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) 00087545 3 COMMITTEE NAME **OFFICE USE ONLY** Coastal Bend Tejano Democrats Date Received **ELECTRONICALLY FILED** 01/17/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 60402 Date Hand-delivered or Date Postmarked Change of Address Corpus Christi, TX 78466 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Becky K. NAME NICKNAME LAST **SUFFIX** Moeller STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 7217 Sparkle Sea STREET **ADDRESS** Unit EE (Residence or Business) Corpus Chrisit, TX 78412 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 60402 MAILING **ADDRESS** Corpus Christi, TX 78412 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 923-3707 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 11/07/2023 χ 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)
Coastal Bend Tejano	Democrats		00087545	
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		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	1,525.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	27,680.36
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	28,758.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	2,013.73
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	<u>'</u>		·	
		I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code.		
		Ms. Becky	K. Moeller	
		Signature of Car		er
AFFIX NOTAF	RY STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said	, th	nis the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer a	administering oath	Printed name of officer administering oath	Title of office	r administering oath

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

			3 of 27
17 COMMITTI Coastal B	EE NAME end Tejano Democrats	18 Filer ID 00087545	(Ethics Commission Filers)
	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 27,680.36
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	PR	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 28,758.80
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1	
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/9 Rpt: 4/27	
2	FILER NAME Coastal Bene	d Tejano Democrats		3	Filer ID (Ethics Commission 00087545	n Filers)
4	Date 09/21/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$500.00
0	Dringing coou	Corpus Christi, TX 78403	Employer (See Instructions			
0	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 07/12/2023	Full name of contributor out-of-state PAC (ID#:_ Act Blue Texas Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$672.33
		Somerville, MA 02144				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 07/19/2023	Full name of contributor out-of-state PAC (ID#:_ Act Blue Texas Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$192.07
		Somerville, MA 02144				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/30/2023	Full name of contributor out-of-state PAC (ID#:_ Act Blue Texas Contributor address; City; State; Zip Code Somerville, MA 02144			Amount of Contribution (\$)	\$288.13
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/28/2023	Full name of contributor out-of-state PAC (ID#:_ Act Blue Texas Contributor address; City; State; Zip Code Somerville, MA 02144			Amount of Contribution (\$)	\$96.05
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/9 Rpt: 5/27	
2	FILER NAME Coastal Ben	d Tejano Democrats		3	Filer ID (Ethics Commission 00087545	on Filers)
4	Date 08/18/2023	 Full name of contributor out-of-state PAC (ID#:_Act Blue Texas Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$144.06
ρ	Principal occu	Somerville, MA 02144 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	Fillicipal occu	oation/ Job title (See Instructions)	Employer (See Instructions	')		
	Date 08/08/2023	Full name of contributor out-of-state PAC (ID#:_ Act Blue Texas Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$288.13
		Somerville, MA 02144				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/24/2023	Full name of contributor out-of-state PAC (ID#:_Act Blue Texas Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$288.14
		Somerville, MA 02144				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 08/30/2023	Full name of contributor out-of-state PAC (ID#:_Act Blue Texas Contributor address; City; State; Zip Code Somerville, MA 02144			Amount of Contribution (\$)	\$144.07
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 09/17/2023	Full name of contributor out-of-state PAC (ID#:_Act Blue Texas Contributor address; City; State; Zip Code Somerville, MA 02144			Amount of Contribution (\$)	\$3,467.23
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
			1			

MONETARY POLITICAL CONTRIBUTIONS				SCHEDUI	LE A1	
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 3/9 Rpt: 6/27	
2	FILER NAME Coastal Ben	d Tejano Democrats		3	Filer ID (Ethics Commission 00087545	on Filers)
4	Date 09/14/2023	 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$600.28
Ω	Principal occu	Somerville, MA 02144 pation / Job title (See Instructions)	9 Employer (See Instructions	·,		
0	Principal occu	oalion7 Job title (See Instructions)	Employer (See Instructions	·)		
	Date 10/09/2023	Full name of contributor out-of-state PAC (ID#: Act Blue Texas Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$864.37
		Somerville, MA 02144				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/02/2023	Full name of contributor out-of-state PAC (ID#: Act Blue Texas Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$960.50
		Somerville, MA 02144				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/14/2023	Full name of contributor out-of-state PAC (ID#: Bonilla & Cjapa Law Firm Contributor address; City; State; Zip Code Corpus Christi, TX 78405)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/19/2023	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		I				

