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** 05/30/2024 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 March 5 September 5 December 5 X June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 04/26/2024 05/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Deputy Sheriff's Assoc	ciation of Bexar County I	Political Action Committee	00015992	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Dr. Amanda Gonzalez Bexar C	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		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	8,580.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	13,849.22
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	17,146.75
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			·	
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.	rjury, that the a mation required	ccompanying report is to be reported by me
		Reginal	d Worlds	
		Signature of Car		rer
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	d before me, by the said	, tł	nis the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of offic	er administering oath

FORM MPAC MONTHLY FILING GPAC REPORT: PURPOSE **ADDENDUM** Page 3 of 16 12 COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) Deputy Sheriff's Association of Bexar County Political Action Committee 00015992 14 COMMITTEE ACTIVITY 1. Candidates A. Supported (Identify by name or, if applicable, classify by party.) (Attach lists on plain B. Opposed Rebeca Flores Bexar County Commissioner Precinct 1 paper to complete this report if necessary.) A. Supported 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.

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

				4 of 16	
17 COMMITTI	EE NAME heriff's Association of Bexar County Political Action Committee	18 Filer ID 00015992	(Ethics Comm	ission Filers)	
	E SUBTOTALS		Τ		
	SCHEDULE		SUBTOT	SUBTOTAL AMOUNT	
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	8,580.00	
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.	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 (\$			
9.	SCHEDULE E: LOANS	\$			
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	13,849.22	
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	\$		

TARY POLITICAL CONTRIBUT	SCHEDULE A1	
ruction Guide explains how to complete th	1 Total pages Schedule A1: Sch: 1/1 Rpt: 5/16	
ME neriff's Association of Bexar County Political Action	3 Filer ID (Ethics Commission Filers) 00015992	
Deputy Sheriff's Association Members	7 Amount of Contribution (\$) \$8,580.00	
San Antonio, TX 78217		
ccupation / Job title (See Instructions)	9 Employer (See Instruction	s)
	ruction Guide explains how to complete the meriff's Association of Bexar County Political Action 5 Full name of contributor out-of-state PAC (Deputy Sheriff's Association Members 6 Contributor address; City; State; Zip Code San Antonio, TX 78217	San Antonio, TX 78217

SCHEDULE F1

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l 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: 1/11 Rpt: 6/16	Deputy Sheriff's Association of Bexar County Political Action 00015992
4 Date	5 Payee name
05/22/2024	3D Signs
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,016.55	8015 W 2nd
Expenditure from corporate funds	Somerset, TX 78069
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Printed Signs Pro Candidate
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	-
Date	Payee name
05/20/2024	Academy Sports + Outdoors
Amount (\$)	Payee address; City; State; Zip Code
\$52.04	2643 Northwest Loop 410
φ32.04	2043 Northwest Loop 410
Expenditure from	
corporate funds	San Antonio, TX 78230
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
	Branded Clothing
Operation ONE Wife discout	Our stide to 100% as health as a sure
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u>'</u>	
Date	Payee name
05/20/2024	Alamo mailing
Amount (\$)	Payee address; City; State; Zip Code
\$3,246.91	12716 Oconnor Road
Expenditure from corporate funds	San Antonio, TX 78233
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Mail literature for pro candidate
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<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 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:	
_	Sch: 2/11 Rpt: 7/16	Deputy Sheriff's Association of Bexar County Political Action 00015992
4	Date 05/13/2024	5 Payee name All American Car
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.00	4343 Vance Jackson Rd
	Expenditure from corporate funds	San Antonio, TX 78230
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
		Expense ☐ Check if Austin, TX, officeholder living expense ☐ Vehicle Related Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Dove name
	05/06/2024	Payee name 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 EXPENDITURE	Supplies Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Reoccurring subscription for Supplies
		Nedecurring Subscription for Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	05/16/2024	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 EXPENDITURE	Supplies subscription Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Reoccurring Subscription
	Operation Children	Our file to 10% as halden many
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/11 Rpt: 8/16	Deputy Sheriff's Association of Bexar County Political Action 00015992
4 Date	5 Payee name
05/23/2024	Brendas Mexican Restaurant
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$51.52	11888 Starcrest Dr
Expenditure from corporate funds	San Antonio, TX 78247
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
	rac meeting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
oxportantaro to sorione or o	
Date	Payee name
05/21/2024	CVS Pharmacy
Amount (\$)	Payee address; City; State; Zip Code
\$23.50	4730 Fredericksburg 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
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Miscellaneous Drinks Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/61	'
Date	Payee name
05/21/2024	Circle K
Amount (\$)	Payee address; City; State; Zip Code
\$32.09	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	Travel Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fuel Expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/11 Rpt: 9/16	Deputy Sheriff's Association of Bexar County Political Action 00015992
4 Date	5 Payee name
05/20/2024	EASY PRINTING & SIGNS
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$743.24	708 W. HILDEBRAND AVE
Expenditure from corporate funds	SAN ANTONIO, TX 78212
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 Printed Card Piece Pro Candidate
	Timed Gala Floor Flo Galandad
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/09/2024	Eddies Taco
Amount (\$)	Payee address; City; State; Zip Code
\$54.34	402 W Cevallos
Expenditure from	
corporate funds	San Antonio, TX 78204
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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/21/2024	Henry Avila
Amount (\$)	Payee address; City; State; Zip Code
\$514.19	3126 Anna Rosse Ln
Expenditure from corporate funds	San Antonio , TX 78211
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Labor work signs placement for pro candidate
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

