | Constant Contact | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| \$81.02 | 1601 Trapelo Rd. Ste. 329 | | |
| | | | |
| Expenditure from corporate funds | Waltham, ME 02451 | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| OF EXPENDITURE | Email Service Check if travel outside of Texas. Complete Schedule T. | | |
| | Check if Austin, TX, officeholder living expense | | |
| | Monthly contractual service fee | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | |
| expenditure to benefit C/OI | | | |
| Date | Payee name | | |
| 08/21/2023 | Constant Contact | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| \$81.02 | 1601 Trapelo Rd. Ste. 329 | | |
| 402.02 | | | |
| Expenditure from corporate funds | Waltham, ME 02451 | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| OF EXPENDITURE | Email Service Check if travel outside of Texas. Complete Schedule T. | | |
| D. LIBITORE | Check if Austin, TX, officeholder living expense | | |
| | email contractual monthly service fee | | |
| Commission ONUVIVIII | Condidate/Officeholder name | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | |
| | | | |
| | | | |
| | | | |

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

| 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: 3/7 Rpt: 16/20 | State Tejano Democrats 00056106 | | |
| 4 Date | 5 Payee name | | |
| 09/13/2023 | Constant Contact | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| \$79.02 | 1601 Trapelo Rd. Ste. 329 | | |
| | ' | | |
| Expenditure from corporate funds | Waltham, ME 02451 | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| OF EXPENDITURE | Email Service Check if travel outside of Texas. Complete Schedule T. | | |
| EXI ENDITORE | Check if Austin, TX, officeholder living expense | | |
| | Email Contractual month fee | | |
| | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | |
| expenditure to benefit C/OI | | | |
| Date | Payee name | | |
| 09/19/2023 | Constant Contact | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| \$81.02 | 1601 Trapelo Rd. Ste. 329 | | |
| Ψ01.02 | 1001 Hapelo Na. Ste. 323 | | |
| Expenditure from corporate funds | Waltham, ME 02451 | | |
| PURPOSE | 1 | | |
| OF | (a) Category (See Categories listed at the top of this schedule) Email Service (b) Description Check if travel outside of Texas. Complete Schedule T. | | |
| EXPENDITURE | Check if Austin, TX, officeholder living expense | | |
| | Email Contractual monthly Fee | | |
| | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | |
| expenditure to benefit C/OI | | | |
| Data | | | |
| Date | Payee name | | |
| 10/19/2023 | Constant Contact | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| \$81.02 | 1601 Trapelo Rd. Ste. 329 | | |
| | | | |
| Expenditure from corporate funds | Waltham, ME 02451 | | |
| PURPOSE | 1 | | |
| OF | (a) Category (See Categories listed at the top of this schedule) Email Service (b) Description Check if travel outside of Texas. Complete Schedule T. | | |
| EXPENDITURE | Check if Austin, TX, officeholder living expense | | |
| | Email contractual monthly fee | | |
| | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | |
| | expenditure to benefit C/OH | | |
| | | | |
| | | | |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) | |
|---|--|--|
| 4 7 . 1 | The Instruction Guide explains how to complete this form. | |
| 1 Total pages Schedule F1: | | |
| Sch: 4/7 Rpt: 17/20 | State Tejano Democrats 00056106 | |
| 4 Date | 5 Payee name | |
| 09/16/2023 | Constant Contact | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$81.02 | 1601 Trapelo Rd. Ste. 329 | |
| | | |
| Expenditure from corporate funds | Waltham, ME 02451 | |
| 8 PURPOSE | 1 | |
| OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Fmail Service Check if travel outside of Texas. Complete Schedule T. | |
| EXPENDITURE | Email Service Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | Email Contractual Monthly Fee | |
| | , and the second se | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| expenditure to benefit C/O | | |
| Date | Dougo nama | |
| Date | Payee name | |
| 09/16/2023 | Constant Contact | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$81.02 | 1601 Trapelo Rd. Ste. 329 | |
| Evnanditura from | | |
| Expenditure from corporate funds | Waltham, ME 02451 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Email Service Check if travel outside of Texas. Complete Schedule T. | |
| EXI ENDITORE | Check if Austin, TX, officeholder living expense | |
| | Email contractual monthly fee | |
| | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| expenditure to benefit C/O | | |
| Date | Payee name | |
| 09/15/2023 | Election Nerds, LLC | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$250.00 | 2076 N. Veteran's Blvd. Ste D1 | |
| Ψ203.00 | | |
| Expenditure from | Fords Doos, TV 700F2 | |
| corporate funds | Eagle Pass, TX 78852 | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. | |
| | Check if Austin, TX, officeholder living expense | |
| | Website maintenance Executive Director | |
| | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | |
| 5.45.1.a.t.a.t.a.t.a.t.a.t.a.t.a.t.a.t.a.t.a | | |
| | | |
| | | |
| | | |

