#### 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. 45 00023943 3 COMMITTEE NAME **OFFICE USE ONLY** Webb County Democratic Party (CEC) Date Received **ELECTRONICALLY FILED** 01/16/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1802 Houston St. Date Hand-delivered or Date Postmarked Change of Address Laredo, TX 78040 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Amber A. NAME NICKNAME LAST **SUFFIX** Avis STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1802 Houston St. STREET **ADDRESS** (Residence or Business) Laredo, TX 78040 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1802 Houston St. MAILING **ADDRESS** Laredo, TX 78040 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 693-9906 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 χ Primary Runoff Other 03/05/2024 General Special **GO TO PAGE 2**

## COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

# FORM CEC COVER SHEET PG 2

2 COMMITTEE NAME	atia Party (CEC)			13 Filer I		(Ethics Commission Filers)
Webb County Democr	апс Рапу (СЕС)			00023	3943	
4 COMMITTEE ACTIVITY	1. Candidates	A. Supported				
ACTIVITY	(Identify by name or, if applicable, classify by party.)	)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(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.)	)				
.5 CONTRIBUTION TOTALS	PLEDGES, LOAN CONTRIBUTIONS	IS, OR GUARANTE S MADE ELECTRO	ONTRIBUTIONS (OTHER THAN ES OF LOANS, OR INICALLY) gher itemization threshold	1	\$	0.00
	2. TOTAL POLITION (OTHER THAN P		TIONS OR GUARANTEES OF LOANS)		\$	10,547.02
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ZED POLITICAL EX	(PENDITURES	:	\$	0.00
	4. TOTAL POLITIC	CAL EXPENDITU	JRES	!	\$	13,115.21
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT		IS MAINTAINED AS OF THE LA	ST DAY	\$	17,227.95
OUTSTANDING LOAN TOTALS		AL AMOUNT OF AL HE REPORTING PE	L OUTSTANDING LOANS AS C	OF THE	\$	0.00
6 AFFIDAVIT				<u> </u>		
		tro	swear, or affirm, under penalty of ue and correct and includes all in nder Title 15, Election Code.			
			Am	har A Avia		
		_		ber A. Avis		or.
			Signature of	Campaign i	reasur	er
AFFIX NOTAR	Y STAMP / SEAL ABOV	/E				
Sworn to and subscribe	d before me, by the said	I		_, this the		day
			ny hand and seal of office.			<b>,</b>
Signature of officer a	dministering oath	Printed name of	f officer administering oath	Title o	of office	er administering oath

### **SUBTOTALS - CEC**

### FORM CEC **COVER SHEET PG 3**

					3 of 45
<b>17</b> CC	MMITTE	EE NAME	18 Filer ID	(Ethi	ics Commission Filers)
W	ebb Cou	unty Democratic Party (CEC)	00023943		
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
INF	ME OF	CHEDULE		Щ	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	10,547.02
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		\$			
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	13,115.21
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	_
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
10	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	453.00

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/12 Rpt: 4/45	
2	FILER NAME Webb Count	y Democratic Party (CEC)		3	Filer ID (Ethics Commission 00023943	Filers)
4	Date 07/06/2023	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$25.00
_	Delicalization	Laredo, TX 78041	O Family and (October to attraction	$\overline{\Gamma}$		
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 08/01/2023	Full name of contributor out-of-state PAC (ID#: Bruni, Sylvia Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Laredo, TX 78041 pation / Job title (See Instructions)	Employer (See Instructions	;) 		
	Retired		p.oyo. (000ou uou uo	,		
	Date 09/05/2023	Full name of contributor out-of-state PAC (ID#:_Bruni, Sylvia  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
		Laredo, TX 78041				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/02/2023	Full name of contributor out-of-state PAC (ID#:_Bruni, Sylvia  Contributor address; City; State; Zip Code  Laredo, TX 78041			Amount of Contribution (\$)	\$25.00
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/08/2023	Full name of contributor out-of-state PAC (ID#:_Bruni, Sylvia  Contributor address; City; State; Zip Code  Laredo, TX 78041			Amount of Contribution (\$)	\$25.00
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	<u>.</u> ;)		
		·				

