

COUNTY EXECUTIVE COMMITTEE CAMPAIGN FINANCE REPORT

FORM CEC
COVER SHEET PG 1

The CEC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00023943	2 Total pages filed: 45
3 COMMITTEE NAME Webb County Democratic Party (CEC)		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/16/2024	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1802 Houston St. Laredo, TX 78040		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Amber A. <hr/> NICKNAME LAST SUFFIX Avis		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1802 Houston St. Laredo, TX 78040		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1802 Houston St. Laredo, TX 78040		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 693-9906		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final Report <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year Month Day Year 07/01/2023 THROUGH 12/31/2023		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 03/05/2024 <input type="checkbox"/> General <input type="checkbox"/> Special		

GO TO PAGE 2

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC
COVER SHEET PG 2

12 COMMITTEE NAME Webb County Democratic Party (CEC)	13 Filer ID (Ethics Commission Filers) 00023943
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,547.02
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 13,115.21
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 17,227.95
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Amber A. Avis

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - CEC**FORM CEC**
COVER SHEET PG 3
3 of 45

17 COMMITTEE NAME Webb County Democratic Party (CEC)		18 Filer ID (Ethics Commission Filers) 00023943
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,547.02
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 13,115.21
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 453.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/12 Rpt: 4/45
2 FILER NAME Webb County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00023943
4 Date 07/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruni, Sylvia <hr/> 6 Contributor address; City; State; Zip Code Laredo, TX 78041	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 08/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruni, Sylvia <hr/> Contributor address; City; State; Zip Code Laredo, TX 78041	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruni, Sylvia <hr/> Contributor address; City; State; Zip Code Laredo, TX 78041	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruni, Sylvia <hr/> Contributor address; City; State; Zip Code Laredo, TX 78041	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruni, Sylvia <hr/> Contributor address; City; State; Zip Code Laredo, TX 78041	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/12 Rpt: 5/45
2 FILER NAME Webb County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00023943
4 Date 12/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruni, Sylvia <hr/> 6 Contributor address; City; State; Zip Code Laredo, TX 78041	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 07/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cigarroa, Melissa <hr/> Contributor address; City; State; Zip Code Laredo, TX 78040	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) City Council		Employer (See Instructions) City of Laredo
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cigarroa, Melissa <hr/> Contributor address; City; State; Zip Code Laredo, TX 78040	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) City Council		Employer (See Instructions) City of Laredo
Date 09/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cigarroa, Melissa <hr/> Contributor address; City; State; Zip Code Laredo, TX 78040	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) City Council		Employer (See Instructions) City of Laredo
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cigarroa, Melissa <hr/> Contributor address; City; State; Zip Code Laredo, TX 78040	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) City Council		Employer (See Instructions) City of Laredo

