

**MONTHLY FILING GENERAL-PURPOSE
COMMITTEE CAMPAIGN FINANCE REPORT**

**FORM MPAC
COVER SHEET PG 1**

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00040300	2 Total pages filed: 6	
3 COMMITTEE NAME Northwest Democrats of Bexar County PAC			OFFICE USE ONLY	
			Date Received ELECTRONICALLY FILED 04/28/2024	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP PO Box 681911 San Antonio, TX 78268-1911		Date Hand-delivered or Date Postmarked	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #
	Mrs.	Brenda K.		Amount
	NICKNAME	LAST	SUFFIX	Date Processed
		Middleton		Date Imaged
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7315 Bluestone Rd. San Antonio, TX 78249			
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7315 Bluestone Rd. San Antonio, TX 78249			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(210)	859-4955		
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)			
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input checked="" type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5			
11 PERIOD COVERED	Month	Day	Year	THROUGH
	03/26/2024			04/25/2024

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Northwest Democrats of Bexar County PAC	13 Filer ID (Ethics Commission Filers) 00040300
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		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.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 81.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 116.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 28,451.83
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mrs. Brenda K. Middleton

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - MPAC

17 COMMITTEE NAME Northwest Democrats of Bexar County PAC		18 Filer ID (Ethics Commission Filers) 00040300
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 116.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 595.06
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 9,146.44
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/6
2 FILER NAME Northwest Democrats of Bexar County PAC		3 Filer ID (Ethics Commission Filers) 00040300
4 Date 04/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mery, Michael (The Honorable)	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78268	
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) State of Texas
Date 04/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeves, Linda	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Antonio, TX 78249	
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) Northwest Vista College
Date 04/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solis, Michelle Lowe	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code San Antonio, TX 78209	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

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 Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 1/1 Rpt: 5/6	2 FILER NAME Northwest Democrats of Bexar County PAC	3 Filer ID (Ethics Commission Filers) 00040300
4 CREDIT CARD ISSUER	Name of financial institution Broadway Bank	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$4.06	(b) Date of Charge 04/23/2024
7 PAYEE	(a) Payee name Dollar Tree	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Tablecloths
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$353.00	(b) Date of Charge 04/02/2024
PAYEE	(a) Payee name Public Storage	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Storage Unit
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$238.00	(b) Date of Charge 04/23/2024
PAYEE	(a) Payee name USPS	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description PO Box renewal, stamps
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt: 6/6	2 FILER NAME Northwest Democrats of Bexar County PAC	3 Filer ID (Ethics Commission Filers) 00040300
4 Date 04/20/2024	5 Payee name Luby's Cafeteria	
6 Amount (\$) 400.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 9251 Floyd Curl San Antonio, TX 78240	
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
Date 03/26/2024	Payee name Moschner, Barbara	
Amount (\$) 111.44 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 4606 Green Acres Woods St. San Antonio, TX 78249	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Plaque
Date 04/02/2024	Payee name Ratliff, Shane	
Amount (\$) 1,635.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 205 Willow Crest Cibolo, TX 78108	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Tree Planting
Date 04/25/2024	Payee name Westin San Antonio North	
Amount (\$) 7,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 9821 Colonnade Blvd San Antonio, TX 78230	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) 2nd Deposit