FORM CEC COUNTY EXECUTIVE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The CEC Instruction Guide explains how to complete this form. 00028389 3 COMMITTEE NAME **OFFICE USE ONLY** Hidalgo County Democratic Party Date Received **ELECTRONICALLY FILED** 01/16/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 4585 Date Hand-delivered or Date Postmarked Change of Address McAllen, TX 78502-4585 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Kenna S. NAME NICKNAME LAST **SUFFIX** Giffin STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 814 Del Oro Drive STREET **ADDRESS** (Residence or Business) Pharr, TX 78577 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 4585 MAILING **ADDRESS** McAllen, TX 78501-4585 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 283-4669 PHONE REPORT January 15 30th day before election Final Report **TYPE** 10th day after campaign treasurer 8th day before election 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 χ Other Runoff 11/07/2023 General Special Constitutional Amendments **GO TO PAGE 2**

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Hidalgo County Democ	ratic Party		0002838	89
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		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOAN CONTRIBUTIONS x check here if this rep	EED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold	\$	520.00
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	153,694.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITION	CAL EXPENDITURES	\$	90,022.13
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	L CONTRIBUTIONS MAINTAINED AS OF THE LAST ING PERIOD	DAY \$	61,122.99
OUTSTANDING LOAN TOTALS		L AMOUNT OF ALL OUTSTANDING LOANS AS OF T E REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.		
		Ms. Kenr	na S. Giffin	
		Signature of Car		
AFFIX NOTARY	STAMP / SEAL ABOV	Е		
Sworn to and subscribed	before me, by the said	, tł	nis the	day
		fy which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of o	officer administering oath

SUBTOTALS - CEC

FORM CEC COVER SHEET PG 3 3 of 44

				3 01 44
17 COMMITTEE N	IAME	18 Filer ID	(Ethics C	ommission Filers)
Hidalgo Coun				
19 SCHEDULE SU NAME OF SCH			SUE	BTOTAL AMOUNT
1. X SC	CHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	153,694.50
2. X SC	CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3. X SC	CHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4. X SC	CHEDULE E: LOANS		\$	8,146.88
5. X SC	CHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	90,022.13
6. X SC	CHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7. SC	CHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8. X SC	CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9. X SC	CHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	27.50
	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F O FILER	RETURNED	\$	200.00

	MONEI	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/14 Rpt: 4/44	
2	FILER NAME	nt Democratic Borts		3	Filer ID (Ethics Commission	Filers)
		nty Democratic Party			00028389	
4	Date 12/09/2023	5 Full name of contributor)	7	Amount of Contribution (\$)	\$500.00
		6 Contributor address; City; State; Zip Code				
_		Mission, TX 78572		<u></u>		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	s)		
_	Date	Full name of contributor X out-of-state PAC (ID#: C	200401224	Г	Amount of Contribution (\$)	
	08/01/2023	Actblue Texas)		Amount of Continuation (4)	\$9.60
		Contributor address; City; State; Zip Code				
		, , ,				
		Combridge MA 02220 2110				
	Dringing Cook	Cambridge, MA 02238-2110	Employer (See Instructions	., 		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor X out-of-state PAC (ID#: C	000401224)		Amount of Contribution (\$)	
	08/01/2023	08/01/2023 Actblue Texas				\$19.20
		Contributor address; City; State; Zip Code				
		Cambridge, MA 02238-2110				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;) 		
	i iliopai ooda	panon, cos uno (cos monastrono)	Employer (Geo meadone)	,,		
	Date	Full name of contributor X out-of-state PAC (ID#: C	000401224		Amount of Contribution (\$)	
	08/16/2023	Actblue Texas				\$9.60
		Contributor address; City; State; Zip Code				
		Cambridge, MA 02238-2110				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date	Full name of contributor X out-of-state PAC (ID#: C	000401224)		Amount of Contribution (\$)	
	09/18/2023	Actblue Texas				\$19.20
		Contributor address; City; State; Zip Code				
		Cambridge, MA 02238-2110				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>L</u> 5)		
	-					

	MONEI	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 2/14 Rpt: 5/44
2	FILER NAME Hidalgo Cou	nty Democratic Party	3 Filer ID (Ethics Commission Filers) 00028389
4	Date 09/17/2023	5 Full name of contributor x out-of-state PAC (ID#: C00401224) Actblue Texas 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$9.60
8	Principal occu	Cambridge, MA 02238-2110 pation / Job title (See Instructions) 9 Employer (See Instructions))
	Date 09/24/2023	Full name of contributor x out-of-state PAC (ID#: C00401224) Actblue Texas Contributor address; City; State; Zip Code Cambridge, MA 02238-2110	Amount of Contribution (\$) \$9.60
	Principal occu	pation / Job title (See Instructions) Employer (See Instructions))
	Date 09/10/2023	Full name of contributor x out-of-state PAC (ID#: C00401224) Actblue Texas Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$9.60
	Principal occu	Cambridge, MA 02238-2110 pation / Job title (See Instructions) Employer (See Instructions)	
	Date 10/08/2023	Full name of contributor X out-of-state PAC (ID#: C00401224) Actblue Texas Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$9.60
_	Principal occu	Cambridge, MA 02238-2110 pation / Job title (See Instructions) Employer (See Instructions)	
	Date 10/15/2023	Full name of contributor x out-of-state PAC (ID#: C00401224) Actblue Texas Contributor address; City; State; Zip Code Cambridge, MA 02238-2110	Amount of Contribution (\$) \$9.60
	Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	