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/12 Rpt: 6/45
2 FILER NAME Webb County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00023943
4 Date 07/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz , Brenda <hr/> 6 Contributor address; City; State; Zip Code Laredo, TX 78045	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions)
Date 09/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz , Brenda <hr/> Contributor address; City; State; Zip Code Laredo, TX 78045	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)
Date 09/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz , Brenda <hr/> Contributor address; City; State; Zip Code Laredo, TX 78045	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz , Brenda <hr/> Contributor address; City; State; Zip Code Laredo, TX 78045	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)
Date 11/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz , Brenda <hr/> Contributor address; City; State; Zip Code Laredo, TX 78045	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/12 Rpt: 7/45
2 FILER NAME Webb County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00023943
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Dora <hr/> 6 Contributor address; City; State; Zip Code Laredo, TX 78043	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) UISD
Date 09/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Dora <hr/> Contributor address; City; State; Zip Code Laredo, TX 78043	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) UISD
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Dora <hr/> Contributor address; City; State; Zip Code Laredo, TX 78043	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) UISD
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Dora <hr/> Contributor address; City; State; Zip Code Laredo, TX 78043	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) UISD
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Dora <hr/> Contributor address; City; State; Zip Code Laredo, TX 78043	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) UISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/12 Rpt: 8/45
2 FILER NAME Webb County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00023943
4 Date 08/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friends of WCDP <hr/> 6 Contributor address; City; State; Zip Code Laredo, TX 78040	7 Amount of Contribution (\$) \$445.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friends of WCDP <hr/> Contributor address; City; State; Zip Code Laredo, TX 78040	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friends of WCDP <hr/> Contributor address; City; State; Zip Code Laredo, TX 78040	Amount of Contribution (\$) \$380.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friends of WCDP <hr/> Contributor address; City; State; Zip Code Laredo, TX 78040	Amount of Contribution (\$) \$420.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friends of WCDP <hr/> Contributor address; City; State; Zip Code Laredo, TX 78040	Amount of Contribution (\$) \$5,277.02
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/12 Rpt: 9/45
2 FILER NAME Webb County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00023943
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friends of WCDP <hr/> 6 Contributor address; City; State; Zip Code Laredo, TX 78040	7 Amount of Contribution (\$) \$760.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friends of WCDP <hr/> Contributor address; City; State; Zip Code Laredo, TX 78040	Amount of Contribution (\$) \$450.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galindo, Mary <hr/> Contributor address; City; State; Zip Code Laredo, TX 78046	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) not employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galindo, Mary <hr/> Contributor address; City; State; Zip Code Laredo, TX 78046	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) not employed
Date 09/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galindo, Mary <hr/> Contributor address; City; State; Zip Code Laredo, TX 78046	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/12 Rpt: 10/45
2 FILER NAME Webb County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00023943
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galindo, Mary <hr/> 6 Contributor address; City; State; Zip Code Laredo, TX 78046	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) not employed
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galindo, Mary <hr/> Contributor address; City; State; Zip Code Laredo, TX 78046	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) not employed
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galindo, Mary <hr/> Contributor address; City; State; Zip Code Laredo, TX 78046	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) not employed
Date 07/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Jaime <hr/> Contributor address; City; State; Zip Code Laredo, TX 78045	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Jaime <hr/> Contributor address; City; State; Zip Code Laredo, TX 78045	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/12 Rpt: 11/45
2 FILER NAME Webb County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00023943
4 Date 09/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Jaime <hr/> 6 Contributor address; City; State; Zip Code Laredo, TX 78045	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self Employed
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Jaime <hr/> Contributor address; City; State; Zip Code Laredo, TX 78045	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Jaime <hr/> Contributor address; City; State; Zip Code Laredo, TX 78045	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza , Cecilia <hr/> Contributor address; City; State; Zip Code Laredo, TX 78045	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Rudy <hr/> Contributor address; City; State; Zip Code Laredo, TX 78041	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Martinez, Franklin & Morales, PLLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/12 Rpt: 12/45
2 FILER NAME Webb County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00023943
4 Date 08/01/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez , Maria <hr/> 6 Contributor address; City; State; Zip Code Laredo, TX 78040	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) School Counselor		9 Employer (See Instructions) UISD
Date 09/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Maria <hr/> Contributor address; City; State; Zip Code Laredo, TX 78040	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) School Counselor		Employer (See Instructions) UISD
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Maria <hr/> Contributor address; City; State; Zip Code Laredo, TX 78040	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) School Counselor		Employer (See Instructions) UISD
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Maria <hr/> Contributor address; City; State; Zip Code Laredo, TX 78040	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) School Counselor		Employer (See Instructions) UISD
Date 11/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Maria <hr/> Contributor address; City; State; Zip Code Laredo, TX 78040	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) School Counselor		Employer (See Instructions) UISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/12 Rpt: 13/45
2 FILER NAME Webb County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00023943
4 Date 07/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Ana	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Laredo, TX 78043		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Ana	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Laredo, TX 78043		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Ana	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Laredo, TX 78043		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Ana	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Laredo, TX 78043		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Ana	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Laredo, TX 78043		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/12 Rpt: 14/45
2 FILER NAME Webb County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00023943
4 Date 12/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Ana	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Laredo, TX 78043		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shrout , Will	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Laredo, TX 78045		
Principal occupation / Job title (See Instructions) Bartender		Employer (See Instructions) The Tack Room
Date 09/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shrout , Will	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Laredo, TX 78045		
Principal occupation / Job title (See Instructions) Bartender		Employer (See Instructions) The Tack Room
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shrout , Will	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Laredo, TX 78045		
Principal occupation / Job title (See Instructions) Bartender		Employer (See Instructions) The Tack Room
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shrout , Will	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Laredo, TX 78045		
Principal occupation / Job title (See Instructions) Bartender		Employer (See Instructions) The Tack Room

