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** 03/01/2024 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 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

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Webb County Deputy	Sheriffs' Association Page		0006821	15
4 COMMITTEE ACTIVITY	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 (Identify by name or, if applicable, classify by party.)	The Honorable MARTIN CUEL	LAR WEB	B COUNTY SHERIFF
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	750.00
		L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	750.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	5,692.00
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		DAY \$	9,624.66
OUTSTANDING LOAN TOTALS		TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		0.00
6 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Enrique D. Longoria		
		Signature of Ca	ımpaign Trea	surer
AFFIX NOTAR	RY STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said	, t	his the	day
		which, witness my hand and seal of office.		
Signature of officer a	administering oath	Printed name of officer administering oath	Title of o	fficer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

				3 of 5				
17 CO	MMITTE	E NAME	18 Filer ID	(Ethics Commission Filers)				
l		unty Deputy Sheriffs' Association Pac	00068215	(=1)				
	19 SCHEDULE SUBTOTALS							
		SCHEDULE		SUBTOTAL AMOUNT				
INAI	VIE OF							
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 750.00				
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.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$				
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	\$ 5,692.00				
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 TO FILER	RETURNED	\$				

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 Co

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 1/2 Rpt: 4/5	Webb County Deputy Sheriffs' Association Pac 00068215					
4 Date	5 Payee name					
02/09/2024	CUELLAR, MARTIN (The Honorable)					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$425.00	5102 SHARK BAY RD					
Expenditure from						
corporate funds	LAREDO, TX 78041					
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.					
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
	POLITICAL SIGNS					
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
02/16/2024	CUELLAR, MARTIN (The Honorable)					
Amount (\$)	Payee address; City; State; Zip Code					
\$275.00	5102 SHARK BAY RD					
Expenditure from corporate funds	LAREDO, TX 78041					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.					
	Check if Austin, TX, officeholder living expense POLITICAL SIGNS					
	FOLITICAL SIGNS					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI						
Date	Payee name					
02/20/2024	cuellar, martin (The Honorable)					
Amount (\$)	Payee address; City; State; Zip Code					
\$2,992.00	5102 shark bay rd					
Expenditure from corporate funds	laredo, TX 78041					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.					
-	Check if Austin, TX, officeholder living expense TV SPOTS FOR CAMPAIGN					
	IV SPOTS FOR CAMPAIGN					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
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 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

Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment	e By - Gift/Awards/Memorials Expense Printing Expense Travel Out of District Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not list The Instruction Guide explains how to complete this form.	ed above)
1 Total pages Schedule F1:	1: 2 FILER NAME 3 Filer ID (Ethics Com	mission Filers)
Sch: 2/2 Rpt: 5/5	Webb County Deputy Sheriffs' Association Pac 00068215	
4 Date	5 Payee name	
02/20/2024	cuellar, martin (The Honorable)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2,000.00	0 5102 SHARK BAY RD	
Expenditure from		
corporate funds	LAREDO, TX 78041	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T	
	RADIO SPOTS FOR CAMPAIGN	
9 Complete ONLY if direct	t Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/C	/OH	