	MONEI	ARY POLITICAL CONTRIBUTIONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/14 Rpt: 6/44
2	FILER NAME Hidalgo Cou	nty Democratic Party		3 Filer ID (Ethics Commission Filers) 00028389
4	Date 10/22/2023	 Full name of contributor	0224)	7 Amount of Contribution (\$) \$1,733.65
8	Principal occu	Cambridge, MA 02238-2110 pation / Job title (See Instructions) 9 Em	ployer (See Instructions)	
	Date 10/29/2023	Full name of contributor out-of-state PAC (ID#: Actblue Texas Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$517.58
	Principal occu	Cambridge, MA 02238-2110 pation / Job title (See Instructions) Em	ployer (See Instructions))
	Date 11/26/2023	Full name of contributor x out-of-state PAC (ID#: C00401 Actblue Texas Contributor address; City; State; Zip Code	2224)	Amount of Contribution (\$) \$9.60
	Principal occu	Cambridge, MA 02238-2110 pation / Job title (See Instructions) Em	ployer (See Instructions)	
	Date 12/10/2023	Full name of contributor X out-of-state PAC (ID#: C00401 Actblue Texas Contributor address; City; State; Zip Code	224)	Amount of Contribution (\$) \$4.80
	Principal occu	Cambridge, MA 02238-2110 pation / Job title (See Instructions) Em	ployer (See Instructions)	
	Date 12/17/2023	Full name of contributor x out-of-state PAC (ID#: C00401 Actblue Texas Contributor address; City; State; Zip Code Cambridge, MA 02238-2110	224)	Amount of Contribution (\$) \$9.60
	Principal occu	<u> </u>	L ployer (See Instructions)	
		1		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/14 Rpt: 7/44
2	FILER NAME Hidalgo Cou	nty Democratic Party		3	Filer ID (Ethics Commission Filers) 00028389
4	Date 12/24/2023	 Full name of contributor x out-of-state PAC (ID#: CACTION ACTION A)	7	Amount of Contribution (\$) \$9.60
		Cambridge, MA 02238-2110			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	
	Date 10/17/2023	Full name of contributor out-of-state PAC (ID#: Armando J. Marroquin Campaign Fund Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$2,500.00
	Principal occu	McAllen, TX 78501 pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 12/08/2023	Full name of contributor out-of-state PAC (ID#:_ Armando J. Marroquin Campaign Fund Contributor address; City; State; Zip Code McAllen, TX 78501			Amount of Contribution (\$) \$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 10/12/2023	Full name of contributor out-of-state PAC (ID#:_ Arredondo Law Firm Contributor address; City; State; Zip Code McAllen, TX 78504			Amount of Contribution (\$) \$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 10/23/2023	Full name of contributor out-of-state PAC (ID#:_Avila, Beverly (Ms.) Contributor address; City; State; Zip Code McAllen, TX 78502			Amount of Contribution (\$) \$40.60
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired)	

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 5/14 Rpt: 8/44	
2	FILER NAME Hidalgo Cou	nty Democratic Party			3	Filer ID (Ethics Commission 00028389	on Filers)
4	Date 10/12/2023	 Full name of contributor	ID#:		7	Amount of Contribution (\$)	\$500.00
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	 - s)		
	CHIEF JUST	ΓICE		STATE			
	Date 09/28/2023	Full name of contributor out-of-state PAC (Contreras, Esq., Jesus (Mr.) Contributor address; City; State; Zip Code	ID#:		•	Amount of Contribution (\$)	\$1,500.00
	D: : 1	Edinburg, TX 78539			Ĺ		
	Attorney at la	pation / Job title (See Instructions)		Employer (See Instructions Self	6)		
	Date			, , , , , , , , , , , , , , , , , , ,	_	Amount of Contribution (\$)	
	12/08/2023	Full name of contributor				Amount of Continuous (4)	\$250.00
		Edinburg, TX 78539					
	Principal occu Attorney at la	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/17/2023	Full name of contributor out-of-state PAC (David Lee Fuentes Campaign Fund Contributor address; City; State; Zip Code Weslaco, TX 78596)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/07/2023	Full name of contributor out-of-state PAC (David Lee Fuentes Campaign Fund Contributor address; City; State; Zip Code Weslaco, TX 78596	ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
			l				