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/12 Rpt: 15/45
2 FILER NAME Webb County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00023943
4 Date 12/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shrout , Will <hr/> 6 Contributor address; City; State; Zip Code Laredo, TX 78045	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Bartender		9 Employer (See Instructions) The Tack Room

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 1/29 Rpt: 16/45	2	FILER NAME Webb County Democratic Party (CEC)	3	Filer ID (Ethics Commission Filers) 00023943
4	Date 07/06/2023	5	Payee name ActBlue Technical Services		
6	Amount (\$) \$4.35	7	Payee address; City; State; Zip Code 366 Summer St. Somerville, MA 02144-3132		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fee		
9		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 07/11/2023		Payee name ActBlue Technical Services		
	Amount (\$) \$0.99		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
	Date 07/19/2023		Payee name ActBlue Technical Services		
	Amount (\$) \$0.99		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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/29 Rpt: 17/45	2 FILER NAME Webb County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00023943
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4 Date 07/25/2023	5 Payee name ActBlue Technical Services
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6 Amount (\$) \$0.60	7 Payee address; City; State; Zip Code 366 Summer St. Somerville, MA 02144-3132
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/05/2023	Payee name ActBlue Technical Services
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Amount (\$) \$4.75	Payee address; City; State; Zip Code 366 Summer St. Somerville, MA 02144-3132
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/12/2023	Payee name ActBlue Technical Services
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Amount (\$) \$1.98	Payee address; City; State; Zip Code 366 Summer St. Somerville, MA 02144-3132
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/29 Rpt: 18/45	2 FILER NAME Webb County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00023943
4 Date 12/22/2023	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$0.99	7 Payee address; City; State; Zip Code 366 Summer St. Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2023	Payee name ActBlue Technical Services	
Amount (\$) \$1.39	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Date 08/07/2023	Payee name ActBlue Technical Services	
Amount (\$) \$4.75	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/29 Rpt: 19/45	2 FILER NAME Webb County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00023943
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4 Date 08/14/2023	5 Payee name ActBlue Technical Services
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6 Amount (\$) \$1.98	7 Payee address; City; State; Zip Code 366 Summer St. Somerville, MA 02144-3132
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/05/2023	Payee name ActBlue Technical Services
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Amount (\$) \$1.00	Payee address; City; State; Zip Code 366 Summer St. Somerville, MA 02144-3132
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/19/2023	Payee name ActBlue Technical Services
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Amount (\$) \$1.98	Payee address; City; State; Zip Code 366 Summer St. Somerville, MA 02144-3132
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/29 Rpt: 20/45	2 FILER NAME Webb County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00023943
4 Date 09/19/2023	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$0.99	7 Payee address; City; State; Zip Code 366 Summer St. Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2023	Payee name ActBlue Technical Services	
Amount (\$) \$2.38	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Date 10/10/2023	Payee name ActBlue Technical Services	
Amount (\$) \$2.38	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 6/29 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. Somerville, MA 02144-3132	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/29 Rpt: 22/45	2 FILER NAME Webb County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00023943
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4 Date 11/16/2023	5 Payee name ActBlue Technical Services
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6 Amount (\$) \$1.98	7 Payee address; City; State; Zip Code 366 Summer St. Somerville, MA 02144-3132
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/29/2023	Payee name ActBlue Technical Services
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Amount (\$) \$1.00	Payee address; City; State; Zip Code 366 Summer St. Somerville, MA 02144-3132
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/11/2023	Payee name Bruni, Sylvia
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Amount (\$) \$90.00	Payee address; City; State; Zip Code 7404 Lake Victoria Laredo, TX 78045
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Zapata
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/29 Rpt: 23/45	2 FILER NAME Webb County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00023943
4 Date 10/10/2023	5 Payee name Bruni, Sylvia	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 7404 Lake Victoria Laredo, TX 78045	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Petty cash for event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/11/2023	Payee name CVS Pharmacy	