	MONEI	ARY POLITICAL CONTRIBUTI	ONS		SCHEDULI	<b>A1</b>
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 2/12 Rpt: 5/45	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		y Democratic Party (CEC)			00023943	
4	Date 12/05/2023	<ul> <li>Full name of contributor  out-of-state PAC (ID# Bruni, Sylvia</li> <li>Contributor address; City; State; Zip Code</li> </ul>	#:)	7	Amount of Contribution (\$)	\$25.00
		Laredo, TX 78041				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 07/06/2023	Full name of contributor out-of-state PAC (ID# Cigarroa, Melissa  Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$60.00
		Laredo, TX 78040	_			
	Principal occu City Council	pation / Job title (See Instructions)	Employer (See Instructions City of Laredo	s)		
	Date 08/07/2023	Full name of contributor out-of-state PAC (ID# Cigarroa, Melissa  Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$60.00
		Laredo, TX 78040				
	Principal occu City Council	pation / Job title (See Instructions)	Employer (See Instructions City of Laredo	5)		
	Date 09/05/2023	Full name of contributor out-of-state PAC (ID# Cigarroa, Melissa  Contributor address; City; State; Zip Code  Laredo, TX 78040	#:)	•	Amount of Contribution (\$)	\$60.00
	Principal occu City Council	oation / Job title (See Instructions)	Employer (See Instructions City of Laredo	5)		
	Date 12/05/2023	Full name of contributor out-of-state PAC (ID# Cigarroa, Melissa  Contributor address; City; State; Zip Code  Laredo, TX 78040	#:)		Amount of Contribution (\$)	\$60.00
	Principal occu City Council	pation / Job title (See Instructions)	Employer (See Instructions City of Laredo	S)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/12 Rpt: 6/45	
2	FILER NAME Webb Count	y Democratic Party (CEC)		3	Filer ID (Ethics Commission 00023943	Filers)
4	Date 07/25/2023	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$15.00
8	Principal occu	Laredo, TX 78045 pation / Job title (See Instructions)	Employer (See Instructions			
0	Self Employe		e Employer (See instructions	')		
	Date 09/27/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00
	Princinal occu	Laredo, TX 78045 pation / Job title (See Instructions)	Employer (See Instructions	) 		
	Self Employe		Employer (God mondoner	,		
	Date 09/05/2023	Full name of contributor out-of-state PAC (ID#: Cruz , Brenda Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$15.00
		Laredo, TX 78045				
	Principal occu Self Employe	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 11/01/2023	Full name of contributor out-of-state PAC (ID#:_ Cruz , Brenda Contributor address; City; State; Zip Code  Laredo, TX 78045	)		Amount of Contribution (\$)	\$15.00
	Principal occu Self Employe	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/29/2023	Full name of contributor out-of-state PAC (ID#:_ Cruz , Brenda Contributor address; City; State; Zip Code  Laredo, TX 78045			Amount of Contribution (\$)	\$15.00
	Principal occu Self Employe	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ΝC	IS		SCHEDULI	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 4/12 Rpt: 7/45	
2	FILER NAME Webb Count	/ Democratic Party (CEC)			3	Filer ID (Ethics Commission 00023943	Filers)
4	Date 08/14/2023	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$25.00
_	5	Laredo, TX 78043	1-	5 1 (0 1 1 1	_		
8	Teacher	pation / Job title (See Instructions)	9	Employer (See Instructions UISD	5)		
	Date 09/19/2023	Full name of contributor out-of-state PAC (ID#: Flores, Dora  Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$25.00
		Laredo, TX 78043	_		<u></u>		
	Teacher	pation / Job title (See Instructions)		Employer (See Instructions UISD	S)		
	Date 10/10/2023	Full name of contributor out-of-state PAC (ID#: Flores, Dora  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$25.00
		Laredo, TX 78043					
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions UISD	s)		
	Date 11/16/2023	Full name of contributor out-of-state PAC (ID#: Flores, Dora  Contributor address; City; State; Zip Code  Laredo, TX 78043		)		Amount of Contribution (\$)	\$25.00
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions	<u>                                      </u>		
	Date 12/12/2023	Full name of contributor out-of-state PAC (ID#: Flores, Dora  Contributor address; City; State; Zip Code  Laredo, TX 78043				Amount of Contribution (\$)	\$25.00
	Principal occu Teacher	oation / Job title (See Instructions)		Employer (See Instructions UISD	5)		
			•				

	MONET	ARY POLITICAL CONT	RIBUTIONS		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how to cor	mplete this form.	1	Total pages Schedule A1: Sch: 5/12 Rpt: 8/45	
2	FILER NAME Webb Count	y Democratic Party (CEC)		3	Filer ID (Ethics Commission 00023943	on Filers)
4	Date 08/31/2023	Friends of WCDP	of-state PAC (ID#:	7	Amount of Contribution (\$)	\$445.00
_		Laredo, TX 78040	12 -			
8	Principal occu	oation / Job title (See Instructions)	9 Emp	loyer (See Instructions)		
	Date 09/07/2023	Full name of contributor out-o	of-state PAC (ID#:	)	Amount of Contribution (\$)	\$500.00
		Laredo, TX 78040				
	Principal occu	pation / Job title (See Instructions)	Emp	loyer (See Instructions)		
	Date 09/26/2023	Full name of contributor out-o	of-state PAC (ID#:		Amount of Contribution (\$)	\$380.00
		Laredo, TX 78040				
	Principal occu	pation / Job title (See Instructions)	Emp	loyer (See Instructions)		
	Date 10/03/2023	Friends of WCDP	of-state PAC (ID#:	)	Amount of Contribution (\$)	\$420.00
	Principal occu	oation / Job title (See Instructions)	Emp	loyer (See Instructions)		
	Date 10/10/2023	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:		Amount of Contribution (\$)	\$5,277.02
	Principal occu	pation / Job title (See Instructions)	Emp	loyer (See Instructions)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to	complete this form	m.	1	Total pages Schedule A1: Sch: 6/12 Rpt: 9/45	
2	FILER NAME Webb Count	y Democratic Party (CEC)			3	Filer ID (Ethics Commission 00023943	n Filers)
4	Date 10/10/2023	<ul><li>5 Full name of contributor</li><li>Friends of WCDP</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#: ; Zip Code		7	Amount of Contribution (\$)	\$760.00
Ω	Principal occu	Laredo, TX 78040 pation / Job title (See Instructions)	۵	Employer (See Instructions	\		
0	Fillicipal occu	pation / 300 title (See Instructions)	l <sup>s</sup>	Employer (See Instructions	)		
	Date 11/20/2023	Full name of contributor Friends of WCDP  Contributor address; City; State				Amount of Contribution (\$)	\$450.00
		Laredo, TX 78040					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 07/06/2023	Full name of contributor  Galindo, Mary  Contributor address; City; State	out-of-state PAC (ID#:; Zip Code	)		Amount of Contribution (\$)	\$25.00
		Laredo, TX 78046					
	Principal occu Not employe	pation / Job title (See Instructions) d		Employer (See Instructions not employed	)		
	Date 08/07/2023	Full name of contributor  Galindo, Mary  Contributor address; City; State  Laredo, TX 78046				Amount of Contribution (\$)	\$25.00
	Principal occu Not employe	pation / Job title (See Instructions)		Employer (See Instructions not employed	)		
	Date 09/05/2023	Full name of contributor Galindo, Mary Contributor address; City; State Laredo, TX 78046	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu Not employe	pation / Job title (See Instructions)		Employer (See Instructions not employed	)		
			<b>'</b>				

	MONEI	ARY POLITICAL (	CONTRIBUTION	NS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 7/12 Rpt: 10/45	
2	FILER NAME Webb Count	y Democratic Party (CEC)			3	Filer ID (Ethics Commission 00023943	ı Filers)
4	Date 10/02/2023	<ul><li>5 Full name of contributor</li><li>Galindo, Mary</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu Not employe		9	Employer (See Instructions not employed	 ;)		
	Date 11/08/2023	Full name of contributor Galindo, Mary  Contributor address; City; St  Laredo, TX 78046	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
	Principal occupation / Job title (See Instructions)  Not employed		s)	Employer (See Instructions not employed	<u>                                      </u>		
	Date 12/05/2023	Full name of contributor Galindo, Mary  Contributor address; City; Si	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Laredo, TX 78046					
	Principal occu Not employe	pation / Job title (See Instructions ed	;) 	Employer (See Instructions not employed	5)		
Date 07/11/2023		Full name of contributor Garcia, Jaime Contributor address; City; Si Laredo, TX 78045	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
	Principal occu Attorney	pation / Job title (See Instructions	<del>)</del>	Employer (See Instructions Self Employed	<u> </u> 5)		
	Date 08/07/2023	Full name of contributor Garcia, Jaime Contributor address; City; Si	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Attorney	pation / Job title (See Instructions	5)	Employer (See Instructions Self Employed	5)		

