FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00015992 3 COMMITTEE NAME **OFFICE USE ONLY** Deputy Sheriff's Association of Bexar County Political Action Committee Date Received **ELECTRONICALLY FILED** 03/05/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 9200 Broadway, Ste. 106 Change of Address San Antonio, TX 78217 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Reginald NAME Date Processed **NICKNAME SUFFIX** LAST Worlds Date Imaged CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 9200 Broadway STREET **ADDRESS** Suite 106 (Residence or Business) San Antonio, TX 78217 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 9200 Broadway MAILING **ADDRESS** Suite 106 Change of Address San Antonio, TX 78217 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (210) 223-2213 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 X March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 01/26/2024 02/25/2024

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME			13 File	r ID	(Ethics Commission Filers)
	ociation of Bexar County F	olitical Action Committee		15992	
L4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Dr. Amanda Gon:	zalez Bexar County	Comm	issioner Precinct 1
(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			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
.5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OT DR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization thresho		\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES (OF LOANS)	\$	8,960.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	16,765.26
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	ONTRIBUTIONS MAINTAINED AS PERIOD	OF THE LAST DAY	\$	14,779.94
OUTSTANDING LOAN TOTALS		MOUNT OF ALL OUTSTANDING L REPORTING PERIOD	OANS AS OF THE	\$	0.00
6 AFFIDAVIT	<u> </u>				
			er penalty of perjury, th ncludes all information n Code.		
			Reginald Worl	lds	
			Signature of Campaign		er
AFFIX NOTA	RY STAMP / SEAL ABOVE				
Sworn to and subscrib	ned before me, by the said		, this the		day
of	, 20, to certify v	hich, witness my hand and seal of o	office.		
Signature of officer	administering oath	Printed name of officer administering	g oath Title	e of office	er administering oath

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC

						ADDENDUM
						Page 3 of 17
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Deputy Sheriff's Associati	on of Bexar County P	olitical Action	Committee		00015992	
14 COMMITTEE	1. Candidates	A. Supported				
ACTIVITY	(Identify by name or, if applicable, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted		Ray Lopez	State Representativ	/e	
	(Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	3. Officeholders Assisted		Liz Campos	State Representati	ve	
	(Identify by name or, if applicable, classify by party.)					

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

4 of 17				
17 COMMITTEE NAME Deputy Sheriff's Association of Bexar County Political Action Committee 18 Filer ID 00015992				mission Filers)
		00015992	т —	
	E SUBTOTALS SCHEDULE		SUBTO	OTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	8,960.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	}	\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.	SCHEDULE E: LOANS		\$	
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	16,765.26
11.	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.	14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 5/17
2	FILER NAME Deputy Sher	riff's Association of Bexar County Political Action Co	ommittee	3 Filer ID (Ethics Commission Filers) 00015992
4	Date 02/01/2024	5 Full name of contributor out-of-state PAC (ID#: Deputy Sheriff's Association Members 6 Contributor address; City; State; Zip Code)	7 Amount of Contribution (\$) \$8,960.00
8	Principal occu	San Antonio, TX 78217 Ipation / Job title (See Instructions)	9 Employer (See Instructions	s)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Constitution Properties Mode Page 1

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

Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
ordan dara i ayındın	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/12 Rpt: 6/17	Deputy Sheriff's Association of Bexar County Political Action 00015992
4 Date	5 Payee name
01/31/2024	A&N Political Consulting
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	10641 Far Reaches Ln
Expenditure from corporate funds	Helots, TX 78023
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Data Entry Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Data Entry Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Data Entry
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/09/2024	Amanda Gonzalez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	303 West Academy
Expenditure from corporate funds	San Antonio, TX 78226
·	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/16/2024	Amazon
Amount (\$)	Payee address; City; State; Zip Code
\$7.57	PO Box 81226
Expenditure from corporate funds	Seattle, WA 98108
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Office Supply subscription (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	monthly subscription Pac office
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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
OTHER (enter a category not listed above)

Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment	
1 Total pages Schedule F1: 2 Sch: 2/12 Rpt: 7/17	2 FILER NAME Deputy Sheriff's Association of Bexar County Political Action 3 Filer ID (Ethics Commission Filers) 00015992
4 Date 5	5 Payee name
02/20/2024	Angel's Mexican Haven
6 Amount (\$) 7	7 Payee address; City; State; Zip Code
\$55.05	2302 E Commerce S
Expenditure from	San Antonio, TV 70202
corporate funds	San Antonio, TX 78203
8 PURPOSE (a	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
	Check if Austin, TX, officeholder living expense
	Pac meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/22/2024	Brendas Mexican Restaurant
Amount (\$)	Payee address; City; State; Zip Code
\$17.08	11888 Starcrest Dr
Expenditure from corporate funds	San Antonio, TX 78247
PURPOSE (a	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Pac meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
	Payee name
02/21/2024	Brendas Mexican Restaurant
Amount (\$)	Payee address; City; State; Zip Code
\$75.34	11888 Starcrest Dr
Expenditure from corporate funds	San Antonio, TX 78247
PURPOSE (a	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Pac meeting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/Contract Labor

Contributions/ Donations Made By 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: 3/12 Rpt: 8/17	Deputy Sheriff's Association of Bexar County Political Action 00015992
4 Date	5 Payee name
02/12/2024	Circle K
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$41.73	8102 Callaghan Rd
Expenditure from corporate funds	San Antonio, TX 78230
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Vehicle Vehicle Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fuel Expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/61	<u>'</u>
Date	Payee name
01/29/2024	Circle K
Amount (\$)	Payee address; City; State; Zip Code
\$68.85	8102 Callaghan Rd
Expenditure from corporate funds	San Antonio, TX 78230
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Vehicle Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fuel Expense
	Tuel Expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/20/2024	EASY PRINTING & SIGNS
Amount (\$)	Payee address; City; State; Zip Code
\$898.13	708 W. HILDEBRAND AVE
Expenditure from	
corporate funds	SAN ANTONIO, TX 78212
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Pac Sign & shirt embroidery
	Pac Sign & Silit embloidery
Complete CNII V if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	•

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 7	
1 Total pages Schedule F1: Sch: 4/12 Rpt: 9/17	2 FILER NAME Deputy Sheriff's Association of Bexar County Political Action 3 Filer ID (Ethics Commission Filers) 00015992
4 Date	5 Payee name
02/23/2024	Elizabeth 'Liz' Campos Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	1028 Rigsby Road
Expenditure from	Com Antonio TV 70040
corporate funds	San Antonio, TX 78210
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVENDITUE	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/12/2024	Golden Wok
Amount (\$)	Payee address; City; State; Zip Code
\$62.00	8822 Wurzbach Rd
Expenditure from corporate funds	San Antonio, TX 78240
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	pac meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Data	
Date	Payee name
02/16/2024	Home Depot 581
Amount (\$)	Payee address; City; State; Zip Code
\$106.99	5101 Cambray Dr
\$200.00	olol Gambia, Di
Expenditure from corporate funds	SAN ANTONIO, TX 78229
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Suppy Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	PAC Office Items
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Supplications to bottom Of Of	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/12 Rpt: 10/17	Deputy Sheriff's Association of Bexar County Political Action 00015992
4 Date	5 Payee name
02/13/2024	La Panaderia
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$36.00	8305 Broadway St
Expenditure from corporate funds	San Antonio, TX 78209
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Food/Beverage Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Pac meeting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/61	<u>'</u>
Date	Payee name
02/08/2024	La Panaderia
Amount (\$)	Payee address; City; State; Zip Code
\$46.72	8305 Broadway St
Expenditure from corporate funds	San Antonio, TX 78209
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Pac meeting
Operation ONLY if allowed	Our Highest (Office health an arrange of the country of the countr
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/12/2024	Laura Barberena
Amount (\$)	Payee address; City; State; Zip Code
\$3,000.00	135 Furr Dr
Expenditure from	
corporate funds	San Antonio, TX 78201
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
_/	Check if Austin, TX, officeholder living expense
	Consulting Services
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

