#### 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) 00040300 3 COMMITTEE NAME **OFFICE USE ONLY** Northwest Democrats of Bexar County PAC Date Received **ELECTRONICALLY FILED** 03/28/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** PO Box 681911 Change of Address San Antonio, TX 78268-1911 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Mrs. Brenda K. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Middleton CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 7315 Bluestone Rd. STREET **ADDRESS** (Residence or Business) San Antonio, TX 78249 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 7315 Bluestone Rd. MAILING **ADDRESS** Change of Address San Antonio, TX 78249 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (210) 859-4955 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 X April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 02/26/2024 03/25/2024

## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

## FORM MPAC COVER SHEET PG 2

12	COMMITTEE NAME			13 Filer I	ID	(Ethics Commission Filers)
	Northwest Democrats of	Bexar County PAC		0004	0300	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
-	Attach lists on plain paper to complete this eport 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.)				
	CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	:	\$	250.00
		2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	:	\$	385.00
	EXPENDITURE FOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	:	\$	0.00
		4. TOTAL POLITICA	L EXPENDITURES	:	\$	0.00
	CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY	\$	37,700.11
	OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE	\$	0.00
16	AFFIDAVIT			<u> </u>		
			I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.	rjury, tha nation re	t the acc quired to	companying report is to be reported by me
			Mrs. Brenda	K. Mido	dleton	
			Signature of Car	mpaign T	reasure	r
	AFFIX NOTARY	STAMP / SEAL ABOVE				
			, th	nis the		day
	of	, 20, to certify v	which, witness my hand and seal of office.			
	Signature of officer adr	ninistering oath	Printed name of officer administering oath	Title	of officer	administering oath

## **SUBTOTALS - MPAC**

# FORM MPAC COVER SHEET PG 3

					3 of 8
<b>17</b> COM	MITTE	E NAME	18 Filer ID	(Ethics C	Commission Filers)
North	west				
		SUBTOTALS SCHEDULE		SUI	BTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	385.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL 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 O	ORGANIZATION	\$	
9.	SCHEDULE E: LOANS				
10.		SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	526.93
14.	Х	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	556.90
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE	LE <b>A1</b>	
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 1/2 Rpt: 4/8		
2	FILER NAME Northwest D	emocrats of Bexar County PAC			3	Filer ID (Ethics Commission 00040300	Filers)	
4	Date 03/16/2024	5 Full name of contributor out-of-state PAC (ID#:) Aduna, Rona 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10.00		
_	5	San Antonio, TX 78240		5 1 (0 1 : :	_			
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	S) 			
	Date 03/16/2024	Full name of contributor out-of-state PAC (ID# Blessing, Karen  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$10.00	
	Principal occu	San Antonio, TX 78240 pation / Job title (See Instructions)	T	Employer (See Instructions	<u> </u> s)			
	Retired			Retired				
	Date Full name of contributor out-of-state PAC (ID#: 03/16/2024 Burnett, Nancy  Contributor address; City; State; Zip Code		:	)		Amount of Contribution (\$)	\$10.00	
		San Antonio, TX 78230						
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)			
Date Full name of contributor 03/16/2024 Dylla, Edward  Contributor address; City; S		Dylla, Edward  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$40.00	
	Principal occu Attorney	San Antonio, TX 78248 pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u> s)			
	Date Full name of contributor out-of-state PAC (ID#:			)	•	Amount of Contribution (\$)	\$40.00	
	Principal occupation / Job title (See Instructions)  Retired  Employer (See Instructions)  Retired				5)			
			1					

