FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00056106 3 COMMITTEE NAME **OFFICE USE ONLY** State Tejano Democrats Date Received **ELECTRONICALLY FILED** 02/25/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 909 Theresa Avenue Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78703 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Teresa NAME NICKNAME LAST **SUFFIX** Perez-Wiseley STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 909 Theresa Avenue STREET **ADDRESS** (Residence or Business) Austin, TX 78703 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 909 Theresa Ave. MAILING **ADDRESS** Austin, TX 78703 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 784-4839 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/26/2024 02/24/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/05/2024 General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
State Tejano Democrat	:s		0005610	6
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Joseph Bider	President	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	175.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	4,326.96
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	T DAY \$	13,357.97
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of p true and correct and includes all info under Title 15, Election Code.		
		Teresa P	erez-Wiseley	,
		Signature of C	ampaign Treas	surer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	I before me, by the said		this the	day
		which, witness my hand and seal of office.		
Signature of officer ac	lministering oath	Printed name of officer administering oath	Title of off	ficer administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

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COMMITTEE NAME State Tejano Democrats				13 Filer ID	(Ethics Commission Filers)
State Tejano Democrats	;				
				00056106	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Sen. Roland Gutierrez U. S. Co	ngressman	
Attach lists on plain paper to complete this eport if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Bill Burch Railro	oad Commission	er
Attach lists on plain paper to complete this eport if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Mr. Randy Sarosdy Supreme C	ourt Justice	
Attach lists on plain paper to complete this eport if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE CTIVITY Attach lists on plain apper to complete this apport if necessary.) COMMITTEE CTIVITY Attach lists on plain apper to complete this apport if necessary.	2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain aper to complete this apport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain apper to complete this eport if necessary.) COMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) COMMITTEE CTIVITY 2. Measures (Identify by name or, if applicable, classify by party.) COMMITTEE CTIVITY 3. Officeholders Assisted A. Supported B. Opposed B. Opposed Composed Co	2. Measures (Describe by date and location of election and nature of issue) 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) OMMITTEE CTIVITY (Identity by name or, if applicable, classify by party.) Attach lists on plain apper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) DOMMITTEE CTIVITY 3. Officeholders Assisted (Identity by name or, if applicable, classify by party.) DOMMITTEE CTIVITY OMMITTEE OMMITTEE CTIVITY OMMITTEE CTIVITY OMMITTEE CTIVITY OMMITTEE CTIVITY OMMITTEE OMMITTEE CTIVITY OMMITTEE OMMITTEE OMMITTEE CTIVITY OMMITTEE OMMITTEE OMMITTEE CTIVITY OMMITTEE OMM	2. Measures (Describe by data and location of electrion and nature of issue.) 3. Officeholders Assisted (Generally by name or, if applicable, classely by party) OMMITTEE CTIVITY 1. Candidates (Chemidy by name or, if applicable, classely by party) B. Opposed The Honorable Bill Burch Railroad Commission of the Honorable this port if necessary.) B. Opposed 2. Measures (Describe by date and location of electron and nature of issue.) A. Supported Describe by date and location of electron and nature of issue.) B. Opposed 3. Officeholders Assisted (Generally by name or, if applicable, classely by party). DOMMITTEE CTIVITY 1. Candidates (Describe by date and location of electron and nature of issue.) B. Opposed 3. Officeholders Assisted (Generally by name or, if applicable, classely by party). DOMMITTEE CTIVITY 2. Measures (Generally by name or, if applicable, classely by party). DOMMITTEE CTIVITY 3. Candidates (Generally by name or, if applicable, classely by party). B. Opposed 4. Supported Describe by date and location of electron and nature of issue.) B. Opposed 3. Officeholders Assisted 1. Candidates 1. Candidat

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

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12	COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
	State Tejano Democrats	5			00056106
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Ms. Christine Weems Court O	f Criminal Appeals, Judge
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
			B. Opposed		
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Ms. Holly Taylor Court Of Crin	ninal Appeals, Judge
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
			B. Opposed		
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Ms. Nancy Mulder Court Of Ap	ppeals, Justice
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
			B. Opposed		
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
		1	L		