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruc	ction Guide explains how to co	omplete this forn	n.	1	Total pages Schedule A1: Sch: 4/9 Rpt: 7/27	
2	FILER NAME Coastal Bend	d Tejano Democrats			3	Filer ID (Ethics Commission 00087545	on Filers)
4	Date 09/16/2023	 Full name of contributor out out Buerrero, Stefanie (Ms.) Contributor address; City; State; Zip)	7	Amount of Contribution (\$)	\$250.00
0	Dringing! goog	Corpus Christi, TX 78415	lo.	Employer (See Instructions			
0	Teacher	pation / Job title (See Instructions)		Employer (See Instructions CCISD	')		
	Date 08/14/2023	Full name of contributor out Campos, Sylvia (Ms.) Contributor address; City; State; Zip				Amount of Contribution (\$)	\$100.00
	<u> </u>	Corpus Christi, TX 78411		5 1 (2 1 1 1 1	<u> </u>		
	City Counsel	pation / Job title (See Instructions) member		Employer (See Instructions retired	5)		
	Date 09/19/2023	Full name of contributor out Cantu, Eric (Mr.) Contributor address; City; State; Zip	-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu	Corpus Christi, TX 78401 pation / Job title (See Instructions)		Employer (See Instructions	<u>, </u>		
	Small Busine			Self	')		
	Date 09/08/2023	Full name of contributor out David T Brite Contributor address; City; State; Zip Corpus Christi, TX 78401	-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/16/2023	Flores, Gerald (Mr.)	-of-state PAC (ID#:			Amount of Contribution (\$)	\$115.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions)		
			•				

MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	SCHEDULE A1	
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 5/9 Rpt: 8/27	
2	FILER NAME Coastal Ben	d Tejano Democrats		3	Filer ID (Ethics Commission 00087545	n Filers)
4	Date 09/15/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
0	Principal occu	Eafle Pass, TX 78852 pation / Job title (See Instructions)	9 Employer (See Instructions	·,		
0	Fillicipal occu	oation / Job title (See Instituctions)	3 Employer (See instructions	·)		
	Date 09/20/2023	Full name of contributor out-of-state PAC (ID#: Kristian Carranza for Texas Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	San Antonio, TX 78230 pation / Job title (See Instructions)	Employer (See Instructions	·/		
	r inicipal occu	oation / Job title (See Instituctions)	Employer (See Instructions	,		
	Date 09/11/2023	Full name of contributor out-of-state PAC (ID#: LaMantia, Morgan (Sen.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		Brownsville, TX 75520				
	Principal occu State Senato	pation / Job title (See Instructions) or	Employer (See Instructions State of Texas	5)		
	Date 09/14/2023	Full name of contributor out-of-state PAC (ID#: Lehrman, Jeff (Mr.) Contributor address; City; State; Zip Code Corpus Christi, TX 78404)		Amount of Contribution (\$)	\$500.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/08/2023	Full name of contributor out-of-state PAC (ID#: Leon Law PLLC Contributor address; City; State; Zip Code Corpus Christi, TX 78401			Amount of Contribution (\$)	\$750.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	. 5)		
			1			

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/9 Rpt: 9/27	
2	FILER NAME Coastal Ben	d Tejano Democrats		3	Filer ID (Ethics Commission 00087545	n Filers)
4	Date 09/14/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$1,200.00
_	Deinsinal assu	Corpus Christi, TX 78401	O Frankrija (Caa kastrustiana			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/06/2023	Full name of contributor out-of-state PAC (ID#: Nueces County Democratic Party Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
	Dringing aggr	Corpus Christi, TX 78415	Employer (See Instructions	<u>, </u>		
	Pilitipai occu	pation / Job title (See Instructions)	Employer (See Instructions	·)		
	Date 09/04/2023	Full name of contributor out-of-state PAC (ID#: Perez-Wiseley, Teresa (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$835.00
		Austin, TX 78743				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 08/28/2023	Full name of contributor out-of-state PAC (ID#:Plumbers Local 68 Contributor address; City; State; Zip Code Houston, TX 77249)		Amount of Contribution (\$)	\$2,200.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/17/2023	Full name of contributor out-of-state PAC (ID#: Roland Barrera District 34 Campaign Contributor address; City; State; Zip Code Corpus Christi, TX 78401			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		-				