	MONETARY POLITICAL CONTRIBUTIONS	SCHE	DULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A Sch: 2/2 Rpt: 5/8	1:
2	FILER NAME  Northwest Democrats of Bexar County PAC	3 Filer ID (Ethics Comm 00040300	ission Filers)
4	Date 03/16/2024  5 Full name of contributor out-of-state PAC (ID#: Mery, Michael (The Honorable)  6 Contributor address; City; State; Zip Code	7 Amount of Contribution	\$20.00
_	San Antonio, TX 78268		
8	Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)  Judge  State of Texas	uctions)	
	Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution	\$5.00
	San Antonio, TX 78209		
	Principal occupation / Job title (See Instructions)  Not employed  Employer (See Instructions)  Not employed	uctions)	

### **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(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)

	The Insti	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
Sch: 1/2 Rpt: 6/8	Northwest Democra	AC .		00040300			
4 CREDIT CARD ISSUER	Name of financial institution  Broadway Bank  5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issue	r Paid		
Expenditure from corporate funds	\$353.00	03/04/2024					
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Public Storage	Public Storage		dera Rd			
			San Anton	io, TX 78238			
8 PURPOSE OF	(a) Category		(b) Descripti	ion			
EXPENDITURE Political	(See Categories listed at the top Office Overhead/Rent		Storage ur	nit			
X Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	- Γ	Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	<u> </u>	Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issue	r Paid		
Expenditure from corporate funds	\$61.25	03/23/2024					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Fedex Office Print		11745 IH 1	LO W			
			San Anton	io, TX 78230			
PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodule)	(b) Descripti	ion			
EXPENDITURE	Printing Expense	of this scriedule)	Flyer				
Political							
X Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (	Credit Card Issue	r Paid		
Expenditure from corporate funds	\$68.00	03/23/2024					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	LICEC		5837 De Z	avala Rd			
	USPS						
				io, TX 78249-99	998		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Descripti	ion			
l <u> </u>	Printing Expense	Stamps					
Political	<u> </u>						
X Non-Political				Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder name Office sought				Office held		
expenditure to benefit C/OH	<u> </u>						

## **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officebolder/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

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Gift/Awards	rage Expense Pos/Memorials Expense Prices Sa	inting Expense	ravel in District Fravel Out of District DTHER (enter a category not listed above)
	The Insti	ruction Guide explains hov	v to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Sch: 2/2 Rpt: 7/8	Northwest Democra	ats of Bexar County PA	AC	00040300
4 CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED	
ISSUER	see ni	evious	EXPENDITURES	_ \$
			CHARGED TO A CREDITION CARD	<b>'  </b>
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid
Expenditure from				
corporate funds	\$44.68	03/14/2024		
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	(a) i ayee name		11655 Bandera Rd	Oity, State, Zip code
	Joann's		11000 Danuela Nu	
			San Antonio, TX 78250	
8 PURPOSE OF	(a) Category		(b) Description	
EXPENDITURE	(See Categories listed at the top	of this schedule)	Bulletin board	
Political	Material			
			<del></del>	
X Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX	C, officeholder living expense Office held
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Onic	e sought	Office field
experience to benefit croff				

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE |

			The Instruction Guide explains how to complete this form.	struction Guide explains how to complete this form.	
1	Total pages Schedule I: Sch: 1/1 Rpt: 8/8	2	FILER NAME Northwest Democrats of Bexar County PAC  3 Filer ID (Ethics Commission Filers) 00040300		rs)
4	Date 03/16/2024	5	Payee name Luby's Cafeteria		
6	Amount (\$)  400.00  Expenditure from corporate funds	7	Payee Address; City; State; Zip 9251 Floyd Curl San Antonio, TX 78240	pyd Curl	
8	PURPOSE OF EXPENDITURE	(a	) Category (See instructions for examples of acceptable categories) Food/Beverage Expense (b) Description (See instructions regarding type of information required.)  Monthly meeting	·	d.)
	Date 03/13/2024		Payee name Pens.com		
	Amount (\$)  156.90  Expenditure from corporate funds		Payee Address; City; State; Zip PO Box 847203  Dallas, TX 75284	847203	
	PURPOSE OF EXPENDITURE	(a	(See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)  Gift/Awards/Memorials Expense Pens		d.)
			·	·	