1 Total pages Schedule F1: 2 FILER NAME Schedule F2: 3 Filer ID (Ethics Commission Filers) Sche 61/2 Rpt: 11/17 Deputy Sheriff's Association of Bexar County Political Action 00015992 4 Date 02/12/2024 5 Payee address; City; State; Zip Code	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
Sch: 6/12 Rpt: 11/17 Deputy Sheriff's Association of Bexar County Political Action 00015992 4 Date	·	The Instruction Guide explains how to complete this form.
4 Date 02/12/2024 5 Payee name Maria Bonita 5 Payee address. City: State: Zip Code \$128.85 \$128.85 \$350 Northwen Dr. San Antonio, TX 78229 8 PURPOSE EXPENDITURE Candidate/Officeholder name 02/12/12024 Date 02/12/12024 Amount (\$) Payee name Max and Louie's New York Diner Amount (\$) Payee name Max and Louie's New York Diner Amount (\$) Payee name Max and Louie's New York Diner Expenditure to benefit Cron Capedidate from corporate funds San Antonio, TX 78216 PURPOSE EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Cardidate/Officeholder name Office sought Office held Office held Office held Office held Date Expenditure to benefit Cron Candidate/Officeholder name Office sought Office held Office held Office held Office held Office held Payee name Mic Calayense Amount (\$) San Antonio, TX 78201 PURPOSE Office Cardidate/Officeholder name Office sought Office held	1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
O2/12/2024 Maria Bonita	Sch: 6/12 Rpt: 11/17	Deputy Sheriff's Association of Bexar County Political Action 00015992
Samount (\$) The payer address; City; State; Zip Code	4 Date	5 Payee name
San Antonio, TX 7829	02/12/2024	Maria Bonita
San Antonio, TX 78229	6 Amount (\$)	7 Payee address; City; State; Zip Code
Corporate funds	\$128.85	350 Northaven Dr.
Corporate funds		
B PURPOSE OF EXPENDITURE		San Antonio TV 78220
Check if Invavel outside of Toxas. Complete Schedule T. Check if Austin, TX, officeholder fiving expense Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense Candidate/Officeholder name Check if Austin, TX, officeholder living expense Candidate/Officeholder name Check if Austin, TX, officeholder living expense Candidate/Officeholder name Check if Austin, TX, officeholder living expense Candidate/Officeholder name Check if Austin, TX, officeholder living expense Candidate/Officeholder name Check if Austin, TX, officeholder living expense Candidate/Officeholder name Check if Austin, TX, officeholder living expense Check if Austin, TX,	•	1
Sepanditure to benefit C/OH Date		
9 Complete ONLY if direct expenditure to benefit C/OH Date O2/14/2024		1 ood/Beverage Expense
9 Complete ONLY if direct expenditure to benefit C/OH Date 02/14/2024		
Date 02/14/2024 Amount (\$) Payee name Max and Louie's New York Diner Amount (\$) Payee address; City; State; Zip Code 226 W Bitters Rd #126 Expenditure from corporate funds San Antonio, TX 78216 PURPOSE EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check it ravel outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Candidate/Officeholder name of this schedule T. Candidate/Officeholder in the top of this schedule T. Candidate/Officeholder in the top of this schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds		and the same of th
Date 02/14/2024 Amount (\$) Payee name Max and Louie's New York Diner Amount (\$) Payee address; City; State; Zip Code 226 W Bitters Rd #126 Expenditure from corporate funds San Antonio, TX 78216 PURPOSE EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check it ravel outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Candidate/Officeholder name of this schedule T. Candidate/Officeholder in the top of this schedule T. Candidate/Officeholder in the top of this schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds outside of Texas. Complete Schedule T. Check it funds	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
O2/14/2024 Max and Louie's New York Diner Amount (\$) Payee address; City; State; Zip Code \$35.01 226 W Bitters Rd #126 San Antonio, TX 78216 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if Austlin, TX, officeholder living expense (b) Description Check if Austlin, TX, officeholder living expense (c) Complete ONLY if direct expenditure to benefit C/OH Date O2/09/2024 Amount (\$) Payee andress; City; State; Zip Code \$27.68 2907 Fredericksburg Rd San Antonio, TX 78201 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if Austlin, TX, officeholder of Texas. Complete Schedule T. Check if Austlin, TX, officeholder living expense pac meeting (b) Description Check if Austlin, TX, officeholder Inving expense pac meeting (c) Check if Austlin, TX, officeholder Inving expense pac meeting		
O2/14/2024 Max and Louie's New York Diner Amount (\$) Payee address; City; State; Zip Code \$35.01 226 W Bitters Rd #126 San Antonio, TX 78216 PURPOSE OF EXPENDITURE Candidate/Officeholder name O2/09/2024 Amount (\$) Payee name Mi Celayense Amount (\$) Payee address; City; State; Zip Code Candidate/Officeholder name O4/09/2024 Amount (\$) Payee name Mi Celayense Amount (\$) Payee address; City; State; Zip Code \$27.68 2907 Fredericksburg Rd Purpose OF Expenditure from corporate funds O5/09/2024 Amount (\$) San Antonio, TX 78201 Purpose OF Expenditure from Corporate funds Candidate/Officeholder in the top of this schedule) Food/Beverage Expense Candidate/Officeholder name O5/10 Description Corporate funds Candidate/Officeholder in the top of this schedule) Complete ONLY if direct Candidate/Officeholder name O6/10 Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Ilving expense pace meeting Check if Austin, TX, officeholder Ilving expense pace meeting O7/09/2024 O7/09/2	·	
Amount (\$)	Date	Payee name
\$35.01	02/14/2024	Max and Louie's New York Diner
Expenditure from corporate funds PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if Austin, TX, officeholder Texas. Complete Schedule T.	Amount (\$)	Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PAC Meeting Complete ONLY if direct expenditure to benefit C/OH Date O2/09/2024 Amount (\$) Payee name Mi Celayense Amount (\$) San Antonio, TX 78201 Expenditure from corporate funds San Antonio, TX 78201 (a) Category (See Categories listed at the top of this schedule) OF EXPENDITURE Complete ONLY if direct Candidate/Officeholder name Office sought Office held Office held Obscription Check if Austin, TX, officeholder inving expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held	\$35.01	226 W Bitters Rd #126
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Date 02/09/2024 Amount (\$) Payee name Mi Celayense Amount (\$) Expenditure from corporate funds San Antonio, TX 78201 Expenditure from corporate funds Category (See Categories listed at the top of this schedule) Food/Beverage Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held Office held Office held Office held Complete ONLY if direct Candidate/Officeholder name Office sought Office held Office held		
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PAC Meeting Complete ONLY if direct expenditure to benefit C/OH Date O2/09/2024 Amount (\$) Payee name Mi Celayense Amount (\$) Payee address; City; State; Zip Code 2907 Fredericksburg Rd San Antonio, TX 78201 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense pac meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held		San Antonio TX 78216
Complete ONLY if direct expenditure to benefit C/OH		1
Complete ONLY if direct expenditure to benefit C/OH Date O2/09/2024 Mi Celayense Amount (\$) Payee address; City; State; Zip Code \$27.68 2907 Fredericksburg Rd Expenditure from corporate funds San Antonio, TX 78201 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held Office held Office held		
Complete ONLY if direct expenditure to benefit C/OH Date	_	1 odd/beverage Expense
Complete ONLY if direct expenditure to benefit C/OH Date		
Date 02/09/2024 Payee name Mi Celayense Amount (\$) Payee address; City; State; Zip Code \$27.68 2907 Fredericksburg Rd Expenditure from corporate funds San Antonio, TX 78201 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense pac meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held		
Date 02/09/2024 Payee name Mi Celayense Amount (\$) Payee address; City; State; Zip Code \$27.68 2907 Fredericksburg Rd Expenditure from corporate funds San Antonio, TX 78201 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense pac meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held
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Amount (\$) Payee address; City; State; Zip Code \$27.68 2907 Fredericksburg Rd Expenditure from corporate funds San Antonio, TX 78201 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense pac meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held		
\$27.68	02/09/2024	Mi Celayense
Expenditure from corporate funds PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense pac meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held	Amount (\$)	Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense pac meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held	\$27.68	2907 Fredericksburg Rd
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense pac meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held		
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense pac meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held		San Antonio, TX 78201
Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense pac meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held	•	1
EXPENDITURE FOOd/Beverage Expense Check if Austin, TX, officeholder living expense pac meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held		l e e e e e e e e e e e e e e e e e e e
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	EXPENDITURE	1 ood/beverage Expense
Complete ONLY if direct Candidate/Officeholder name Office sought Office held		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH	expenditure to benefit C/OF	y