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A			
	The Instruc	etion Guide explains how to complete this form	n.	1	Total pages Schedule A1: Sch: 7/9 Rpt: 10/27	
2	FILER NAME Coastal Bene	I Tejano Democrats	;	3	Filer ID (Ethics Commission 00087545	n Filers)
4	Date 08/28/2023	 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$500.00
_		Texas City, TX 77590				
8	Principal occu Retired	pation / Job title (See Instructions) 9	Employer (See Instructions)			
	Date 09/11/2023	Full name of contributor out-of-state PAC (ID#: Senator Morgan La Mantia Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Dringing aggr	Brownsville, TX 75520	Employer (See Instructions)			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 10/20/2023	Full name of contributor out-of-state PAC (ID#: Snapka Law Firm Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
		Corpus Cristi , TX 78403				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 10/09/2023	Full name of contributor out-of-state PAC (ID#: Tejano Democrats Turning Texas Blue Contributor address; City; State; Zip Code Austin, TX 78703			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 08/24/2023	Full name of contributor out-of-state PAC (ID#: Texas Progressive Caucus Contributor address; City; State; Zip Code Lampassas, TX 76550			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/9 Rpt: 11/27	
2	FILER NAME Coastal Ben	d Tejano Democrats		3	Filer ID (Ethics Commission 00087545	n Filers)
4	Date 12/18/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
_	Dringing aggr	Corpus Christi, TX 78401	• Employer (Coo Instructions	<u></u>		
0	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 08/18/2023	Full name of contributor out-of-state PAC (ID#:_ Webb Jr., Charles C. Webb (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Corpus Christi, TX 78412 pation / Job title (See Instructions)	Employer (See Instructions	·/_		
	Attorney	Jalion / Job title (See mstructions)	Self)		
	Date 08/16/2023	Full name of contributor out-of-state PAC (ID#:_ Wigington Rumley Dunn Blair LLP Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Corpus Christi, TX 78401				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/15/2023	Full name of contributor out-of-state PAC (ID#:_hidalgo County Tejano Democrats Contributor address; City; State; Zip Code Donna, TX 78537)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
	Date 08/21/2023	Full name of contributor out-of-state PAC (ID#:_hinojosa , Juan (Sen.) Contributor address; City; State; Zip Code Edinburg, TX 78539)		Amount of Contribution (\$)	\$500.00
	Principal occu State Senato	pation / Job title (See Instructions)	Employer (See Instructions State of Texas	5)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 9/9 Rpt: 12/27
2	FILER NAME Coastal Ben	d Tejano Democrats		3	Filer ID (Ethics Commission Filers) 00087545
4	Date 08/29/2023	 Full name of contributor)	7	Amount of Contribution (\$) \$250.00
_		Corpus Christi, TX 78415		Ĺ	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/15 Rpt: 13/27	Coastal Bend Tejano Democrats 00087545
4 Date	5 Payee name
12/21/2023	Abundez, Nick (Mr.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$25.00	7217 Sparkle Sea
	Unit 3
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 Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Entertainment
	Entertainnent
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
10/03/2023	American Express
Amount (\$)	Payee address; City; State; Zip Code
\$683.66	PO Box 650448
Expenditure from corporate funds	Dallas, TX 75265
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Chairman's Lunch, Railroad Seafood, 1214 N
	Chaparral, CC TX, 78401. 9/16/23.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
12/19/2023	CBTDW
Amount (\$)	Payee address; City; State; Zip Code
\$50.00	PO Box 3691
Expenditure from corporate funds	Corpus Christi, TX 78412
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Copies
0 1 0 0 1 0 0 1 0 0 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Finding Expense Salaries/Manes/Contract Labor