	MONET	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 6/14 Rpt: 9/44
2	FILER NAME Hidalgo Cou	nty Democratic Party			3	Filer ID (Ethics Commission Filers) 00028389
4	Date 09/18/2023	 Full name of contributor			7	Amount of Contribution (\$) \$1,500.00
8	Principal occu	Edinburg, TX 78541 pation / Job title (See Instructions)	9	Employer (See Instructions	 ;)	
	Attorney at L			Self	,	
	Date 12/01/2023	Full name of contributor)		Amount of Contribution (\$) \$500.00
	Deinsinal	Mission, TX 78574		Faralassa (O. a. kastuustia na	<u></u>	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Date 09/18/2023	Contributor address; City; State; Zip Code		Campaign Fund		Amount of Contribution (\$) \$1,500.00
	Principal occu	McAllen, TX 78504 pation / Job title (See Instructions)		Employer (See Instructions	 ;)	
	Date 11/17/2023	Full name of contributor out-of-state PAC (ID#: Fernando Mancias DBA Judge Fernando Mancia Contributor address; City; State; Zip Code McAllen, TX 78504				Amount of Contribution (\$) \$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>	
	Date 11/28/2023	Full name of contributor	000)		Amount of Contribution (\$) \$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 7/14 Rpt: 10/44	
2	FILER NAME Hidalgo Cou	nty Democratic Party			3	Filer ID (Ethics Commission 00028389	n Filers)
4	Date 11/06/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$50.00
8	Principal occu	McAllen, TX 78501 pation / Job title (See Instructions)	9	Employer (See Instructions Retired	s)		
	Date 12/03/2023	Full name of contributor out-of-state PAC (ID#:_ Gina M Benavides Campaign Account Contributor address; City; State; Zip Code Corpus Christi, TX 78413				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 11/20/2023	Full name of contributor out-of-state PAC (ID#:_ Gonzales, Richard (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$838.47
	Principal occu	Pharr, TX 78577 pation / Job title (See Instructions)	_	Employer (See Instructions	 		
	Attorney	,,		Self	,		
	Date 10/23/2023	Full name of contributor)		Amount of Contribution (\$)	\$65.00
	Principal occu Consultant	Pharr, TX 78577 pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u> s)		
	Date 10/19/2023	Full name of contributor out-of-state PAC (ID#:_ Guerra, Carmen R. (Ms.) Contributor address; City; State; Zip Code Edinburg, TX 78539)		Amount of Contribution (\$)	\$240.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/14 Rpt: 11/44	
2	FILER NAME Hidalgo Cou	nty Democratic Party		3	Filer ID (Ethics Commission 00028389	on Filers)
4	Date 10/10/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,500.00
_		McAllen, TX 78502				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 12/11/2023	Full name of contributor out-of-state PAC (ID#:_ Jay Regalado Campaign Fund Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Dringinal occu	Edinburg, TX 78539 pation / Job title (See Instructions)	Employer (See Instructions	·/_		
	Principal occu	pation / Job title (See instructions)	Employer (See Instructions)		
	Date 10/19/2023	Full name of contributor out-of-state PAC (ID#:_ JoAnne Garcia Campaign Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,500.00
		McAllen, TX 78504				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/06/2023	Full name of contributor out-of-state PAC (ID#:_ Joe Ramirez Campaign Contributor address; City; State; Zip Code Edinburg, TX 78539)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/31/2023	Full name of contributor out-of-state PAC (ID#:_ Laura Hinojosa Campaign Fund Contributor address; City; State; Zip Code McAllen, TX 78501			Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	- 5)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this for	m.	1	Total pages Schedule A1: Sch: 9/14 Rpt: 12/44	
2	FILER NAME Hidalgo Cou	nty Democratic Party		3	Filer ID (Ethics Commission 00028389	on Filers)
4	Date 10/12/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$1,500.00
•	Principal occu	McAllen, TX 78504	Employer (See Instructions			
0	Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions)		
	Date 10/12/2023	Full name of contributor out-of-state PAC (ID#: Law Office of Palacios Cruz & Moreno PLLC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Deire die alle acces	McAllen, TX 78504	Formless of (Co. a. brothersting)			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/09/2023	Full name of contributor out-of-state PAC (ID#: Law Office of Richard D Gonzales PC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,500.00
		Edinburg, TX 78539				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/29/2023	Full name of contributor out-of-state PAC (ID#: Leticia Lopez Campaign Contributor address; City; State; Zip Code Edinburg, TX 78539)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/04/2023	Full name of contributor out-of-state PAC (ID#: Librado K Keno Vasquez Campaign Fund Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/14 Rpt: 13/44	
2	FILER NAME Hidalgo Cou	nty Democratic Party		3	Filer ID (Ethics Commission 00028389	n Filers)
4	Date 12/08/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
_		Edinburg, TX 78539				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 10/05/2023	Full name of contributor out-of-state PAC (ID#:_ Linebarger Goggan Blair & Sampson, LLP Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,500.00
	Principal occu	Austin, TX 78780 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> :)		
		,	, ,, ,	,		
	Date 12/07/2023	Full name of contributor out-of-state PAC (ID#:_ Luis Manuel Singleterry Campaign Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		Edinburg, TX 78541				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 11/30/2023	Full name of contributor out-of-state PAC (ID#:_Lydia Elizondo Campaign for County Court 7 Contributor address; City; State; Zip Code McAllen, TX 78504			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/16/2023	Full name of contributor out-of-state PAC (ID#:_ Martin Cantu Campaign Account Contributor address; City; State; Zip Code San Juan, TX 78589			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 11/14 Rpt: 14/44	
2	FILER NAME Hidalgo Cou	nty Democratic Party		3	Filer ID (Ethics Commission 00028389	on Filers)
4	Date 11/10/2023	10/2023 Melissa L. Jalomo Revocable Trust 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$800.00
_	Dringing aggr	McAllen, TX 78504	2. Employer (See Instructions	_		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/20/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	Mission, TX 78573 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 10/17/2023	Full name of contributor)		Amount of Contribution (\$)	\$1,000.00
		Brownsville, TX 78520				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/31/2023	Full name of contributor x out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu Consultant	pation / Job title (See Instructions)	Employer (See Instructions Self	5)		
	Date 09/27/2023	Full name of contributor out-of-state PAC (ID#: Nereida Lopez Singleterry Campaign Contributor address; City; State; Zip Code McAllen, TX 78504			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
		I				

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 12/14 Rpt: 15/44	
2	FILER NAME Hidalgo Cou	nty Democratic Party		3	Filer ID (Ethics Commission 00028389	n Filers)
4	Date 10/12/2023	5 Full name of contributor out-of-state PAC (ID#:) Noe Gonzalez Campaign 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,500.00
		Edinburg, TX 78540-1042				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 10/11/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu	McAllen, TX 78504 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/28/2023	Full name of contributor out-of-state PAC (ID#:_ Orlando J. Esquivel Campaign Fund Contributor address; City; State; Zip Code Edinburg, TX 78541)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/12/2023	Full name of contributor out-of-state PAC (ID#:_Quintanilla Law Office PLLC Contributor address; City; State; Zip Code McAllen, TX 78504			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/12/2023	Full name of contributor out-of-state PAC (ID#:_Quintanilla Law Office PLLC Contributor address; City; State; Zip Code McAllen, TX 78504			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 13/14 Rpt: 16/44	
2	FILER NAME Hidalgo Cou	nty Democratic Party		3	Filer ID (Ethics Commission 00028389	on Filers)
4	Date 10/16/2023	5 Full name of contributor out-of-state PAC (ID#:) R & B Castillo Investments LLC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,500.00
_	5	McAllen, TX 78503				
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/15/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,500.00
	Principal occu	Donna, TX 78537 pation / Job title (See Instructions)	Employer (See Instructions	i)		
	· ····o.pa. ooda		pieye. (eeeeaceaning	,		
	Date 10/04/2023	Full name of contributor out-of-state PAC (ID#: Sergio Valdez Campaign Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,500.00
		Edinburg, TX 78540				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 12/05/2023	Full name of contributor out-of-state PAC (ID#: Sergio Valdez Campaign Contributor address; City; State; Zip Code Edinburg, TX 78540			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/20/2023	Full name of contributor out-of-state PAC (ID#:Sheriff J E Guerra Campaign Account Contributor address; City; State; Zip Code Linn, TX 78563)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
		I				