	MONET	ARY POLITICAL (	CONTRIBUTIO	Ν	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 8/12 Rpt: 11/45	
2	FILER NAME Webb Count	y Democratic Party (CEC)				3	Filer ID (Ethics Commission 00023943	on Filers)
4	Date 09/19/2023	<ul><li>5 Full name of contributor Garcia, Jaime</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Laredo, TX 78045 pation / Job title (See Instructions		<u> </u>	Employer (See Instructions	:) 		
	Attorney	pation / Job title (See Instituctions	,	<i>J</i>	Self Employed	,,		
	Date 11/08/2023	Full name of contributor Garcia, Jaime Contributor address; City; S			)		Amount of Contribution (\$)	\$25.00
		Laredo, TX 78045	`		-	<u></u>		
	Attorney	pation / Job title (See Instructions	5)		Employer (See Instructions Self Employed	5)		
	Date 12/12/2023	Full name of contributor Garcia, Jaime Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$25.00
		Laredo, TX 78045						
	Principal occu Attorney	pation / Job title (See Instructions	;) 		Employer (See Instructions Self Employed	5)		
	Date 12/12/2023	Full name of contributor Garza , Cecilia Contributor address; City; S Laredo, TX 78045	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		
	Date 09/07/2023	Full name of contributor Morales, Rudy Contributor address; City; Si Laredo, TX 78041	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$200.00
	Principal occu Attorney	pation / Job title (See Instructions	5)		Employer (See Instructions Martinez, Franklin & Mo		es, PLLC	

	MONEI	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/12 Rpt: 12/45	
2	FILER NAME Webb Count	y Democratic Party (CEC)			3	Filer ID (Ethics Commission 00023943	r Filers)
4	Date 08/01/2023	<ul><li>5 Full name of contributor Perez , Maria</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$10.00
8	Principal occu School Coun	Laredo, TX 78040 pation / Job title (See Instructions	)	Employer (See Instructions     UISD	5)		
	Date 09/05/2023	Full name of contributor Perez, Maria Contributor address; City; St Laredo, TX 78040	out-of-state PAC (ID#:_ ate; Zip Code	)		Amount of Contribution (\$)	\$10.00
	Principal occupation / Job title (See Instructions) School Counselor		Employer (See Instructions UISD	<u>l</u> S)			
	Date 10/02/2023	Full name of contributor Perez, Maria Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code	)	•	Amount of Contribution (\$)	\$10.00
	Principal occu School Cour	Laredo, TX 78040 pation / Job title (See Instructions	)	Employer (See Instructions	<u> </u> s)		
	Date 11/01/2023	Full name of contributor Perez, Maria Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code	)		Amount of Contribution (\$)	\$10.00
	Principal occu School Cour	pation / Job title (See Instructions nselor	s)	Employer (See Instructions UISD	5)		
	Date 11/29/2023	Full name of contributor Perez, Maria Contributor address; City; St	out-of-state PAC (ID#:_	)	•	Amount of Contribution (\$)	\$10.00
	Principal occu School Cour	pation / Job title (See Instructions nselor	)	Employer (See Instructions UISD	5)		

	MONET	ARY POLITICAL CONTRIBUT	ION	NS		SCHEDULI	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 10/12 Rpt: 13/45	
2	FILER NAME Webb Count	y Democratic Party (CEC)			3	Filer ID (Ethics Commission 00023943	ı Filers)
4	Date 07/19/2023	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Laredo, TX 78043 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	Retired	,		Retired	,		
	Date 08/14/2023	Full name of contributor out-of-state PAC (ID Saenz, Ana Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
		Laredo, TX 78043					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 09/19/2023	Full name of contributor out-of-state PAC (ID Saenz, Ana Contributor address; City; State; Zip Code	#:	)		Amount of Contribution (\$)	\$25.00
		Laredo, TX 78043					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 10/18/2023	Full name of contributor out-of-state PAC (ID Saenz, Ana Contributor address; City; State; Zip Code  Laredo, TX 78043		)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 11/16/2023	Full name of contributor out-of-state PAC (ID Saenz, Ana Contributor address; City; State; Zip Code  Laredo, TX 78043				Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			•				

	MONEI	ARY POLITICAL CO	S		SCHEDULE	OULE A1		
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 11/12 Rpt: 14/45		
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)	
		y Democratic Party (CEC)				00023943		
4	Date 12/22/2023	<ul><li>5 Full name of contributor Saenz, Ana</li><li>6 Contributor address; City; State;</li></ul>	out-of-state PAC (ID#: Zip Code	)	7	Amount of Contribution (\$)	\$25.00	
Ω	Principal occu	Laredo, TX 78043 pation / Job title (See Instructions)	la.	Employer (See Instructions				
0	Retired	pation / Job title (See Instructions)		Retired	)			
	Date Full name of contributor out-of-state PAC (ID#:)  Shrout , Will  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$10.00		
		Laredo, TX 78045						
				Employer (See Instructions) The Tack Room	)			
			out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00	
		Laredo, TX 78045						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)			
	Bartender			The Tack Room	•			
	Date 10/10/2023	Full name of contributor  Shrout , Will  Contributor address; City; State;  Laredo, TX 78045	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$10.00	
	Principal occu Bartender	pation / Job title (See Instructions)		Employer (See Instructions The Tack Room	)			
	Date 11/08/2023	Shrout , Will	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00	
	Principal occu Bartender	pation / Job title (See Instructions)		Employer (See Instructions The Tack Room	)			