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: 2/15 Rpt: 14/27	Coastal Bend Tejano Democrats 00087545
4 Date	5 Payee name
11/13/2023	Cuerrero, Efrain (Mr.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	1625 Lago Vista
Expenditure from	
corporate funds	Corpus Christi, TX 78414
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
	Convention labor
	Convention labor
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/13/2023	Dollar Tree
Amount (\$)	Payee address; City; State; Zip Code
\$27.65	1736 Airline Rd.
Expenditure from corporate funds	Corpus Cristi, TX 78412
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
	Convention supplies
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/19/2023	EEB
Amount (\$)	Payee address; City; State; Zip Code
\$155.22	4320 S Alameda
Expenditure from corporate funds	Corpus Christi, TX 78412
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Food for Christmas party
	Food for Christinas party
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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

pense Travel in Dis pense Travel Out of ages/Contract Labor OTHER (ent

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTALE (Control of State Control of C

Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide ex	Salaries/V	Vages	s/Contract Labor		OTHER (enter a	category not listed above)	
1 Total pages Schedule F1:	2 FILED NAM		•			3	Filer ID	(Ethics Commission I	Eilers)
Sch: 3/15 Rpt: 15/27		end Tejano Democrats				ľ	00087545	(20000 00000000000000000000000000000000	
4 Date	5 Payee name					<u> </u>			
09/21/2023	Elite Prom								
6 Amount (\$)	7 Payee addr		State; Zip Co	ode					
\$519.60	15829 Cut	ty Sark St							
— Forestelland from									
Expenditure from corporate funds	Corpus Cri	sti, TX 78418							
8 PURPOSE	(a) Category	See Categories listed at the top of	f this schedule)	(b)	Description				
OF	Event Exp		tins sorieduic)	` `	_ `	outs	ide of Texas. Com	plete Schedule T.	
EXPENDITURE	·				Check if Austin	, TX	, officeholder living	g expense	
					Delegate Tot	es			
9 Complete ONLY if direct		ficeholder name	Office sou	ıght			Office h	eld	
expenditure to benefit C/O	Н								
Date	Payee name	<u> </u>							
09/29/2023	Emerald B								
Amount (\$)	Payee addr	ess; City;	State; Zip Co	nda					
\$4,027.86	1102 Shor	•	State, Zip Ce	Juc					
φ4,027.00		ciii i c							
Expenditure from	784								
corporate funds	Corpus Cri	sti, TX 78401							
PURPOSE	(a) Category (See Categories listed at the top of	f this schedule)	(b)	Description				
OF EXPENDITURE	Event Exp				Check if travel	outs	ide of Texas. Com	plete Schedule T.	
LAPENDITORE					ш.	, TX	, officeholder living	g expense	
					Convention				
Complete ONLY if direct		ficeholder name	Office sou	ight			Office h	eld	
expenditure to benefit C/O	П								
Date	Payee name	9							
09/15/2023	Emerald B	eech hotel							
Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode					
\$10,000.00	1102 Shor	•	, ,						
, -,	784								
Expenditure from		TV 70.404							
corporate funds	Corpus Cri	sti, TX 78401							
PURPOSE OF	(a) Category (See Categories listed at the top of	f this schedule)	(b)	Description				
EXPENDITURE	Event Exp	ense			닏			plete Schedule T.	
					ш.		, officeholder living	g expense	
					Convention h	iOle	21		
Complete CMLV if alia	Condidate /Of	finahaldar na	Office	l nakt			Office !-	ald	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office sou	ıyııı			Office h	eiu	