Amount (\$) \$31.43	Payee address; City; State; Zip Code 1019 E Calton Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Drinks
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/21/2023	Payee name Chick Fil A	
Amount (\$) \$40.04	Payee address; City; State; Zip Code 1916 Bob Bullock Loop Laredo, TX 78045	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer meals
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/29 Rpt: 24/45	2 FILER NAME Webb County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00023943
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4 Date 10/19/2023	5 Payee name Danny's Restaurant
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6 Amount (\$) \$148.47	7 Payee address; City; State; Zip Code 4320 McPherson Laredo, TX 78041
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer Meals
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/27/2023	Payee name Deluxe Checks
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Amount (\$) \$104.04	Payee address; City; State; Zip Code 3000 Kellway Drive Carrollton, TX 75006
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Checks
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/01/2023	Payee name Dr. Ikes
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Amount (\$) \$9.71	Payee address; City; State; Zip Code 4200 IH 35 North Laredo, TX 78041
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/29 Rpt: 25/45	2 FILER NAME Webb County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00023943
4 Date 08/03/2023	5 Payee name East India Co.	
6 Amount (\$) \$750.00	7 Payee address; City; State; Zip Code 103 Regal Dr. Laredo, TX 78040	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rent Expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/03/2023	Payee name East India Co.	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 103 Regal Dr. Laredo, TX 78040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rent Expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/13/2023	Payee name East India Co.	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 103 Regal Dr. Laredo, TX 78040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 11/29 Rpt: 26/45	2	FILER NAME Webb County Democratic Party (CEC)	3	Filer ID (Ethics Commission Filers) 00023943
4	Date 10/13/2023	5	Payee name East India Co.		
6	Amount (\$) \$750.00	7	Payee address; City; State; Zip Code 103 Regal Dr. Laredo, TX 78040		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rent		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/10/2023		Payee name East India Co.		
	Amount (\$) \$100.00		Payee address; City; State; Zip Code 103 Regal Dr. Laredo, TX 78040		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Electricity		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 11/10/2023		Payee name East India Co.		
	Amount (\$) \$750.00		Payee address; City; State; Zip Code 103 Regal Dr. Laredo, TX 78040		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rent		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: Sch: 12/29 Rpt: 27/45	2 FILER NAME Webb County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00023943
4 Date 12/26/2023	5 Payee name East India Co.	
6 Amount (\$) \$750.00	7 Payee address; City; State; Zip Code 103 Regal Dr. Laredo, TX 78040	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rent
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/22/2023	Candidate/Officeholder name G&G Promotions	
Amount (\$) \$300.00	Office sought 6402 N Bartlett Ste 1 Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Venue Rental
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/02/2023	Candidate/Officeholder name Gristmill River Resturaunt	
Amount (\$) \$42.15	Office sought 1287 Gruene Rd New Braunfels , TX 78130	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Training meals
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/29 Rpt: 28/45	2 FILER NAME Webb County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00023943
4 Date 09/11/2023	5 Payee name HEB	
6 Amount (\$) \$153.38	7 Payee address; City; State; Zip Code 7811 McPherson Rd Laredo, TX 78041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/04/2023	Payee name HEB	
Amount (\$) \$15.72	Payee address; City; State; Zip Code 7811 McPherson Rd Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/09/2023	Payee name HEB	
Amount (\$) \$24.86	Payee address; City; State; Zip Code 7811 McPherson Rd Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ Supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/29 Rpt: 29/45	2 FILER NAME Webb County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00023943
4 Date 09/11/2023	5 Payee name Hinojosa, Susana	
6 Amount (\$) \$50.71	7 Payee address; City; State; Zip Code 9563 Ashton Loop Laredo, TX 78045	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pizzas
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/31/2023	Payee name International Bank of Commerce	
Amount (\$) \$24.54	Payee address; City; State; Zip Code 1200 San Bernardo Laredo, TX 78040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/31/2023	Payee name International Bank of Commerce	
Amount (\$) \$24.82	Payee address; City; State; Zip Code 1200 San Bernardo Laredo, TX 78040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/29 Rpt: 30/45	2 FILER NAME Webb County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00023943
4 Date 09/30/2023	5 Payee name International Bank of Commerce	