	MONETARY POLITICAL CONTRIBUTIONS		SCHEDULE A1	L
	The Instruction Guide explains how to complete this form.		Total pages Schedule A1: Sch: 12/12 Rpt: 15/45	
2	FILER NAME Webb County Democratic Party (CEC)	1	Filer ID (Ethics Commission Filers) 00023943	)
4	Date Date  5 Full name of contributor out-of-state PAC (ID#:) Shrout , Will  6 Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$10	0.00
8	Laredo, TX 78045  Principal occupation / Job title (See Instructions)  Bartender  9 Employer (See Instructions)  The Tack Room	ıs)		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing 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

	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: 1/29 Rpt: 16/45	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
	07/06/2023	ActBlue Technical Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.35	366 Summer St.
		Somerville, MA 02144-3132
8	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
		Merchant Fee
		moranari oo
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
	Date	Payee name
	07/11/2023	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer St.
		Somerville, MA 02144-3132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Merchant Fee
		Werendig Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	07/19/2023	Payee name ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer St.
		Somerville, MA 02144-3132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Merchant Fee
		Metalali Fee
_	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 Candidate/Officeholder/Political Committee

Event Expense Loa Fees Offfi Food/Beverage Expense Poll Gift/Awards/Memorials Expense Prin

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/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: 2/29 Rpt: 17/45	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
	07/25/2023	ActBlue Technical Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.60	366 Summer St.
		Somerville, MA 02144-3132
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.
		Check if Austin, TX, officeholder living expense  Merchant Fee
		Welchant Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Data	
	Date	Payee name
L	12/05/2023	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.75	366 Summer St.
		Somerville, MA 02144-3132
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Merchant Fee
L	Operation ONLY if allowed	Open Highest (Office health and a second to the second to
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
┕		
	Date	Payee name
	12/12/2023	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	366 Summer St.
		Somerville, MA 02144-3132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Merchant Fee
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
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

	Candidate/Officeholder/Politica Credit Card Payment		(Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
_	Sch: 3/29 Rpt: 18/45	Webb County Democratic Party (CEC)	00023943
_	Date		
4		5 Payee name	
	12/22/2023	ActBlue Technical Services	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.99	366 Summer St.	
		Somerville, MA 02144-3132	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
•	OF	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	7 toodariung/Banking	Check if Austin, TX, officeholder living expense
			Merchant Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	4	
	Date	Payee name	
	08/01/2023	ActBlue Technical Services	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.39	366 Summer St.	
		Somerville, MA 02144-3132	
	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.
	LXI LINDITORL		Check if Austin, TX, officeholder living expense
			Merchant Fee
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	experialitate to bettern 6/01	<u> </u>	
	Date	Payee name	
	08/07/2023	ActBlue Technical Services	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4.75	366 Summer St.	
		Somerville, MA 02144-3132	
	PURPOSE		Description
	OF	, , ,	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Accounting/Banking	Check if Austin, TX, officeholder living expense
			Merchant Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	C55

### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal S	ards/Memorials Ex ervices estruction Guid		Salar	-	/Contract Labor		Travel Out of D OTHER (enter	istrict a category not lis	ted above)
_	Total mariae Cabadula F1.	1	EII ED NIANA		- Istraction Gala	CAPIGITIS		Compi		12	Files ID	/Ethios Com	uminaian Filara)
1	1 0	2				. (050)				3	Filer ID	(Etnics Con	mission Filers)
	Sch: 4/29 Rpt: 19/45	L	Webb Cour	ity De	mocratic Pai	rty (CEC)					00023943		
4	Date	5	Payee name										
	08/14/2023		ActBlue Te	chnica	l Services								
6	Amount (\$)	7	Payee addre	ss;	City;	State;	Zip	Code					
	\$1.98		366 Summe		•								
	,												
			C		04.44.04.00								
		L	Somerville,	IVIA U	Z144-313Z 								
8	PURPOSE	(a	Category (S	ee Categ	ories listed at the t	top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Accounting	/Bank	ing				_		side of Texas. Co		Г.
									—		(, officeholder livir	ig expense	
									Merchant Fe	æ			
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	icehold	ler name	C	Office	sought			Office h	neld	
-	Date	Т	D										
			Payee name		l Comisso								
	09/05/2023	L	ActBlue Te	chnica	u Services								
	Amount (\$)		Payee addre	ss;	City;	State;	Zip	Code					
	\$1.00		366 Summe	er St.									
			Somerville,	MA 0	2144-3132								
	PURPOSE	(a	Category (S	ee Caten	ories listed at the t	ton of this sch	edule)	(b)	Description				
	OF		Accounting			.op	ouu.o,			louts	side of Texas. Co	mplete Schedule	Г.
	EXPENDITURE		J		J				Check if Austi	in, TX	(, officeholder livir	ng expense	
									Merchant Fe	ee			
	Complete ONLY if direct		Candidate/Off	icehold	ler name	C	Office	sought			Office h	neld	
	expenditure to benefit C/O	Н											
	Date	Π	Payee name										
	09/19/2023		ActBlue Te		I Services								
		┡						0 1					
	Amount (\$)		Payee addre		City;	State;	∠ıp	Code					
	\$1.98		366 Summe	er St.									
			Somerville,	MA 0	2144-3132								
	PURPOSE	(a	Category (S	ee Caten	ories listed at the t	top of this sch	edule)	(b)	Description				
	OF		Accounting				,			louts	side of Texas. Co	mplete Schedule	Τ.
	EXPENDITURE		J		J				Check if Austi	in, TX	(, officeholder livir	ng expense	
									Merchant Fe	ee			
	Complete ONLY if direct		Candidate/Off	icehold	ler name	C	Office	sought			Office h	neld	
	expenditure to benefit C/OF	Н											

#### SCHEDULE F1

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

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 Legal Services Salaries/Wages/Contract Labor