SCHEDULE F1

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/15 Rpt: 16/27	Coastal Bend Tejano Democrats 00087545
4 Date	5 Payee name
09/15/2023	Estrada, Ray Armand (Mr.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$600.00	10426 Fox olow
Expenditure from	
corporate funds	San Antonio, TX 78213
8 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.
	Convention
	Convention
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
11/25/2023	FEB
Amount (\$)	Payee address; City; State; Zip Code
\$115.89	4320 S Alameda
720.00	, o_o o /
Expenditure from corporate funds	Corpus Christi, TX 78412
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Food and beverage for event
	1 ood and beverage for event
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
09/21/2023	Moeller, Becky (Ms.)
Amount (\$)	Payee address; City; State; Zip Code
\$176.69	7217 Sparkle Sea
, = , = , = ,	Unit EE
Expenditure from	
corporate funds	Corpus Christi, TX 78412
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Fivent Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Reimbursement for Convention supplies
	· · · · · · · · · · · · · · · · · · ·
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	·
Sch: 5/15 Rpt: 17/27	Coastal Bend Tejano Democrats 00087545
4 Date	5 Payee name
12/21/2023	Moeller, Becky (Ms.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$101.98	7217 Sparkle Sea
Evpanditura from	Unit 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
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Reimbursement for food and beverages
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/23/2023	Montoya, Cinia Montoya (Ms.)
Amount (\$)	Payee address; City; State; Zip Code
\$89.85	10514 Bandera Dr.
Expenditure from corporate funds	Corpus Christi, TX 78410
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Decorations for Convention
	Decorations for Convention
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/16/2023	Mystic Entertainment
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	4922 Franklin St.
	78315
Expenditure from corporate funds	Corpus Cristi, TX 78415
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Fivent Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Convention AV
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/15 Rpt: 18/27	Coastal Bend Tejano Democrats 00087545
4 Date	5 Payee name
12/18/2023	Nueces County Democratic Party
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$300.00	6102 Ayers
Expenditure from corporate funds	Corpus Christi, TX 78415
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Banquet table for NCDP fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/17/2023	Office Depot
Amount (\$)	Payee address; City; State; Zip Code
\$47.89	5425 S. Padre Island Dr.
	Unit 151
Expenditure from corporate funds	Corpus Christi, TX 78411
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Copies and office supplies
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
09/18/2023	Office Depot
Amount (\$)	Payee address; City; State; Zip Code
\$63.41	5425 S. Padre Island Dr.
	Unit 151
Expenditure from corporate funds	Corpus Christi, TX 78411
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.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Supplies for Convention
Operation Objection in	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Leaal Services Salaries/Waces/Contract Labor

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/15 Rpt: 19/27	Coastal Bend Tejano Democrats 00087545
4 Date	5 Payee name
08/03/2023	Office Depot
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$13.85	5425 S. Padre Island Dr.
	Unit 151
Expenditure from corporate funds	Corpus Christi, TX 78411
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Convention Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to benefit even	
Date	Payee name
09/16/2023	Office Depot
Amount (\$)	Payee address; City; State; Zip Code
\$83.95	5425 S. Padre Island Dr.
	Unit 151
Expenditure from corporate funds	Corpus Christi, TX 78411
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
	Convention Supplies
	озлония варрия
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/28/2023	Office Depot
Amount (\$)	Payee address; City; State; Zip Code
\$31.71	5425 S. Padre Island Dr.
Expenditure from	Unit 151
corporate funds	Corpus Christi, TX 78411
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Convention Supplies
	Convention Supplies
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Printing Expense Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
4. Total manage Coloradula 54	
1 Total pages Schedule F1:	
Sch: 8/15 Rpt: 20/27	Coastal Bend Tejano Democrats 00087545
4 Date	5 Payee name
09/01/2023	Office Depot
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$235.26	5425 S. Padre Island Dr.
	Unit 151
Expenditure from corporate funds	Corpus Christi, TX 78411
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
	Convention Badges
	Solitorium Daugoo
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
09/12/2023	Office Depot
Amount (\$)	Payee address; City; State; Zip Code
\$40.32	5425 S. Padre Island Dr.
	Unit 151
Expenditure from corporate funds	Corpus Christi, TX 78411
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Fivent Expense. Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Office suplies
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
Data	
Date	Payee name
09/11/2023	Office Depot
Amount (\$)	Payee address; City; State; Zip Code
\$19.62	5425 S. Padre Island Dr.
	Unit 151
Expenditure from corporate funds	Corpus Christi, TX 78411
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Convention supplies
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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 Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1: Sch: 9/15 Rpt: 21/27	FILER NAME Coastal Bend Tejano Democrats	3 Filer ID (Ethics Commission Filers) 00087545
4 Date 10/04/2023	5 Payee name Office Depot	
6 Amount (\$) \$63.10 Expenditure from corporate funds 8 PURPOSE OF EXPENDITURE	7 Payee address; City; State; Zip Co 5425 S. Padre Island Dr. Unit 151 Corpus Christi, TX 78411 (a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Check if travel outside of Texas. Complete Schedule T.
2/4 2/40/19/12		Check if Austin, TX, officeholder living expense Convention expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ght Office held
Date 08/23/2023	Payee name Olivarez, Brenda (Ms.)	
Amount (\$) \$600.00 Expenditure from corporate funds	Payee address; City; State; Zip Co 5721 Timberate Dr. #7210 Corpus Christi, TX 78411	de
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Decorations for Convention
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght Office held
Date 09/16/2023	Payee name Olivarez, Brenda (Ms.)	
Amount (\$) \$705.00 Expenditure from corporate funds	Payee address; City; State; Zip Co 5721 Timberate Dr. #7210 Corpus Christi, TX 78411	de
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Decorations for Convention
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ght Office held