6 Amount (\$) \$27.26	7 Payee address; City; State; Zip Code 1200 San Bernardo Laredo, TX 78040	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2023	Payee name International Bank of Commerce	
Amount (\$) \$38.08	Payee address; City; State; Zip Code 1200 San Bernardo Laredo, TX 78040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/30/2023	Payee name International Bank of Commerce	
Amount (\$) \$24.60	Payee address; City; State; Zip Code 1200 San Bernardo Laredo, TX 78040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/29 Rpt: 31/45	2 FILER NAME Webb County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00023943
4 Date 12/31/2023	5 Payee name International Bank of Commerce	
6 Amount (\$) \$23.52	7 Payee address; City; State; Zip Code 1200 San Bernardo Laredo, TX 78040	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/12/2023	Payee name Jackson, Gloria	
Amount (\$) \$113.88	Payee address; City; State; Zip Code 505 Brighton Road Laredo, TX 78045	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/04/2023	Payee name Jackson, Gloria	
Amount (\$) \$164.93	Payee address; City; State; Zip Code 505 Brighton Road Laredo, TX 78045	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/ Supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/29 Rpt: 32/45	2 FILER NAME Webb County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00023943
4 Date 12/19/2023	5 Payee name Laredo Firefighters Union Hall	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 5219 Tesoro Plaza Laredo, TX 78041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ballot Placement
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/30/2023	Payee name Laredo Morning Times	
Amount (\$) \$325.00	Payee address; City; State; Zip Code 111 Esperanza Dr Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tejano Awards
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/07/2023	Payee name Lubys	
Amount (\$) \$30.04	Payee address; City; State; Zip Code 710 W Calton Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer Meals
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/29 Rpt: 33/45	2 FILER NAME Webb County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00023943
4 Date 07/31/2023	5 Payee name Magnolia Cafe	
6 Amount (\$) \$24.54	7 Payee address; City; State; Zip Code 2101 Shiloh Dr. Laredo, TX 78045	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/14/2023	Payee name McDonalds	
Amount (\$) \$47.33	Payee address; City; State; Zip Code 2515 Jacaman Rd Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/13/2023	Payee name Mendoila, Jose	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 1802 Houston St. Laredo, TX 78040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Announcer
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 19/29 Rpt: 34/45	2 FILER NAME Webb County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00023943
4	Date 07/25/2023	5 Payee name Nubie Internet	
6	Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 10918 Vance Jackson Rd. Suite 201 San Antonio, TX 78230	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media Maintenance
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate/Officeholder name	Office sought	Office held
4	Date 09/06/2023	5 Payee name Nubie Internet	
6	Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 10918 Vance Jackson Rd. Suite 201 San Antonio, TX 78230	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social media maintenance
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate/Officeholder name	Office sought	Office held
4	Date 07/25/2023	5 Payee name Office Depot	
6	Amount (\$) \$62.92	7 Payee address; City; State; Zip Code 5718 San Bernardo Ave Laredo, TX 78041	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/29 Rpt: 35/45	2 FILER NAME Webb County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00023943
4 Date 10/02/2023	5 Payee name Office Depot	
6 Amount (\$) \$187.91	7 Payee address; City; State; Zip Code 5718 San Bernardo Ave Laredo, TX 78041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 10/13/2023	Payee name Office Depot	
Amount (\$) \$83.32	Payee address; City; State; Zip Code 5718 San Bernardo Ave Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ Supplies
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 11/06/2023	Payee name Office Depot	
Amount (\$) \$52.37	Payee address; City; State; Zip Code 5718 San Bernardo Ave Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/29 Rpt: 36/45	2 FILER NAME Webb County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00023943
4 Date 10/02/2023	5 Payee name PF Changs	
6 Amount (\$) \$37.93	7 Payee address; City; State; Zip Code 10114 Jollyville Road Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Training meals
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/12/2023	Payee name Pappas, Josie	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 1407 Wsahington Laredo, TX 78040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Open House
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/21/2023	Payee name Pla Mor	
Amount (\$) \$687.74	Payee address; City; State; Zip Code 2819 Bob Bullock Loop Laredo, TX 78045	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Executive Committee Meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/29 Rpt: 37/45	2 FILER NAME Webb County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00023943
4 Date 09/01/2023	5 Payee name Pla Mor	