09/19/2023 ActBlue Technical Services	ilers)
4 Date 09/19/2023  5 Payee name ActBlue Technical Services  6 Amount (\$)  7 Payee address; City; State; Zip Code 366 Summer St.	
09/19/2023 ActBlue Technical Services  7 Payee address; City; State; Zip Code \$0.99 \$0.99 State; Zip Code	
09/19/2023 ActBlue Technical Services  7 Payee address; City; State; Zip Code \$0.99 \$0.99 State; Zip Code	
\$0.99 366 Summer St.	
Somerville, MA 02144-3132	
Somerville, MA 02144-3132	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Accounting/Banking  Accounting/Banking  Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense	
Merchant Fee	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
<u> </u>	
Date Payee name	
10/02/2023 ActBlue Technical Services	
Amount (\$) Payee address; City; State; Zip Code	
\$2.38 366 Summer St.	
Somerville, MA 02144-3132	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF Accounting/Banking  Accounting/Banking  Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense  Merchant Fee	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Pavee name	
Date Payee name 10/10/2023 ActBlue Technical Services	
10/10/2023 ActBlue Technical Services	
10/10/2023 ActBlue Technical Services  Amount (\$) Payee address; City; State; Zip Code	
10/10/2023 ActBlue Technical Services	
ActBlue Technical Services  Amount (\$) Payee address; City; State; Zip Code \$2.38 \$366 Summer St.	
ActBlue Technical Services  Amount (\$) Payee address; City; State; Zip Code \$2.38 \$366 Summer St.  Somerville, MA 02144-3132	
ActBlue Technical Services  Amount (\$) Payee address; City; State; Zip Code \$2.38 366 Summer St.  Somerville, MA 02144-3132  PURPOSE  (a) Category (See Categories listed at the top of this schedule)  (b) Description	
ActBlue Technical Services  Amount (\$) Payee address; City; State; Zip Code  \$2.38 \$366 Summer St.  Somerville, MA 02144-3132  PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
ActBlue Technical Services  Amount (\$) Payee address; City; State; Zip Code  \$2.38 Somerville, MA 02144-3132  PURPOSE OF STATE OF Accounting/Banking  (a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description Check if travel outside of Texas. Complete Schedule T.	
ActBlue Technical Services  Amount (\$) Payee address; City; State; Zip Code  \$2.38 Somerville, MA 02144-3132  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
ActBlue Technical Services  Amount (\$) Payee address; City; State; Zip Code  \$2.38 Somerville, MA 02144-3132  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Merchant Fee  Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
ActBlue Technical Services  Amount (\$) Payee address; City; State; Zip Code \$2.38 \$366 Summer St.  Somerville, MA 02144-3132  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Merchant Fee	
ActBlue Technical Services  Amount (\$) Payee address; City; State; Zip Code  \$2.38 Somerville, MA 02144-3132  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Merchant Fee  Complete ONLY if direct Candidate/Officeholder name Office sought Office held	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
g 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 Salaries/Wages/Contract Labor

l	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 6/29 Rpt: 21/45	2 FILER NAME Webb County Democratic Party (CEC) 3 Filer ID (Ethics Commission Filers) 00023943
4	Date 10/18/2023	5 Payee name ActBlue Technical Services
6	Amount (\$) \$0.99	7 Payee address; City; State; Zip Code 366 Summer St.
8	PURPOSE OF EXPENDITURE	Somerville, MA 02144-3132  (a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Merchant Fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 11/01/2023	Payee name ActBlue Technical Services
	Amount (\$) \$1.00	Payee address; City; State; Zip Code 366 Summer St.  Somerville, MA 02144-3132
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Merchant Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 11/08/2023	Payee name ActBlue Technical Services
	Amount (\$) \$3.37	Payee address; City; State; Zip Code 366 Summer St.
		Somerville, MA 02144-3132
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Merchant fee
	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 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	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: 7/29 Rpt: 22/45	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
	11/16/2023	ActBlue Technical Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.98	366 Summer St.
		Somerville, MA 02144-3132
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.
		Check if Austin, TX, officeholder living expense
		Merchant fee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit 6/01	
	Date	Payee name
	11/29/2023	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.00	366 Summer St.
		Somerville, MA 02144-3132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Merchant Fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	08/11/2023	Bruni, Sylvia
	Amount (\$)	Payee address; City; State; Zip Code
	\$90.00	7404 Lake Victoria
		Laredo, TX 78045
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
		Check if Austin, TX, officeholder living expense
		Zapata
	Commission ONE V. C. P.	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	

#### SCHEDULE F1

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

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

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

Credit Card F dyment	The Instruction Guide explains how to co	omplete this for	n.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commiss	sion Filers)
Sch: 8/29 Rpt: 23/45	Webb County Democratic Party (CEC)		00023943	
4 Date	5 Payee name		•	
10/10/2023	Bruni, Sylvia			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$200.00	7404 Lake Victoria			
	Laredo, TX 78045			
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.	
EXPENDITURE	·		Austin, TX, officeholder living expense	
		Petty ca	sh for event	
		<u> </u>		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught	Office held	
Date	Payee name			
08/11/2023	CVS Pharmacy			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$31.43	1019 E Calton			
	Laredo, TX 78041			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	on	
OF EXPENDITURE	Food/Beverage Expense	ı <u>—</u>	travel outside of Texas. Complete Schedule T.	
		Drinks	Austin, TX, officeholder living expense	
		Dimino		
Complete ONLY if direct	Candidate/Officeholder name Office so	<u>I</u> uaht	Office held	
expenditure to benefit C/O		3		
Date	Payee name			
08/21/2023	Chick Fil A			
Amount (\$)	Payee address; City; State; Zip C	nde		
\$40.04	1916 Bob Bullock Loop	ouc		
Ψ-10.0-1	1010 Bob Ballock Loop			
	Laredo, TX 78045			
DUDDOGE		(a) =		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	ON travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Food/Beverage Expense		Austin, TX, officeholder living expense	
		Voluntee	er meals	
Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held	
expenditure to benefit C/O	Н			