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 14/14 Rpt: 17/44		
2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Hidalgo Cou	nty Democratic Party				00028389		
4	Date 08/03/2023	5 Full name of contributor out-of-state PAC (ID#:_ Soros, George (Mr.))	7	Amount of Contribution (\$) \$50,000.00		
		6 Contributor address; City; State; Zip Code						
_	Driverinal	New York, NY 10106	_	Francis var (Coo Instructions	<u>, </u>			
8	Consulting	pation / Job title (See Instructions)	9	Employer (See Instructions Self				
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)		
	10/10/2023	Soros, George (Mr.)				\$50,000.00		
	Contributor address; City; State; Zip Code							
		New York, NY 10106						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
Consulting				Self				
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)		
	10/16/2023	Texas Senator Juan "Chuy" Hinojosa Campaign				\$2,500.00		
		Contributor address; City; State; Zip Code						
		Edinburg, TX 78539						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)			
	Date	Full name of contributor ut-of-state PAC (ID#:_)		Amount of Contribution (\$)		
	09/13/2023	William Billy Leo Foundation				\$1,500.00		
		Contributor address; City; State; Zip Code	••••					
		LaJoya, TX 78560						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date	Full name of contributor out-of-state PAC (ID#:_				Amount of Contribution (\$)		
	12/07/2023	Zamorano Jr., Rodolfo (Mr.)				\$500.00		
		Contributor address; City; State; Zip Code						
		Edinburg, TX 78539						
		pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Self-employe	ea		Self				

PLE	DGED CONTRIBU	TIONS			SCHEDULE B
-	The Instruction Guide ex	1 Total pages Sc Sch: 1/1 Rpt:			
2 FILER N	NAME County Democratic Party				Ethics Commission Filers)
<u></u>	L OF UNITEMIZED PLED	GES		\$	0.00
5 Date	6 Full name of pledgor	out-of-state PAC (ID#:	<u> </u>	8 Amount of pledge (\$)	9 In-kind description (If applicable)
	7 Pledgor Address;	City; State; Zip Code			
10 Principa	al occupation / Job title (See Instr	uctions)	11 Employer (See Inst	<u> </u>	I nutside of Texas. Complete Schedule T.
		,	Employer (See mat	. delionoj	

	LOANS							SCHEDULE	Ε
	The Instruction	n Guide explains ho	w to c	omplete this 1	form.	1		ges Schedule E: 5 Rpt: 19/44	
2	FILER NAME Hidalgo County	Democratic Party				3	Filer ID	(Ethics Commission File	ers)
4	TOTAL OF UN	ITEMIZED LOANS				1		\$	0.00
5	Date of loan	7 Name of lender		out-of-state PA	AC (ID#:)	9 Loan Amount (\$)	
6	08/10/2023 Is lender a	Garcia, Irma (Ms.) 8 Lender address;	City;	State;	Zip Code			10 Interest Rate	500.00
	financial institution? No							11 Maturity Date	0
		McAllen, TX 78504						08/10/2023	
12	12 Principal occupation / Job title (See Instructions) Instructor				13 Employer (See Instruction: South Texas College	s)			
14	14 Description of Collateral X None				15 Check if personal funds w	ere o	deposited	d into political account (See Instructions)	
16	GUARANTOR INFORMATION	17 Name of guarantor						19 Amount Guaranteed	(\$)
	X not applicable	18 Guarantor address;	City;	State;	Zip Code				
20	Principal occupation	on I			21 Employer (See Instruction	s)			
	Date of loan	Name of lender		out-of-state PA	AC (ID#:)	Loan Amount (\$)	
	11/28/2023	Garcia, Irma (Ms.)						\$5	550.00
	Is lender a financial institution?	Lender address;	City;	State;	Zip Code			Interest Rate	0
	No	McAllen, TX 78504						Maturity Date 11/28/2023	
	Principal occupation	I on / Job title (See Instructio	ns)		Employer (See Instruction:	s)		ı	
	Instructor				South Texas College				
	Description of Coll X None	ateral			Check if personal funds w	ere o	deposited	into political account (See Instructions)	
	GUARANTOR INFORMATION	Name of guarantor						Amount Guaranteed	(\$)
	X not applicable	Guarantor address;	City;	State;	Zip Code	•••••			
Principal occupation				Employer (See Instructions)					
					·				