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
Legal Services

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: 5/11 Rpt: 10/16	Deputy Sheriff's Association of Bexar County Political Action 00015992
4 Date	5 Payee name
05/20/2024	Henry Avila
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,131.21	3126 Anna Rosse Ln
Expenditure from	
corporate funds	San Antonio , TX 78211
8 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
	printed signs & labor placement signs pro candidate
	printed signs & labor placement signs pro caradicate
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
05/20/2024	Home Depot #582
Amount (\$)	Payee address; City; State; Zip Code
\$61.45	1066 Central Pkwy
Expenditure from corporate funds	San Antonio, TX 78232
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Supplies Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Office Pac Supplies
	Cinco i do Cappillo
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/21/2024	Litho press Inc
Amount (\$)	Payee address; City; State; Zip Code
\$230.95	4334 Milling Road
Expenditure from corporate funds	San Antonio, TX 78219
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense
_/	Check if Austin, TX, officeholder living expense
	Printed Card Piece pro Candidate
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 Mi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/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: 6/11 Rpt: 11/16	Deputy Sheriff's Association of Bexar County Political Action 00015992
4 Date	5 Payee name
05/17/2024	Lt. Jeremy Payne Memorial
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,100.00	9200 Broadway Suite 106
, ,	
Expenditure from corporate funds	San Antonio, TX 78217
8 PURPOSE	
0F	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Memorial to Lt. Jeremy Payne 2nd Annual Golf
	Tournament
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
05/13/2024	Maria Bonita
Amount (\$)	Payee address; City; State; Zip Code
\$106.91	350 Northaven Dr.
720002	
Expenditure from	San Antonio, TX 78229
corporate funds	la.
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
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/O	1
Date	Payee name
05/08/2024	Mi Celayense
Amount (\$)	Payee address; City; State; Zip Code
\$53.74	2907 Fredericksburg Rd
Ψ55.74	2307 Fredericksburg Nu
Expenditure from	O A
corporate funds	San Antonio, TX 78201
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel queside of Taylor Camplete Schedule T
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/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l 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: 7/11 Rpt: 12/16	Deputy Sheriff's Association of Bexar County Political Action 00015992
4 Date	5 Payee name
05/13/2024	Mi Celayense
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$51.09	2907 Fredericksburg Rd
Expenditure from corporate funds	San Antonio, TX 78201
8 PURPOSE	
OF	(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.
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/O	
Data	<u> </u>
Date	Payee name
05/20/2024	Mi Celayense
Amount (\$)	Payee address; City; State; Zip Code
\$48.24	2907 Fredericksburg Rd
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
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/O	1
Date	Payee name
05/22/2024	Nichas Comida Mexicana
Amount (\$)	
\$58.13	3119 Roosevelt Ave
Expenditure from	
corporate funds	San Antonio, TX 78214
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
LAI LINDITURE	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	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense

Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	Expense		xpens Vages	se //Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 8/11 Rpt: 13/16		Deputy She	riff's Association	of Bexar C	County F	Politi	cal Action		00015992	
4	Date	5	Payee name								
	05/23/2024		Nichas Com	ida Mexicana							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode				
	\$79.78		3119 Roose	evelt Ave							
	Expenditure from corporate funds		San Antonic	o, TX 78214							
8	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Food/Bever	age Expense				=		de of Texas. Compl	
								Pac Meeting	I, I A,	officeholder living e	expense
								r do Meeting			
9	Complete ONLY if direct	<u> </u>	`andidate/Offi	ceholder name	0	Office sou	ıaht			Office hel	ld .
	expenditure to benefit C/OI		- Tandate/Oni	Senouce name			agiit			Office field	
	Date		Payee name								
	05/20/2024		Northern To	ols Equipment							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode				
	\$24.89		2505 Northy	vest Loop 410							
	Expenditure from corporate funds		San Antonic	o, TX 78230							
	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Supplies					ш		de of Texas. Compl officeholder living of	
								Pac office su			expense
								r do omice sa	PP"		
	Complete ONLY if direct expenditure to benefit C/Oł		Candidate/Offic	ceholder name	C	Office sou	<u>I</u> ıght			Office hel	ld
	Date		Payee name								
	05/21/2024		Office Depo	t #2805							
	Amount (\$)	_	Payee addres		State:	Zip Co	ode				
	\$495.57	l	150 N Cross		Jiaic,	p 00					
	Ψ-33.31		150 11 0105	oroddo Biva							
	Expenditure from corporate funds		Balcones H	eights, TX 78201	L						
	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Printing Exp	ense						de of Texas. Comp	
								Check if Austin Printed Card		officeholder living	
								r mileu Calu	rie	oc FIU CAHUI	iuate
_	Complete ONLY if direct	Ļ	andidata/Offi	ceholder name		Office sou	ıaht			Office hel	Id
	expenditure to benefit C/O		ai iuiuale/OIII	choluci name	C	7111CE 50U	igill			Office fiel	iu
L											