### 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: 9/29 Rpt: 24/45	2 FILER NAME Webb County Democratic Party (CEC)  3 Filer ID (Ethics Commission Filers) 00023943	_
4	Date	5 Payee name	
	10/19/2023	Danny's Restaurant	
6	Amount (\$) \$148.47	7 Payee address; City; State; Zip Code 4320 McPherson  Laredo, TX 78041	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Volunteer Meals	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date 12/27/2023	Payee name Deluxe Checks	
	Amount (\$) \$104.04	Payee address; City; State; Zip Code 3000 Kellway Drive	
		Carrollton, TX 75006	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Checks	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 08/01/2023	Payee name Dr. Ikes	_
	Amount (\$) \$9.71	Payee address; City; State; Zip Code 4200 IH 35 North	
		Laredo, TX 78041	
	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  Supplies	
	Complete ONLY if direct expenditure to benefit C/Ol	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/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: 10/29 Rpt: 25/45	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
	08/03/2023	East India Co.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$750.00	103 Regal Dr.
		Laredo, TX 78040
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Rent Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	08/03/2023	East India Co.
	Amount (\$)	
	\$750.00	
	φ130.00	103 Regal Dr.
		Laredo, TX 78040
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense  Office Overhead/Rental Expense  Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Rent Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>1</b>
	Date	Payee name
	09/13/2023	East India Co.
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	103 Regal Dr.
		Laredo, TX 78040
	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  Rent
		Kent
	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: 11/29 Rpt: 26/45	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
	10/13/2023	East India Co.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$750.00	103 Regal Dr.
		Laredo, TX 78040
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
		Rent
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/10/2023	East India Co.
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	103 Regal Dr.
		Laredo, TX 78040
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Electricity
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/10/2023	East India Co.
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	103 Regal Dr.
		Laredo, TX 78040
	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  Rent
		Tion.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

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

Fees Office Overhear
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expens
Legal Services Salaries/Wages

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/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: 12/29 Rpt: 27/45	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
	12/26/2023	East India Co.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$750.00	103 Regal Dr.
		Laredo, TX 78040
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Rent
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨		
	Date	Payee name
	11/22/2023	G&G Promotions
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	6402 N Bartlett Ste 1
		Laredo, TX 78041
	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 Rental
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	•
L		
	Date	Payee name
	10/02/2023	Gristmill River Resturaunt
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.15	1287 Gruene Rd
		New Braunfels , TX 78130
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Training meals
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiulture to beliefft C/OI	1

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 13/29 Rpt: 28/45	Webb County Democratic Party (CEC) 00023943	
4	Date	5 Payee name	
	09/11/2023	HEB	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$153.38	7811 McPherson Rd	
		Laredo, TX 78041	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Event Expense	
_			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	10/04/2023	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.72	7811 McPherson Rd	
		Laredo, TX 78041	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		HQ supplies	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
		_	
	Date 11/09/2023	Payee name	
		HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$24.86	7811 McPherson Rd	
		Laredo, TX 78041	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		HQ Supplies	
		= ===============================	
	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 C

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/29 Rpt: 29/45	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
	09/11/2023	Hinojosa, Susana
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.71	9563 Ashton Loop
		Laredo, TX 78045
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense  Pizzas
		PIZZdS
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
_		
	Date	Payee name
	07/31/2023	International Bank of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.54	1200 San Bernardo
		Laredo, TX 78040
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Bank Fee
		Bankree
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Dayso name
	08/31/2023	Payee name International Bank of Commerce
	Amount (\$) \$24.82	Payee address; City; State; Zip Code 1200 San Bernardo
	\$24.82	1200 San Bernardo
		Laurella, TV 70040
		Laredo, TX 78040
	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
		Bank Fee
	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

Transportation Equipment & Related Expense Travel in District Travel Out of District

Solicitation/Fundraising Expense

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 15/29 Rpt: 30/45 Webb County Democratic Party (CEC) 00023943 4 Date Payee name 09/30/2023 International Bank of Commerce 6 Amount (\$) Payee address; City; State; Zip Code \$27.26 1200 San Bernardo Laredo, TX 78040 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Bank Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/31/2023 International Bank of Commerce Amount (\$) Payee address; City; State; Zip Code \$38.08 1200 San Bernardo Laredo, TX 78040 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Bank Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/30/2023 International Bank of Commerce Amount (\$) Payee address: City; State; Zip Code \$24.60 1200 San Bernardo Laredo, TX 78040 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Bank Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

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

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

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

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

	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: 16/29 Rpt: 31/45	Webb County Democratic Party (CEC)  00023943		
4	Date	5 Payee name		
	12/31/2023	International Bank of Commerce		
6	Amount (\$) \$23.52	7 Payee address; City; State; Zip Code 1200 San Bernardo		
		Laredo, TX 78040		
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.		
	-	Check if Austin, TX, officeholder living expense		
		Bank Fee		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	1		
	Date	Payee name		
	09/12/2023	Jackson, Gloria		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$113.88	505 Brighton Road		
		Laredo, TX 78045		
	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		
		Reimbursement for supplies		
		—————————————————————————————————————		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	1		
	Date	Payee name		
	10/04/2023	Jackson, Gloria		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$164.93	505 Brighton Road		
		Laredo, TX 78045		
	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	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
		Food/ Supplies		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
L	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 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: 17/29 Rpt: 32/45	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
L	12/19/2023	Laredo Firefighters Union Hall
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	5219 Tesoro Plaza
		Laredo, TX 78041
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 Placement
		Ballot Flacement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	10/30/2023	Laredo Morning Times
H	Amount (\$)	Payee address; City; State; Zip Code
	\$325.00	111 Esperanza Dr
		Laredo, TX 78041
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Tejano Awards
		- Spane / Mai de
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	09/07/2023	Lubys
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$30.04	710 W Calton
		Laredo, TX 78041
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		Volunteer Meals
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		
	Sch: 18/29 Rpt: 33/45	Webb County Democratic Party (CEC) 00023943	
4	Date	5 Payee name	
	07/31/2023	Magnolia Cafe	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$24.54	2101 Shiloh Dr.	
		Laredo, TX 78045	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Food/Beverage Expense    Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Meeting	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
_	expenditure to benefit C/OI		
	Date	Payee name	
	07/14/2023	McDonalds	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$47.33	2515 Jacaman Rd	
		Laredo, TX 78041	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
		Check if Austin, TX, officeholder living expense  Meeting expense	
		moding expense	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	_
_	Dato	Dayso nemo	_
	Date 10/13/2023	Payee name Mendoila, Jose	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	1802 Houston St.	
	Ψ100.00	252.15333	
		Laredo, TX 78040	
	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	
		Announcer	
	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 Committee