	LOANS							SCHEDUL	E E
	The Instruction	n Guide explains ho	w to c	omplete this 1	form.	1		iges Schedule E: 5 Rpt: 20/44	
2	FILER NAME Hidalgo County	Democratic Party				3	Filer ID	(Ethics Commission F	ilers)
4	TOTAL OF UN	ITEMIZED LOANS				<u> </u>		\$	0.00
5	Date of loan 08/10/2023	7 Name of lender Giffin, Kenna (Ms.)		out-of-state PA	C (ID#:)	9 Loan Amount (\$)	\$496.12
6	Is lender a financial institution?	8 Lender address; McAllen, TX 78502	City;	State;	Zip Code			10 Interest Rate 11 Maturity Date 08/10/2023	0
12	12 Principal occupation / Job title (See Instructions) Attorney				13 Employer (See Instruction:	s)		00/10/2020	
14	14 Description of Collateral X None				15 Check if personal funds w	ere o	deposited	d into political account (See Instructions)	
16	GUARANTOR INFORMATION X not applicable	17 Name of guarantor 18 Guarantor address;	City;	State;	Zip Code			19 Amount Guarantee	·d (\$)
20	Principal occupation	on			21 Employer (See Instruction	s)			
	Date of loan	Name of lender		out-of-state PA	.C (ID#:)	Loan Amount (\$)	
	10/24/2023	Giffin, Kenna (Ms.)						\$1	.,542.53
	Is lender a financial institution?	Lender address; McAllen, TX 78502	City;	State;	Zip Code			Interest Rate Maturity Date 10/24/2023	0
	Principal occupation	on / Job title (See Instructio	ns)		Employer (See Instruction:	s)			
	Attorney				Self				
	Description of Coll X None	ateral			Check if personal funds w	ere o	deposited	d into political account (See Instructions)	
	GUARANTOR INFORMATION	Name of guarantor						Amount Guarantee	ed (\$)
	X not applicable	Guarantor address;	City;	State;	Zip Code				
	Principal occupation	on			Employer (See Instructions)				

	LOANS							SCHEDULE	Ε
	The Instruction	n Guide explains hov	w to co	omplete this f	orm.	1	•	ges Schedule E: 5 Rpt: 21/44	
2	FILER NAME Hidalgo County	Democratic Party				1	Filer ID 000283	(Ethics Commission File	rs)
4	TOTAL OF UN	ITEMIZED LOANS				<u>'</u>		\$	0.00
5	Date of loan	7 Name of lender		out-of-state PA	.C (ID#:)	9 Loan Amount (\$)	05.75
6	11/13/2023 Is lender a financial institution?	Giffin, Kenna (Ms.) 8 Lender address;	City;	State;	Zip Code			10 Interest Rate	35.75
	No	McAllen, TX 78502						11 Maturity Date 11/13/2023	
12	12 Principal occupation / Job title (See Instructions) Attorney				13 Employer (See Instructions Self	s)			
14	14 Description of Collateral X None				15 Check if personal funds we	ere d	eposited	I into political account (See Instructions)	
16	GUARANTOR INFORMATION	17 Name of guarantor						19 Amount Guaranteed ((\$)
	X not applicable	18 Guarantor address;	City;	State;	Zip Code				
20	Principal occupation	l on			21 Employer (See Instructions	s)		I	
	Date of loan	Name of lender		out-of-state PA	.C (ID#:)	Loan Amount (\$)	
	10/24/2023	Gonzales, Richard (N	⁄lr.)					\$1,9	41.79
	Is lender a financial institution?	Lender address;	City;	State;	Zip Code			Interest Rate	0
	No	Pharr, TX 78577						Maturity Date 10/24/2023	
	Principal occupation Attorney	on / Job title (See Instruction	ıs)		Employer (See Instructions) Self				
	Description of Coll X None	ateral			Check if personal funds we	ere d	eposited	I into political account (See Instructions)	
	GUARANTOR INFORMATION	Name of guarantor						Amount Guaranteed ((\$)
	X not applicable	Guarantor address;	City;	State;	Zip Code				
	Principal occupation	on			Employer (See Instructions)				

	LOANS					SCHEDULE E	
	The Instructio	n Guide explains how to o	complete this f	orm.		ges Schedule E: 5 Rpt: 22/44	
2	FILER NAME Hidalgo County	Democratic Party			3 Filer ID 000283	(Ethics Commission Filers)	
4	TOTAL OF UN	ITEMIZED LOANS			l	\$ 0.00	
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:)	9 Loan Amount (\$)	
6	09/01/2023 Is lender a financial institution?	Jalomo, Melissa (Ms.) 8 Lender address; City;	State;	Zip Code		\$500.00 10 Interest Rate	
	No	McAllen, TX 78504				11 Maturity Date 09/01/2023	
12	12 Principal occupation / Job title (See Instructions) Retired			13 Employer (See Instructions Retired	5)	ı	
14	14 Description of Collateral X None			15 Check if personal funds we	ere deposited	into political account (See Instructions)	
16	GUARANTOR INFORMATION	17 Name of guarantor		,		19 Amount Guaranteed (\$)	
	X not applicable	18 Guarantor address; City;	State;	Zip Code			
20	Principal occupation	on		21 Employer (See Instructions	5)		
	Date of loan	Name of lender	out-of-state PA	C (ID#:)	Loan Amount (\$)	
	10/24/2023	Jalomo, Melissa (Ms.)				\$1,969.92	
	Is lender a financial institution?	Lender address; City;	State;	Zip Code		Interest Rate	
	No	McAllen, TX 78504				Maturity Date 10/24/2023	
	Principal occupation	on / Job title (See Instructions)		Employer (See Instructions) Retired			
	Description of Coll X None	ateral		Check if personal funds we	ere deposited	into political account (See Instructions)	
	GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)	
	X not applicable	Guarantor address; City;	State;	Zip Code			
	Principal occupation	on		Employer (See Instructions)			

	LOANS				SCHEDULE E
	The Instruction	on Guide explains how to complete this f	orm.	1	ges Schedule E: 5 Rpt: 23/44
2	FILER NAME Hidalgo County	Democratic Party			(Ethics Commission Filers)
4		JITEMIZED LOANS		l	\$ 0.00
5	Date of loan 11/05/2023	7 Name of lender	C (ID#:)	9 Loan Amount (\$) \$110.77
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate
	No	McAllen, TX 78502			11 Maturity Date 11/05/2023
12	Principal occupation	5)			
14	Description of Col	lateral	15 Check if personal funds we	ere deposited	l into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City; State;	Zip Code		
20	Principal occupation	on	21 Employer (See Instructions	5)	