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 7/12 Rpt: 12/17	Deputy Sheriff's Association of Bexar County Political Action 00015992
4 Date	5 Payee name
02/15/2024	Mi Celayense
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$64.03	2907 Fredericksburg Rd
Expenditure from corporate funds	San Antonio, TX 78201
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
··-	Check if Austin, TX, officeholder living expense PAC Meeting
	1 AC WICCUING
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/20/2024	Mi Celayense
Amount (\$)	Payee address; City; State; Zip Code
\$34.90	2907 Fredericksburg Rd
Expenditure from	
corporate funds	San Antonio, TX 78201
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Pac meeting
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/30/2024	Mi Celayense
Amount (\$)	Payee address; City; State; Zip Code
\$44.39	2907 Fredericksburg Rd
Expenditure from corporate funds	San Antonio, TX 78201
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	PAC Meeting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
<u> </u>	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenolder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/12 Rpt: 13/17	Deputy Sheriff's Association of Bexar County Political Action 00015992
4 Date	5 Payee name
01/31/2024	Mi Celayense
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$21.21	2907 Fredericksburg Rd
Expenditure from corporate funds	San Antonio, TX 78201
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Pac meeting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to belieff of of	'
Date	Payee name
02/02/2024	Mi Celayense
Amount (\$)	Payee address; City; State; Zip Code
\$87.55	2907 Fredericksburg Rd
401.00	
Expenditure from corporate funds	San Antonio, TX 78201
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	pac meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to beliefit C/Oi	1
Date	Payee name
02/05/2024	Mi Celayense
Amount (\$)	Payee address; City; State; Zip Code
\$68.27	2907 Fredericksburg Rd
400.21	2001 Flouding No.
Expenditure from corporate funds	San Antonio, TX 78201
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	PAC Meeting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 9/12 Rpt: 14/17	Deputy Sheriff's Association of Bexar County Political Action 00015992	
4 Date	5 Payee name	
02/01/2024	Office Depot #2805	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$21.64	150 N Crossroads Blvd	
Evpanditura from		
Expenditure from corporate funds	Balcones Heights, TX 78201	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Suppy Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense PAC Office Items	
	The office fields	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Date	Payee name	
02/12/2024	Outback Steakhouse	
Amount (\$)	Payee address; City; State; Zip Code	
\$93.57	12511 IH 10 W	
Ψ93.51	12311 II I 10 W	
Expenditure from corporate funds	San Antonio, TX 78230	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Pac meeting	
	rat meeting	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Date	Power name	
02/05/2024	Payee name PICO DE GALLO	
Amount (\$)	Payee address; City; State; Zip Code	
\$480.94	111 S. LEONA	
Expenditure from corporate funds	SAN ANTONIO, TX 78227	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Pac Meeting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experiolitare to benefit 0/011		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/12 Rpt: 15/17	Deputy Sheriff's Association of Bexar County Political Action 00015992
4 Date	5 Payee name
02/20/2024	QΤ
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$82.16	4710 Fredericksburg Rd
Expenditure from corporate funds	San Antonio, TX 78229
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Vehicle Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fuel Expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/01/2024	R4 Strategies
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	8000 IH 10 W Ste 600
Expenditure from corporate funds	San Antonio, TX 78230
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	consulting Services
Occupate ONLY if direct	Occadidate (Office helds
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/26/2024	Ray Lopez Campaign
Amount (\$)	
\$1,000.00	PO Box 461753
Expenditure from corporate funds	San Antonio, TX 78246
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