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

Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries	/Wages	s/Contract Labor		OTHER (enter a	a category not listed above)
1 Total marine Cabadida F1.	a FILED NAM		•			1_	Files ID	(Ethias Commission Filers)
1 Total pages Schedule F1: Sch: 9/11 Rpt: 14/16		E eriff's Association of	f Bexar County	Politi	ical Action	3	Filer ID 00015992	(Ethics Commission Filers)
4 Date	5 Payee name	2				•		
05/16/2024	Prestige P							
6 Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode				
\$1,369.36	8 Burwood	Ln						
Expenditure from corporate funds	San Anton	io, TX 78216						
8 PURPOSE	(a) Category (s	See Categories listed at the to	pp of this schedule)	(b)	Description			
OF	Printing Ex		,		Check if travel	outsi	de of Texas. Com	nplete Schedule T.
EXPENDITURE		'			Check if Austin	n, TX,	officeholder living	g expense
					Printed & Lal Candidate	beli	ng Sing and	l Car Expense Pro
Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ught			Office h	eld
Date	Payee name	<u> </u>						
05/09/2024	1 1	,						
05/09/2024	QT							
Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
\$55.24	4710 Fred	ericksburg Rd						
Expenditure from corporate funds	San Anton	io, TX 78229						
PURPOSE	(a) Category (s			(h)	Description			
OF	' '	See Categories listed at the to	pp of this schedule)	(5)	_	outsi	de of Texas, Com	nplete Schedule T.
EXPENDITURE	Travel				=		officeholder living	
					Fuel Expense		,	5 · · · · ·
					Tuo: Expone	•		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office so	ught			Office h	eld
Data								
Date	Payee name	9						
05/16/2024	QT							
Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
\$59.72	4710 Fred	ericksburg Rd						
•		J						
Expenditure from corporate funds	San Anton	io, TX 78229						
PURPOSE	(a) Category (See Categories listed at the to	on of this schedule)	(b)	Description			
OF	Travel Exp					outsi	de of Texas. Com	nplete Schedule T.
EXPENDITURE					Check if Austin	n, TX,	officeholder living	g expense
					Fuel Expense	е		
					-			
Complete ONLY if direct	[Candidate/∩f	ficeholder name	Office so	llapt			Office h	eld
expenditure to benefit C/OI		noonoidei Haifit	Office Su	agrit			Onice III	oiu .

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/11 Rpt: 15/16	Deputy Sheriff's Association of Bexar County Political Action 00015992
4	Date	5 Payee name
	05/20/2024	QT
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$57.00	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	Travel expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fuel Expense
L		
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	05/10/2024	Sea Island
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$64.79	10303 I-10
	Ф04.79	10303 1-10
<u> </u>	T 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.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Pac Meeting
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
F	Date	Payee name
	05/23/2024	Spectrum
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$990.25	613 Northwest Loop 410
	Φ990.25	ots Northwest Loop 410
┎	Expenditure from corporate funds	San Antonio, TX 78216
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Radio & TV Advertising pro Candidate
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
一		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1: Sch: 11/11 Rpt: 16/16	2 FILER NAME Deputy Sheriff's Association of Bexar County Political Action 3 Filer ID (Ethics Commission Filers) 00015992		
4 Date	5 Payee name		
05/14/2024	Texas Ethics Comission		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$24.90	201 East 14th St., 10th Floor		
Expenditure from	Austin, TX 78701		
corporate funds	Austin, 17 70701		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Service Filing Charge		
	X Check if Austin, TX, officeholder living expense		
	Paid Filing Expenditure		
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
05/14/2024	Texas Ethics Comission		
Amount (¢)	Payee address; City; State; Zip Code		
Amount (\$)			
\$1,000.00	201 East 14th St., 10th Floor		
- Cynonditure from			
Expenditure from corporate funds	Austin, TX 78701		
PURPOSE	(a) a		
OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
	Paid Filing Fee's		
0 1: 0.11.7.7.1			
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
Date	Payee name		
05/10/2024	Uber		
Amount (\$)	Payee address; City; State; Zip Code		
\$6.48	1455 market ST		
Expenditure from corporate funds	San Francisco , CA 94103		
PURPOSE	1		
OF			
EXPENDITURE	Travel Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
	Travel Expenditure		
	Travol Exponditure		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Experiulture to beliefft C/OI	1		