SCHEDULE F1

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

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

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

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

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| | Contributions/ Donations Made By Candidate/Officeholder/Politica | | | g Exper s/Wage | nse Travel Out of District es/Contract Labor OTHER (enter a category not listed above) |
|---|---|----|--|-------------------|--|
| | Credit Card Payment | | The Instruction Guide explains how to | comp | lete this form. |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 6/7 Rpt: 19/20 | | State Tejano Democrats | | 00056106 |
| 4 | Date | 5 | Payee name | | |
| | 09/13/2023 | | Pena, Emilio | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; Zip | Code | |
| | \$42.37 | | 7310 Westville Dr. | | |
| _ | T Expenditure from | | | | |
| _ | corporate funds | L | San Antonio, TX 78227 | _ | |
| 8 | 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 |
| | | | | | Copying Expenses for Convention |
| | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | | Candidate/Officeholder name Office s | ought | Office held |
| | Date | | Payee name | | |
| | 09/12/2023 | | Perez-Wiseley, Teresa | | |
| | Amount (\$) | | Payee address; City; State; Zip | Code | |
| | \$600.00 | | 909 Theresa Ave. | | |
| _ | T Expenditure from | | | | |
| | corporate funds | | Austin, TX 78703 | | |
| | PURPOSE | (a | Category (See Categories listed at the top of this schedule) | (b) | Description |
| | OF EXPENDITURE | | Accounting/Banking | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | | | | Misdeposited monies refunded; Not political expense |
| | | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | | Candidate/Officeholder name Office s | ought | Office held |
| | Date | | Payee name | | |
| | 09/15/2023 | | Switchboard Public Benefit Corp | | |
| | Amount (\$) | | Payee address; City; State; Zip | Code | |
| | \$289.54 | | P. O. Box 33485 | | |
| _ | T Expenditure from | | | | |
| | corporate funds | | Washington, DC 20033 | _ | |
| | PURPOSE OF | (a | Category (See Categories listed at the top of this schedule) | (b) | Description |
| | EXPENDITURE | | Text Messaging | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | | | | Switchboard Messaging |
| | | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | | Candidate/Officeholder name Office s | ought | 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Travel in Dis Travel Out o Contract Labor OTHER (en

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. | Committee of the commit | |
|---|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | |
| Sch: 7/7 Rpt: 20/20 | State Tejano Democrats | 00056106 | |
| 4 Date | 5 Payee name | | |
| 11/06/2023 | Switchboard Public Benefit Corp | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| \$186.43 | P. O. Box 33485 | | |
| | | | |
| Expenditure from corporate funds | Washington, DC 20033 | | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| EXPENDITURE | 1 Text Scrives | utside of Texas. Complete Schedule T. TX, officeholder living expense | |
| | Switchboard m | | |
| | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | |
| expenditure to benefit C/O | | | |
| Data | I Programme | | |
| Date | Payee name | | |
| 12/06/2023 | Switchboard Public Benefit Corp | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| \$226.24 | P. O. Box 33485 | | |
| Expenditure from | | | |
| corporate funds | Washington, DC 20033 | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| OF EXPENDITURE | Texting Service | utside of Texas. Complete Schedule T. | |
| | | TX, officeholder living expense | |
| | Switchboard m | lessaging | |
| Operation ONE Wife discout | Our lideta 10ff ask alder a server | Office health | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held | |
| ' | | | |
| Date | Payee name | | |
| 09/05/2023 | Wellsfargo Direct Billing | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| \$10.00 | W. 15th and San Anatonio | | |
| — Foresanditure Cons | | | |
| Expenditure from corporate funds | Austin, TX 78703 | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| OF | | utside of Texas. Complete Schedule T. | |
| EXPENDITURE | Check if Austin, | TX, officeholder living expense | |
| | Direct Paymer | nt Service | |
| | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | |
| expenditure to benefit C/OH | | | |
| | | | |
| | | | |
| i e e e e e e e e e e e e e e e e e e e | | | |