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 Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to co	ages/Contract Labor	OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission File	ers)
Sch: 10/15 Rpt: 22/27	Coastal Bend Tejano Democrats		00087545	
4 Date	5 Payee name			
10/03/2023	R & R Awards			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$363.30	2437 Sacky			
Expenditure from corporate funds	Corpus Christi, TX 78415			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Event Expense	<u> </u>	rel outside of Texas. Complete Schedule T.	
			tin, TX, officeholder living expense ues for Convention	
		/wara r laq	aco for convention	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
expenditure to benefit C/OI	H			
Date	Payee name			
10/09/2023	Ramirez, Joseph (Mr.)			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$331.51	1741 Star Cove			
Expenditure from corporate funds	Corpus Christi, TX 78412			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Event Expense	<u> </u>	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense	
		ш	ment for Convention expenses	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
expenditure to benefit C/O		5		
Date	Payee name			
12/28/2023	Reeves, Susan M			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$250.00	3618 Topeka St.	ue		
Ψ230.00	3010 Topeka St.			
Expenditure from corporate funds	CORPUS CHRISTI, TX 78411			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Salaries/Wages/Contract Labor	=	rel outside of Texas. Complete Schedule T.	
EXI ENDITORE			tin, TX, officeholder living expense	
		Ethics repo	IL	
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office hold	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		yııı	Office held	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 11/15 Rpt: 23/27	Coastal Bend Tejano Democrats 00087545
4 Date	5 Payee name
12/19/2023	Rosies Tamales
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$350.00	4838 Ayers
Expenditure from corporate funds	Corpus Christi, TX 78415
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Food Christmas party
	1 ood omiounde party
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
07/27/2023	State Tejano Democrats
Amount (\$)	Payee address; City; State; Zip Code
\$75.00	909 Theresa Ave.
·	
Expenditure from corporate funds	Austin, TX 78703
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Member Dues
	Member Bucs
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
Date	Power name
07/07/2023	Payee name State Taiano Democrats
	State Tejano Democrats
Amount (\$)	Payee address; City; State; Zip Code
\$15.00	909 Theresa Ave.
Expenditure from corporate funds	Austin, TX 78703
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LA LADITORL	Check if Austin, TX, officeholder living expense
	Member Dues
Commission Chill V II alling	Condidate/Officeholder name Office county
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 12/15 Rpt: 24/27	Coastal Bend Tejano Democrats 00087545	
4 Date	5 Payee name	
08/14/2023	State Tejano Democrats	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$75.00	909 Theresa Ave.	
— Forest diture from		
Expenditure from corporate funds	Austin, TX 78703	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Dues to State	
	Dues to State	
O Complete ONLY !! -!!	Condidate/Officeholder name	_
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
,		
Date	Payee name	
08/14/2023	State Tejano Democrats	
Amount (\$)	Payee address; City; State; Zip Code	
\$100.00	909 Theresa Ave.	
Expenditure from corporate funds	Austin, TX 78703	
·		_
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense	
	Dues to State	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	н	
Date	Davida nama	=
	Payee name US Post Office	
08/03/2023		_
Amount (\$)	Payee address; City; State; Zip Code	
\$18.14	4801 Everhart Rd.	
Expenditure from		
corporate funds	Corpus Christi, TX 78411	
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.	
EAFEINDITURE	Check if Austin, TX, officeholder living expense	
	Convention	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	п	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ing Expense Event Expense Loan Repayment/Reimbu