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC

Page 5 of 9 COMMITTEE NAME State Tejano Democrats 13 Filer ID (Ethics Commission Filers) 00056106 COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) Attach lists on plain paper to complete this B. Opposed	DOMMITTEE NAME tate Tejano Democrats DOMMITTEE CTIVITY attach lists on plain apper to complete this port if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported B. Opposed	PURPOSE			AD	DENDOW
State Tejano Democrats COMMITTEE ACTIVITY Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted A. Supported Ms. Chika Anyiam Court Of Appeals, Justice Ms. Chika Anyiam Court Of Appeals Appeals Appeals Appe	tate Tejano Democrats OMMITTEE CTIVITY attach lists on plain apper to complete this port if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) A. Supported Ms. Chika Anyiam Court Of Appeals, Justice B. Opposed A. Supported B. Opposed A. Supported B. Opposed B. Opposed B. Opposed					Page 5 of 9
ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) A. Supported Ms. Chika Anyiam Court Of Appeals, Justice B. Opposed B. Opposed B. Opposed B. Opposed 3. Officeholders Assisted	OMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) A. Supported Ms. Chika Anyiam Court Of Appeals, Justice B. Opposed B. Opposed A. Supported B. Opposed A. Supported B. Opposed 3. Officeholders Assisted	COMMITTEE NAME			13 Filer ID (Ethics Com	nission Filers)
ACTIVITY (identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed 3. Officeholders Assisted	(Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted	State Tejano Democra	ıts		00056106	
2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted	2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted	COMMITTEE ACTIVITY			Court Of Appeals, Justice	
(Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted	(Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted	(Attach lists on plain paper to complete this report if necessary.)				
B. Opposed 3. Officeholders Assisted	B. Opposed 3. Officeholders Assisted			A. Supported		
Assisted	Assisted		fiature of issue.)	B. Opposed		
applicable, classify by party.)	applicable, classify by party.)		Assisted			

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

			6 of 9
17 COMMIT	TEE NAME ejano Democrats	18 Filer ID 00056106	(Ethics Commission Filers)
	JLE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. X	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$ 175.00
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	ATION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 4,326.96
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 F TO FILER	RETURNED	\$

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instru	ction Guide explains how to complete this form.	1 Total pages Schedule C1: Sch: 1/1 Rpt: 7/9
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
State Tejano	Democrats	00056106
4 Date	5 Corporation / Labor Organization name	7 Amount of contribution (\$)
02/08/2024	Anna Ojeda	\$25.00
	6 Corporation / Labor Organization address; City; State; Zip Code	
	San Antonio, TX 78207	
Date	Corporation / Labor Organization name	Amount of contribution (\$)
02/22/2024	The 23rd SD Tejano Democrats	\$150.00
	Corporation / Labor Organization address; City; State; Zip Code	
	Dallas, TX 75220	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	emplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/2 Rpt: 8/9	State Tejano Democrats	00056106
4 Date	5 Payee name	
02/18/2024	Constant Contact	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$81.02	1601 Trapelo Rd. Ste. 329	
Expenditure from corporate funds	Waltham, ME 02451	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Email Services	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Monthly service fees
		Worlding Service rees
O Committee ONII V if allowed	O and it last a 10 ff and a last a management of the same and	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	oght Office held
·		
Date	Payee name	
01/30/2024	Election Nerds, LLC	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$500.00	2706 N. Veteran's Blvd., Ste. D 1	
Expenditure from corporate funds	Eagle Pass, TX 78856	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Exec. Director/Consultant/Webmaster
2 1 2 2 1 1 1 1 1		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight Office held
Date	Payee name	
01/30/2024	PCS	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$3,344.19	5 Turin Ct.	
Expenditure from corporate funds	San Antonio, TX 78257	
		Las -
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Reimbursement for Zoom Service Fees	Check if dayer dustice of rexas. Complete scriedule 1.
		Dec. 24, 2022 -
		Jan. 24, 2024
Complete ONLY if direct	Candidate/Officeholder name Office sou	L aght Office held
expenditure to benefit C/OI		git Office field

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/2 Rpt: 9/9	State Tejano Democrats 00056106
4 Date	5 Payee name
01/30/2024	Perez-Wiseley, Teresa (Ms.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	909 Theresa Ave.
Expenditure from corporate funds	Austin, TX 78703
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense TEC Fine for late submission.
	TEC FINE IOI IALE SUBMISSION.
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/08/2024	Switchboard Public Benefit Corp
Amount (\$)	Payee address; City; State; Zip Code
\$301.75	P. O. Box 33485
Expenditure from corporate funds	Washington, DC 20033
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Texting services Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Monthly service fee
	Monthly Service lee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	