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.)					
1	Total pages Schedule F1:	FILER NAME 3 Filer ID (Ethics Commission File						
l	Sch: 1/19 Rpt: 24/44	Hidalgo County Democratic Party 00028389						
4	Date	5 Payee name						
	12/11/2023	5 Star Embroidery						
6	Amount (\$)	Payee address; City; State; Zip Code						
l	\$313.92	7708 N Ware Road						
		McAllen, TX 78504						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Embroidery Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Embroidery						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
F	Date	Payee name						
l	12/20/2023	Aviso Media Group						
H	Amount (\$)	Payee address; City; State; Zip Code						
	\$850.00	1418 Beech Avenue						
		Suite 201						
		McAllen, TX 78501						
Н	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
l	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Video creation for gala						
		Video creation for gala						
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
l	expenditure to benefit C/OI	н						
F	Date	Payee name						
	11/28/2023	Best Buy						
Г	Amount (\$)	Payee address; City; State; Zip Code						
	\$108.24	7601 Penn Avenue South						
		Richfield, MN 55423						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
l	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Office equipment						
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	H						
Г								
I								

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 2/19 Rpt: 25/44	Hidalgo County Democratic Party 00028389
4	Date	5 Payee name
	11/28/2023	Best Buy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$465.46	7601 Penn Avenue South
		Richfield, MN 55423
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office equipment.
		Onice equipment.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	11/29/2023	Best Buy
	Amount (\$)	Payee address; City; State; Zip Code
	\$108.24	7601 Penn Avenue South
		Richfield, MN 55423
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	2/11 2/13/17 C/12	Check if Austin, TX, officeholder living expense
		Office equipment
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/29/2023	Best Buy
	Amount (\$)	Payee address; City; State; Zip Code
	\$162.37	7601 Penn Avenue South
		Richfield, MN 55423
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Office equipment
_	Operation ONE VIII II	Open districts (Office health are now as a constant of the con
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/19 Rpt: 26/44	Hidalgo County Democratic Party 00028389
4	Date	5 Payee name
	11/30/2023	Best Buy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$368.04	7601 Penn Avenue South
		Richfield, MN 55423
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office equipment
		Since equipment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	10/20/2023	Brand Boosters Co. LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,861.90	301 N McColl Road
	Ψ1,001.30	Suite G
		McAllen, TX 78501
	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
		Ballot Bash expenses
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/20/2023	Cantu's Special Events
	Amount (\$)	Payee address; City; State; Zip Code
	\$216.50	121 US 83 Business
		McAllen, TX 78503
	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
		Ballot Bash expenses
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete	this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 4/19 Rpt: 27/44	Hidalgo County Democratic Party	00028389
4	Date	5 Payee name	
	12/11/2023	Cantu, Elmo Cody (Mr.)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$300.00	Oriole Avene	
		McAllen, TX 78501	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	escription
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense J for Ballot Bash
			JOI DAIIOL DASII
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
H	Date	Payee name	
	12/09/2023	Payee name City Cafe/GLD Services LLC	
		-	
	Amount (\$) \$1,515.00	Payee address; City; State; Zip Code 2901 North 10th Street	
	Ф1,515.00	2901 Notti 10tii Street	
		Manallara TV 70504	
		McAllen, TX 78501	
	PURPOSE OF		Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
			Christmas party venue and food
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	08/10/2023	Garcia, Irma (Ms.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	7812 North Fourth Street	
		McAllen, TX 78504	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	escription
	OF EXPENDITURE	Loan Repayment/Reimbursement	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense
			Down payment for gala photographer
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Since field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/19 Rpt: 28/44	Hidalgo County Democratic Party 00028389
4	Date	5 Payee name
	11/28/2023	Garcia, Irma (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$550.00	7812 North Fourth Street
		McAllen, TX 78504
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Reimbursement for gala expenses \$200; Christmas
		party \$350
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/10/2023	Garcia, Laura (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	PO Box 4585
		McAllen, TX 78502
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Digital Media Coordinator
		, and the second
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	09/21/2023	Garcia, Laura (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	PO Box 4585
		McAllen, TX 78502
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Media director monthly retainer
		iviedia director monthly retainer
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 6/19 Rpt: 29/44	Hidalgo County Democratic Party 00028389
4	Date	5 Payee name
	10/31/2023	Garcia, Laura (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	1325 Ozark Avenue
		McAllen, TX 78504
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense PAC Social Media Director retainer
		1710 Coolai Media Director retainer
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/14/2023	Garcia, Laura (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	1325 Ozark Avenue
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		PAC Social Media Director
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/14/2023	Garcia, Laura (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	1325 Ozark Avenue
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Social Media Director
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Polit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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: 7/19 Rpt: 30/44	Hidalgo County Democratic Party 00028389
4 Date 08/10/2023	5 Payee name Garcia, Saul (Mr.)
6 Amount (\$) \$4,500.00	7 Payee address; City; State; Zip Code POB 4585 McAllen, TX 78502-4585
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Operations Director
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/21/2023	Garcia, Saul (Mr.)
Amount (\$) \$3,500.00	Payee address; City; State; Zip Code POB 4585
	McAllen, TX 78502-4585
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Operations Director monthly retainer
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date 10/31/2023	Payee name Garcia, Saul (Mr.)
Amount (\$) \$3,500.00	Payee address; City; State; Zip Code 1325 Ozark Avenue
	McAllen, TX 78504
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PAC Operations Director retainer
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 8/19 Rpt: 31/44	Hidalgo County Democratic Party 00028389
4	Date	5 Payee name
	11/14/2023	Garcia, Saul (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,500.00	1325 Ozark Avenue
		McAllen, TX 78504
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		PAC Operations Director
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/14/2023	Garcia, Saul (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,500.00	1325 Ozark Avenue
		McAllen, TX 78504
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		PAC Operations Director
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/10/2023	Giffin, Kenna (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$496.12	POB 3784
		McAllen, TX 78502
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Reimburse for food at CEC meeting
		Trembulse for food at OLO meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to co	-	ete this form.	OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 9/19 Rpt: 32/44	Hidalgo County Democratic Party			00028389	
4	Date	5 Payee name				
	10/24/2023	Giffin, Kenna (Ms.)				
6	Amount (\$) \$1,542.53	7 Payee address; City; State; Zip Co POB 3784	ode			
		McAllen, TX 78502				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b)	Check if Austin, T. Reimburse for		
				programs \$1,42	22.01	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ight		Office he	eld
	Date	Payee name				
	11/13/2023	Giffin, Kenna (Ms.)				
	Amount (\$)	Payee address; City; State; Zip Co	ode			
	\$535.75	POB 3784				
		McAllen, TX 78502				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	EXPENDITURE	Loan Repayment/Reimbursement		ш	side of Texas. Com X, officeholder living	
				ш		Veterans Tacos and
				Filing Frenzy		
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sou	ight		Office he	eld
	Date	Payee name				
	12/06/2023	Gonzales , Richard (Mr.)				
	Amount (\$)	Payee address; City; State; Zip Co	ode			
	\$838.47	814 Del Oro Lane				
		Pharr, TX 78577				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Loan Repayment/Reimbursement			side of Texas. Com	
				Primary electio	X, officeholder living n school reim	
				Trimary election	11 3011001 10111	is a recent
	Complete ONLY if direct	Candidate/Officeholder name Office sou	l ight		Office he	eld
	expenditure to benefit C/O	1				