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

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

Travel in District Travel Out of Dis ntract Labor OTHER (enter a

	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: 19/29 Rpt: 34/45	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
	07/25/2023	Nubie Internet
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	10918 Vance Jackson Rd. Suite 201
		San Antonio, TX 78230
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Social Media Maintenance
		Sooiai mantanano
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Data	
	Date	Payee name
	09/06/2023	Nubie Internet
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	10918 Vance Jackson Rd. Suite 201
		San Antonio, TX 78230
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Social media maintenance
		Sooidi media mantenance
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	<b>D</b> .	
	Date	Payee name
	07/25/2023	Office Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$62.92	5718 San Bernardo Ave
		Laredo, TX 78041
	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
		HQ Supplies
	0 1 0 0 0 0 0 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to benefit 6/01	•

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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: 20/29 Rpt: 35/45	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
	10/02/2023	Office Depot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$187.91	5718 San Bernardo Ave
		Laredo, TX 78041
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  Supplies
		Supplies
_	Complete ONLY !! -!!!	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	10/13/2023	Office Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$83.32	5718 San Bernardo Ave
		Laredo, TX 78041
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		HQ Supplies
		The Cappinos
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	5 .	
	Date	Payee name
	11/06/2023	Office Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$52.37	5718 San Bernardo Ave
		Laredo, TX 78041
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	ZA ZADITORZ	Court is a
		Supplies
_	Operation ONE V. C. F.	Ora didata (Office hadden grown
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

Advertising Expense Event Ex Accounting/Banking Fees Consulting Expense Food/Be Contributions/ Donations Made By - Gift/Awa

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		/e)
_	T	· · · · · · · · · · · · · · · · · · ·	. ="
1	Total pages Schedule F1: Sch: 21/29 Rpt: 36/45		n Filers)
4	Date	5 Payee name	
•	10/02/2023	PF Changs	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$37.93	10114 Jollyville Road	
		Austin TV 70701	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
		Check if Austin, TX, officeholder living expense	
		Training meals	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH .	
H	Date	Payee name	
	09/12/2023	Pappas, Josie	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$35.00	1407 Wsahington	
		Laredo, TX 78040	
	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.	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Open House	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH .	
_	Date	Payee name	
	07/21/2023	Pla Mor	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$687.74	2819 Bob Bullock Loop	
		Laredo, TX 78045	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Food/Beverage Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Executive Committee Meeting	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

### 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

	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)	_
l	Sch: 22/29 Rpt: 37/45	Webb County Democratic Party (CEC) 00023943	
4	Date	5 Payee name	_
l	09/01/2023	Pla Mor	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
l	\$520.30	2819 Bob Bullock Loop	
l			
l		Laredo, TX 78045	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF EXPENDITURE	Food/Beverage Expense	
l		Check if Austin, TX, officeholder living expense  Committee Training	
l		Committee training	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/O		
⊨	Date	Payee name	_
l	10/02/2023	Renaissance Austin	
┝	Amount (\$)	Payee address; City; State; Zip Code	
l	\$44.97	9721 Aboretum Blvd	
l	Ψ44.37	3721 Abdictain bivu	
l		Austin , TX 78759	
┡	DUDDOCE		
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Hotel Expense	
L			
l	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
L	- Composition to bostom Group		
l	Date	Payee name	
	10/02/2023	Renaissance Austin	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$104.93	9721 Aboretum Blvd	
l			
L		Austin , TX 78759	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
l		Hotel Expense	
$\vdash$	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 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

	Credit Card Payment	The Instruction Guide explains how to complete this form	n.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 23/29 Rpt: 38/45	Webb County Democratic Party (CEC)	00023943
4	Date	5 Payee name	•
	10/02/2023	Renaissance Austin	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$373.36	9721 Aboretum Blvd	
		Austin , TX 78759	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
	OF EXPENDITURE		travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Austin, TX, officeholder living expense
		Hotel	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	Complete ONLY if direct expenditure to benefit C/Ol		Office field
_			
	Date	Payee name	
	10/02/2023	Renaissance Austin	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$432.34	9721 Aboretum Blvd	
		Austin , TX 78759	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Traver in District	travel outside of Texas. Complete Schedule T.  Austin, TX, officeholder living expense
		Hotel ex	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	10/06/2023	Sam's Club	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$418.81	4810 San Bernardo Ave	
		Laredo, TX 78041	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	מח
	OF	Event Expense	travel outside of Texas. Complete Schedule T.
	EXPENDITURE	. Check if	Austin, TX, officeholder living expense
		Fundrais	ser supplies
	Complete ONLY if direct expenditure to benefit C/Ol	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 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: 24/29 Rpt: 39/45	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
	11/06/2023	Solis, Delia
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$175.64	1716 Salinas
		Laredo, TX 78040
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraiser Pizza
		T diffalsof 1 122d
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	07/18/2023	South Meadow Self Storage
H	Amount (\$)	Payee address; City; State; Zip Code
	\$155.00	1320 S Meadow St
		Laredo, TX 78043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Storage Rental
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
Г	Date	Payee name
	11/01/2023	T Strategies
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	7019 W Village Blvd Suite 205
		Laredo, TX 78041
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Marketing
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
ı		

#### 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		Legal Services  The Instruction Guide explai		Vages	/Contract Labor		OTHER (enter a	category not listed above	e)
1	Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Commission	Filers)
_	Sch: 25/29 Rpt: 40/45		– nty Democratic Party (CE	EC)				00023943	( 1 11 11 11 11 11 11 11 11 11 11 11 11	,
4	Date	5 Payee name								
	12/21/2023	T Strategie	S							
6	Amount (\$)	<b>7</b> Payee addre	ess; City; Sta	ate; Zip Co	de					
	\$300.00	7019 W Vil	lage Blvd Suite 205							
		Laredo, TX	. 78041							
8	PURPOSE	(a) Category (S	See Categories listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE	Advertising	Expense					de of Texas. Com		
						Marketing	, I.A.,	officeholder living	expense	
						Marketing				
_								- m		
9	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Office sou	ght			Office he	eld	
-	Date	Payee name								
	08/07/2023	TJ Maxx								
			City Ct	ato: Zin Co	do					
	Amount (\$)	Payee addre		ate; Zip Co	ue					
	\$44.36	2444 Mona	rcn Dr							
		Laredo, TX	78045							
	PURPOSE	(a) Category (S	See Categories listed at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE	Event Expe				Check if travel of	outsi	de of Texas. Com	olete Schedule T.	
	LXFENDITORE					<b>—</b>	, TX,	officeholder living	expense	
						Supplies				
	Complete ONLY if direct		ficeholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/O	-1								
	Date	Payee name	1							
	10/10/2023	Taco Paler	ique							
	Amount (\$)	Payee addre	ess; City; Sta	ate; Zip Co	de					
	\$436.96	4515 San E	Bernando Ave							
		Laredo, TX	78041							
	PURPOSE	(a) Category 19	See Categories listed at the top of this	schedule)	(b)	Description				
	OF		rage Expense	ourioudio)			outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE					Check if Austin,	, TX,	officeholder living	expense	
						Fundraiser M	eal	ls		
L										
	Complete ONLY if direct		ficeholder name	Office sou	ght			Office he	eld	
	expenditure to benefit C/O	H								
l										

