#### FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00068215 3 COMMITTEE NAME **OFFICE USE ONLY** Webb County Deputy Sheriffs' Association Pac Date Received **ELECTRONICALLY FILED** 01/26/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 5504 Portugal Loop Change of Address Laredo, TX 78046 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Enrique D. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Longoria CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE TREASURER 5504 Portugal Loop STREET **ADDRESS** (Residence or Business) Laredo, TX 78046 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 5504 Portugal Loop MAILING **ADDRESS** Change of Address Laredo, TX 78046 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (956) 251-7722 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 12/26/2023 01/25/2024

**GO TO PAGE 2** 

## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

COMMITTEE NAME		13	Filer ID	(Ethics Commission Filers)
Webb County Deputy	/ebb County Deputy Sheriffs' Association Pac 00			
COMMITTEE	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain		B. Opposed		
paper to complete this report if necessary.)				
	2 Manauran	A. Supported		
	Measures     (Describe by date and location	A. Supported		
	of election and nature of issue.)			
		B. Opposed		
	Officeholders     Assisted	The Honorable MARTIN CUELLAR	R WEBB (	COUNTY SHERIFF
	(Identify by name or, if applicable, classify by party.)			
CONTRIBUTION		POLITICAL CONTRIBUTIONS (OTHER THAN		
TOTALS		OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY)	\$	747.00
	<del>-</del>	qualifies for the higher itemization threshold		
		L CONTRIBUTIONS	\$	747.00
		DGES, LOANS, OR GUARANTEES OF LOANS)		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	1,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (	CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY	/ <b>\$</b>	15,386.87
				10,000.07
OUTSTANDING LOAN TOTALS	<b>I</b>	AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	\$	0.00
AFFIDAVIT	<u> </u>		ı	
		I swear, or affirm, under penalty of perjury true and correct and includes all informati under Title 15, Election Code.		
		Enrique D. L		
		Signature of Campa	ign Treasur	er
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
	ed before me, by the said _	, this the	he	day
Sworn to and subscribe		, this the vhich, witness my hand and seal of office.	he	day
Sworn to and subscribe			he	day
Sworn to and subscribe			he	day

### **SUBTOTALS - MPAC**

# FORM MPAC COVER SHEET PG 3

					3 of 5
<b>17</b> CO	MMITTE	E NAME	18 Filer ID	(Ethics	Commission Filers)
Webb County Deputy Sheriffs' Association Pac 00068215					
19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE					JBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	747.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$	
5.	5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			\$	
6.	6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$		
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O	ORGANIZATION	\$	
9.	Х	SCHEDULE E: LOANS		\$	0.00
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	1,000.00
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	

	LOANS					SCHEDULE E	
	The Instruction	on Guide explains how to com	nplete this fo	orm.	l l	ges Schedule E: 1 Rpt: 4/5	
2	FILER NAME Webb County Do	eputy Sheriffs' Association Pac			l l		
4	TOTAL OF UN	IITEMIZED LOANS			I	\$ 0.00	
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:	)	9 Loan Amount (\$)	
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instru	ictions)		
14	Description of Coll	ateral		15 Check if personal fur	nds were deposited	d into political account (See Instructions)	
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)	
	not applicable	18 Guarantor address; City;	State;	Zip Code			
20	Principal occupation	on		21 Employer (See Instru	ıctions)		

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 1/1 Rpt: 5/5	2 FILER NAME Webb County Deputy Sheriffs' Association Pac  3 Filer ID (Ethics Commission Filers) 00068215
	5 Payee name CUELLAR, MARTIN (The Honorable)
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 5102 SHARK BAY RD
Expenditure from corporate funds	LAREDO, TX 78041
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense ONLINE POLITICAL ADS PROMOTION (FACEBOOK)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held