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: 10/19 Rpt: 33/44	Hidalgo County Democratic Party 00028389
4	Date	5 Payee name
	10/24/2023	Gonzales , Richard (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,941.79	814 Del Oro Lane
	. ,	
		Pharr, TX 78577
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Reimburse for gala expenses
		Treimburse for guid expenses
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/Ol	
┡		
	Date	Payee name
	09/17/2023	Hewitt, Brian (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	PO Box 4585
		McAllen, TX 78502
	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 Fundraising consultant
		i dildiasing consultant
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
H		
	Date	Payee name
	08/10/2023	Jalomo, Melissa (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1808 Kingsborough Avenue
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Reimburse for deposit no. 2 for gala venue
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to beliefft C/O	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 11/19 Rpt: 34/44	Hidalgo County Democratic Party 00028389
4	Date	5 Payee name
	10/24/2023	Jalomo, Melissa (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,969.92	1808 Kingsborough Avenue
		McAllen, TX 78504
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Reimburse gala expenses
		Trombarde gala expended
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/11/2023	Koko's Suarez LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,017.37	6100 North 10th Street
		Suite A
		McAllen, TX 78504
	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.
	ZAI ZIAZITORZ	Check if Austin, TX, officeholder living expense
		Ballot Bash food
	Occupated ONLY if alice at	Our did to 10 ff as had done as many
	Complete ONLY if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/14/2023	LHM Employment Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,210.00	3711 N. 10th Street
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Paid walkers
		Palu Walkers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	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: 12/19 Rpt: 35/44	Hidalgo County Democratic Party 00028389
4	Date	5 Payee name
	12/31/2023	Lone Star National Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$45.00	600 E. Nolana
		McAllen, TX 78501
8	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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Service charges
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date 08/03/2023	Payee name Lone Star National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	600 E. Nolana
		McAllen, TX 78501
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Wire transfer fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/10/2023	Lone Star National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	600 E. Nolana
		McAllen, TX 78501
	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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Wire transfer fee
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 13/19 Rpt: 36/44	Hidalgo County Democratic Party 00028389
4	Date	5 Payee name
	09/13/2023	MAP Studies
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	PO Box 4585
		McAllen, TX 78502
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. Check if Austin, TX, officeholder living expense
		Fundraising Consultant
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
J	expenditure to benefit C/O	
_	Date	Davies warms
	11/05/2023	Payee name Mel eaich Laurel (Mc.)
		McLeaish, Laurel (Ms.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$110.77	107 South H Street
		McAllen, TX 78501
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Reimburse for lunch for Ballot Board 11/04/2023
		Reinibulse for furior for build board 11/04/2025
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
_	Data	
	Date 10/03/2023	Payee name Memorial Event Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	208 E Canton
		Edinburg, TX 78539
	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 Ballot Bash venue
		Ballot Basil Vellue
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	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: 14/19 Rpt: 37/44	Hidalgo County Democratic Party 00028389
4	Date	5 Payee name
	10/03/2023	Memorial Event Center
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	208 E Canton
		Edinburg, TX 78539
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 Ballot Bash venue
		Buildt Bush Vehide
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Dete	
	Date	Payee name
	11/30/2023	Office Depot Store 1127
	Amount (\$)	Payee address; City; State; Zip Code
	\$259.77	5115 N 10th Street
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Office equipment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	D .	
	Date	Payee name
	11/30/2023	Office Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.59	2609 E. Expressway 83
		Mission, TX 78572
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Office equipment.
_	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 Fees