#### 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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/29 Rpt: 41/45	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
	07/31/2023	Target
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$86.70	7501 San Dario
		Laredo, TX 78041
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
		Supplies
		Cappines
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	08/02/2023	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$94.68	7501 San Dario
		Laredo, TX 78041
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Supplies
		Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/05/2023	Valerie Creative
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	1802 HOUSTON ST
		Laredo, TX 78040
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense
		Social Media Maintenance
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit Gree	

#### 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: 27/29 Rpt: 42/45	2 FILER NAME Webb County Democratic Party (CEC)  3 Filer ID (Ethics Commission Filers) 00023943
4	Date 12/20/2023	5 Payee name Valerie Creative
6	Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 1802 HOUSTON ST
8	PURPOSE	Laredo, TX 78040  (a) Category (See Categories listed at the top of this schedule)  (b) Description
	OF EXPENDITURE	Advertising Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Social media management
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 07/03/2023	Payee name WordPress
	Amount (\$) \$35.18	Payee address; City; State; Zip Code 60 29th St. #343
	PURPOSE OF EXPENDITURE	San Francisco , CA 94110-4929  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Website
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 08/01/2023	Payee name WordPress
	Amount (\$) \$35.18	Payee address; City; State; Zip Code 60 29th St. #343
		San Francisco , CA 94110-4929
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Website
	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 Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Con	nmittee	Gift/Awards/Memo Legal Services  The Instruction	rials Expense		Wages	/Contract Labor		Travel Out of D OTHER (enter	istrict a category not listed abov	e)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	n Filers)
	Sch: 28/29 Rpt: 43/45	ı			ic Party (CEC)	)				00023943	•	·
4	Date	5	Payee name									
	09/01/2023		WordPress									
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	ode					
	\$35.18		60 29th St.	#343								
			San Francis	sco , CA 941	10-4929							
8	PURPOSE	(a)	Category (Sr	ee Categories listed	at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Advertising	Expense				=			nplete Schedule T.	
	-							Website	ı, TX,	, officeholder livin	g expense	
								Mensile				
9	Complete ONLY if direct	<u> </u>	`andidata/∩ffi	ceholder name	2 1	Office sou	ıaht			Office h	Ald.	
9	expenditure to benefit C/O		andidate/On	centituel name	,	Office Soc	agrit			Office	eiu	
_	Date	Ι	Payee name									
	10/02/2023	ı	WordPress									
_	Amount (\$)	┡	Payee addre	ss; City;	State	: Zip Co	nde					
	\$35.18		60 29th St.	•	Sidio	., Zip Ct	Juc					
	Ψ33.10		00 2311 31.	π343								
			Can Francis	CA 041	10 4020							
	P. (P. 0.0.5	┝		sco , CA 941:			la.					
	PURPOSE OF				at the top of this sch	nedule)	(b)	Description	outci	ido of Toyas Cor	nplete Schedule T.	
	EXPENDITURE		Advertising	Expense				<b>=</b>		, officeholder livin		
								Website				
	Complete ONLY if direct		andidate/Offi	ceholder name	9 (	Office sou	ught			Office h	eld	
	expenditure to benefit C/O	Η										
	Date		Payee name									
	11/01/2023		WordPress									
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	ode					
	\$35.18		60 29th St.	#343								
			San Francis	sco , CA 941	10-4929							
	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Advertising	Expense							nplete Schedule T.	
								Website	ı, IX,	, officeholder livin	y expense	
	Complete ONLY if direct		 Candidate/Offi	ceholder name	e (	Office sou	<u>l</u> ught			Office h	eld	
	expenditure to benefit C/O						J					
l												

### SCHEDULE F1

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Coi	mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services	xpense	Polling Expense Printing Expense	d/Rental Expense e se s/Contract Labor		Travel in District Travel Out of Dis	
	Credit Card F dyment			The Instruction Guid	le explains h	low to comple	ete this form.			
1	Total pages Schedule F1:	2	FILER NAMI	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 29/29 Rpt: 44/45		Webb Cour	nty Democratic Pa	rty (CEC)				00023943	
4	Date	5	Payee name	<u> </u>				_		
l	12/01/2023		WordPress							
<u>_</u>	Amount (\$)	7	Payee addre		Ctoto	Zin Codo				
ľ		'	60 29th St.		Sidle,	Zip Code				
l	\$35.18		60 Z9tii St.	#343						
l		l								
l			San Franci	sco , CA 94110-49	929					
8	PURPOSE	(a)	Category (S	See Categories listed at the	top of this sche	dule) (b)	Description			
l	OF EXPENDITURE		Advertising						ide of Texas. Com	
l	EXI ENDITORE						<b>—</b>	ı, TX	, officeholder living	expense
l							Website			
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	ficeholder name	0	ffice sought			Office he	eld
	experientare to benefit 6/01	''								
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### 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: 45/45 2 FILER NAME Filer ID (Ethics Commission Filers) Webb County Democratic Party (CEC) 00023943 8 Amount (\$) Date 5 Name of person from whom amount is received 07/03/2023 Friends of WCDP \$80.00 6 Address of person from whom amount is received; City; State; Zip Code Laredo, TX 78040 Purpose for which amount is received Check if political contribution returned to filer T Shirt Sales Amount (\$) Name of person from whom amount is received Date 10/18/2023 Texas Secretary of State \$373.00 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78711 Purpose for which amount is received Check if political contribution returned to filer **Training Reimbursement**