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

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

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

ense Travel in Distr pense Travel Out of pros/Contract Labor OTHER (ente

Candidate/Officeholder/Politica	The Instruction Guide explains how to cor	ages/Contract Lar nplete this for:	, , , , , , , , , , , , , , , , , , , ,	
1 Total pages Schedule F1:		•	3 Filer ID (Ethics Commission Filers	 3)
Sch: 13/15 Rpt: 25/27	Coastal Bend Tejano Democrats		00087545	
4 Date	5 Payee name		-	
10/04/2023	US Post Office			
6 Amount (\$)	7 Payee address; City; State; Zip Coo	le		
\$19.80	4801 Everhart Rd.			
- Evnanditura from				
Expenditure from corporate funds	Corpus Christi, TX 78411			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	on	
OF EXPENDITURE	Event Expense		travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense	
			for convention	
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held	
expenditure to benefit C/O	1			
Date	Payee name			
12/14/2023	US Post Office			
Amount (\$)	Payee address; City; State; Zip Coo	le		
\$88.00	4801 Everhart Rd.			
Expenditure from corporate funds	Corpus Christi, TX 78411			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	on	
OF EXPENDITURE	Office Overhead/Rental Expense		travel outside of Texas. Complete Schedule T.	
		PO Box	Austin, TX, officeholder living expense	
		1 0 20%	. onta	
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held	
expenditure to benefit C/O				
Date	Payee name			
10/09/2023	Veit, Taryn (Ms.)			
Amount (\$)	Payee address; City; State; Zip Coo	le		
\$70.00	5933 Julia Circle			
Expenditure from corporate funds	Corpus Christi, TX 78412			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	on	
OF EXPENDITURE	Salaries/Wages/Contract Labor		travel outside of Texas. Complete Schedule T.	
		Clerical	Austin, TX, officeholder living expense	
		Cicilcal	work	
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held	
expenditure to benefit C/O		· -		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	Credit Card Payment The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
Sch: 14/15 Rpt: 26/27	Coastal Bend Tejano Democrats	00087545						
4 Date	5 Payee name	•						
07/27/2023	Zapata, Zulema (Ms.)							
6 Amount (\$)	7 Payee address; City; State; Zip Code							
\$40.00	630 uicsac e							
Expenditure from corporate funds	Robstown, TX 78380							
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	otion						
OF EXPENDITURE	Salaries/Wages/Contract Labor	ck if travel outside of Texas. Complete Schedule T.						
LAFENDITORE	1 📙	ck if Austin, TX, officeholder living expense						
	Contra	act labor computer work						
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
expenditure to benefit C/O		Office field						
Data	T -							
Date 12/21/2023	Payee name							
	aloft hotel Remix Lounge							
Amount (\$)	Payee address; City; State; Zip Code							
\$304.88	5117 Embassy Dr.							
Expenditure from								
corporate funds	Corpus Christi, TX 78411							
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descrip							
EXPENDITURE	Event Expense	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense						
	,	and beverage						
		3						
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
expenditure to benefit C/OH								
Date	Payee name							
10/07/2023	gulf Coast Mailing & Printing							
Amount (\$)	Payee address; City; State; Zip Code							
\$690.33	3618							
	Topeka St.							
Expenditure from corporate funds	CORPUS CHRISTI, TX 78469							
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	ntion						
OF		ck if travel outside of Texas. Complete Schedule T.						
EXPENDITURE		ck if Austin, TX, officeholder living expense						
	Printin	q						
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held						
Chromatics to Solicity (Control								

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

	Contributing Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee	Gift/Awards/Memorials Ex Legal Services The Instruction Guid	pense Printing Salaries	Expense Expense s/Wages/Contract Labor complete this form.	Travel III District Travel Out of District OTHER (enter a category not listed ab	ove)
1	Total pages Schedule F1:	2 FILER NAMI	Ē			3 Filer ID (Ethics Commiss	ion Filers)
	Sch: 15/15 Rpt: 27/27		nd Tejano Democr	rats		00087545	
4	Date	5 Payee name					
	09/12/2023	gulf Coast	Marking & Printing				
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	Code		
	\$690.33	PO Box 93	12				
	Expenditure from corporate funds	Corpus Cris	sti, TX 78469				
8	PURPOSE	(a) Category (S	see Categories listed at the	top of this schedule)	(b) Description		
	OF EXPENDITURE	Event Expe	ense			I outside of Texas. Complete Schedule T.	
						n, TX, officeholder living expense	
					Convention	proram books	
9	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office so	ought	Office held	