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials 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: 15/19 Rpt: 38/44	Hidalgo County Democratic Party 00028389					
4	Date	5 Payee name					
	10/23/2023	PC Maintenance & Contract Services					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$300.00	2316 Zenaida Avenue					
		McAllen, TX 78504					
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 Ballot Bash expenses					
		Ballot Bash expenses					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
ľ	expenditure to benefit C/O						
F	Date	Payee name					
	12/20/2023	QR Code Generator.com					
H	Amount (\$)	Payee address; City; State; Zip Code					
	\$3.42	Bitly Europe GmbH					
	, -	Am Lenkwerk 13					
		Bielefeld North Rhine-Westphalia 33609 Germany					
L	DUDDOOF						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		QR Code generation					
Г	Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OH						
	Date	Payee name					
	12/20/2023	QR Code Generator.com					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$113.93 Bitly Europe GmbH						
	Am Lenkwerk 13						
		Bielefeld North Rhine-Westphalia 33609 Germany					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Advertising Expense					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		QR code generator					
L	Complete ONU V if allow	Condidate Office helder name					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
$ldsymbol{f eta}$							

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

	Credit Card Payment The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1: Sch: 16/19 Rpt: 39/44	FILER NAME Hidalgo County Democratic Party	3 Filer ID (Ethics Commission Filers) 00028389					
4	Date 08/10/2023	5 Payee name Robledo, Miguel (Mr.)	•					
	Amount (\$) \$6,000.00	7 Payee address; City; State; Zip Code 108 N. Jackson Road Suite 24 Edinburg, TX 78540						
8	PURPOSE OF EXPENDITURE	Consulting Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PAC Project Consulting					
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held					
	Date 09/21/2023	Payee name Robledo, Miguel (Mr.)						
	Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 108 N. Jackson Road Suite 24 Edinburg, TX 78540						
	PURPOSE OF EXPENDITURE	Consulting Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PAC consulting monthly retainer					
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
	Date 10/31/2023	Payee name Robledo, Miguel (Mr.)						
	Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 108 N. Jackson Road Suite 24 Edinburg, TX 78540						
	PURPOSE OF EXPENDITURE	Consulting Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PAC marketing consultant					
	Complete ONLY if direct expenditure to benefit C/O	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 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 Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 17/19 Rpt: 40/44	Hidalgo County Democratic Party 00028389					
4	Date	5 Payee name					
	11/14/2023	Romero, Desiderio (Mr.)					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$1,750.00	1722 N. Alamo Road					
		Alamo, TX 78516					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Salaries/Wages/Contract Labor					
	EXPENDITORE	Check if Austin, TX, officeholder living expense					
		PAC Field Director					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
		•					
	Date	Payee name					
	12/07/2023	Romero, Desiderio (Mr.)					
	Amount (\$) Payee address; City; State; Zip Code						
	\$3,500.00						
		Alamo, TX 78516					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Salaries/Wages/Contract Labor					
	LAPENDITORE	Check if Austin, TX, officeholder living expense					
	PAC Field Director						
	Opening the ONLY if allowed	Open Helder (Office helder warms and Office helder (Office helder					
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
	Date	Payee name					
	12/21/2023	Spectrum					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$208.83	8001 North 10th Street					
		McAllen, TX 78504					
	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					
		Internet					
	Complete ONU V if allow	Condidate/Officeholder name					
	Complete ONLY 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 Candidate/Officeholder/Political Committee

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 18/19 Rpt: 41/44	Hidalgo County Democratic Party 00028389						
4	Date	5 Payee name						
	08/21/2023	Texas Campaigns, LLC						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$700.00	18710 Rogers Glen						
		San Antonio, TX 78258-4608						
8	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						
		Fundraising program August 2023						
		Landida y program ragast 2020						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
_	Date	Davida nama						
	09/19/2023	Payee name The Gala Special Events, LTD through its general partner Galo Interests, LLC						
	Amount (\$) Payee address; City; State; Zip Code							
	\$5,000.00	2100 W Nolana Avenue						
		McAllen, TX 78504						
	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						
		Venue						
		Vollado						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OH							
_	Date	Davies name						
	09/26/2023	Payee name The Gala Special Events, LTD through its general partner The Galo Interests, LLC						
Amount (\$) Payee address; City; State; Zip Code								
	\$9,380.00	2100 W Nolana Avenue						
		McAllen, TX 78504						
	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 Venue						
		Vende						
_	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.			
1	Total pages Schedule F1: Sch: 19/19 Rpt: 42/44	FILER NAME Hidalgo County Democratic Party		3 Filer ID (Ethics Commission Filers) 00028389			
4	Date 11/24/2023	5 Payee name Wayfair					
6	Amount (\$) \$1,097.28	7 Payee address; City; State; Zip Coo 4 Copley Place 7th Floor Boston, MA 02116	le				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office equipment			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ht	Office held			
	Date 11/30/2023	Payee name Wayfair					
	Amount (\$) \$30.29	Payee address; City; State; Zip Coo 4 Copley Place 7th Floor Boston, MA 02116	le				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office equipment			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
	Date 12/01/2023	Payee name Wayfair					
	Amount (\$) \$34.63	Payee address; City; State; Zip Coo 4 Copley Place 7th Floor Boston, MA 02116	le				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office equipment			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ıht	Office held			

SCHEDULE I

	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule I:	2	FILER NAME		3	Filer ID	(Ethics Commission Filers)	
	Sch: 1/1 Rpt:		Hidalgo County Democratic Party			00028389		
4	Date	5	Payee name					
	12/31/2023		Lone Star National Bank					
6	Amount (\$)	7	Payee Address; City; State; Zip					
	27.50		600 E. Nolana					
			McAllen, TX 78501					
8	PURPOSE	(a)	Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)				
	OF EXPENDITURE		Accounting/Banking	Service charges				

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 44/44 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Hidalgo County Democratic Party 00028389 8 Amount (\$) Date 5 Name of person from whom amount is received 10/03/2023 \$200.00 Memorial Event Center LLC 6 Address of person from whom amount is received; City; State; Zip Code Edinburg, TX 78540 Purpose for which amount is received Check if political contribution returned to filer Reimburse overpayment