6 Amount (\$) \$520.30	7 Payee address; City; State; Zip Code 2819 Bob Bullock Loop Laredo, TX 78045	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Committee Training
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2023	Payee name Renaissance Austin	
Amount (\$) \$44.97	Payee address; City; State; Zip Code 9721 Aboretum Blvd Austin , TX 78759	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel Expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2023	Payee name Renaissance Austin	
Amount (\$) \$104.93	Payee address; City; State; Zip Code 9721 Aboretum Blvd Austin , TX 78759	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel Expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/29 Rpt: 38/45	2 FILER NAME Webb County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00023943
4 Date 10/02/2023	5 Payee name Renaissance Austin	
6 Amount (\$) \$373.36	7 Payee address; City; State; Zip Code 9721 Aboretum Blvd Austin , TX 78759	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2023	Payee name Renaissance Austin	
Amount (\$) \$432.34	Payee address; City; State; Zip Code 9721 Aboretum Blvd Austin , TX 78759	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/06/2023	Payee name Sam's Club	
Amount (\$) \$418.81	Payee address; City; State; Zip Code 4810 San Bernardo Ave Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/29 Rpt: 39/45	2 FILER NAME Webb County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00023943
4 Date 11/06/2023	5 Payee name Solis, Delia	
6 Amount (\$) \$175.64	7 Payee address; City; State; Zip Code 1716 Salinas Laredo, TX 78040	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser Pizza
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/18/2023	Payee name South Meadow Self Storage	
Amount (\$) \$155.00	Payee address; City; State; Zip Code 1320 S Meadow St Laredo, TX 78043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage Rental
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2023	Payee name T Strategies	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 7019 W Village Blvd Suite 205 Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Marketing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 25/29 Rpt: 40/45	2 FILER NAME Webb County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00023943
4 Date 12/21/2023	5 Payee name T Strategies	
6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 7019 W Village Blvd Suite 205 Laredo, TX 78041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Marketing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/07/2023	Payee name TJ Maxx	
Amount (\$) \$44.36	Payee address; City; State; Zip Code 2444 Monarch Dr Laredo, TX 78045	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/10/2023	Payee name Taco Palenque	
Amount (\$) \$436.96	Payee address; City; State; Zip Code 4515 San Bernando Ave Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser Meals
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 27/29 Rpt: 42/45	2 FILER NAME Webb County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00023943
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4 Date 12/20/2023	5 Payee name Valerie Creative
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6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 1802 HOUSTON ST Laredo, TX 78040
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social media management
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/03/2023	Payee name WordPress
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Amount (\$) \$35.18	Payee address; City; State; Zip Code 60 29th St. #343 San Francisco , CA 94110-4929
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/01/2023	Payee name WordPress
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Amount (\$) \$35.18	Payee address; City; State; Zip Code 60 29th St. #343 San Francisco , CA 94110-4929
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 28/29 Rpt: 43/45	2 FILER NAME Webb County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00023943
4 Date 09/01/2023	5 Payee name WordPress	
6 Amount (\$) \$35.18	7 Payee address; City; State; Zip Code 60 29th St. #343 San Francisco , CA 94110-4929	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 10/02/2023	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 11/01/2023	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 29/29 Rpt: 44/45	2 FILER NAME Webb County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00023943
4 Date 12/01/2023	5 Payee name WordPress	
6 Amount (\$) \$35.18	7 Payee address; City; State; Zip Code 60 29th St. #343 San Francisco , CA 94110-4929	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Candidate/Officeholder name _____ Office sought _____ Office held _____		

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 45/45
2 FILER NAME Webb County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00023943
4 Date 07/03/2023	5 Name of person from whom amount is received Friends of WCDP	8 Amount (\$) \$80.00
	6 Address of person from whom amount is received; City; State; Zip Code Laredo, TX 78040	
	7 Purpose for which amount is received T Shirt Sales <input type="checkbox"/> Check if political contribution returned to filer	
Date 10/18/2023	Name of person from whom amount is received Texas Secretary of State	Amount (\$) \$373.00
	Address of person from whom amount is received; City; State; Zip Code Austin, TX 78711	
	Purpose for which amount is received Training Reimbursement <input type="checkbox"/> Check if political contribution returned to filer	