e Travel in Distriction
Se Travel Out of Distriction
S/Contract Labor OTHER (enter a

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 complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 11/12 Rpt: 16/17	Deputy Sheriff's Association of Bexar County Political Action 00015992
4 Date	5 Payee name
02/21/2024	Sangria on the Burg
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$44.26	5115 Fredericksburg Rd
Expenditure from corporate funds	San Antonio, TX 78229
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense PAC meeting
	The meeting
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Г
Date	Payee name
01/29/2024	Uber
Amount (\$)	Payee address; City; State; Zip Code
\$4.02	1455 market ST
Expenditure from	
corporate funds	San Francisco , CA 94103
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel Check if travel outside of Texas. Complete Schedule T.
LXFLINDITORL	Check if Austin, TX, officeholder living expense
	Travel Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
Date	Payee name
02/05/2024	Water Works
Amount (\$)	Payee address; City; State; Zip Code
\$19.99	7912 Fredericksburg Rd
- Formanditure Cons	
Expenditure from corporate funds	San Antonio, TX 78229
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Transportation Equipment & Related
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Vehicle Related Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experioliture to benefit C/OI	·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 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 complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 12/12 Rpt: 17/17	Deputy Sheriff's Association of Bexar County Political Action 00015992
4 Date	5 Payee name
02/12/2024	Yvette Martinez Sign Company
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,029.00	1230 Duke Rd
Expenditure from corporate funds	San Antonio, TX 78264
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Political Sign Expenditures
	1 ontical sign experialitates
O Complete CNII V if alian-	Condidate/Officeholder name Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>	
Date	Payee name
02/12/2024	Zito Deli
Amount (\$)	Payee address; City; State; Zip Code
\$42.19	1554 Babcock Rd
Expenditure from corporate funds	San Antonio, TX 78229
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Pac Meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belief of or	
Date	Payee name
01/29/2024	uber
Amount (\$)	Payee address; City; State; Zip Code
\$20.14	1455 market ST
Expenditure from corporate funds	San Francisco, CA 94103
•	10.2
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Travel Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Travel Expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	