

COUNTY EXECUTIVE COMMITTEE CAMPAIGN FINANCE REPORT

FORM CEC
COVER SHEET PG 1

The CEC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00015946	2 Total pages filed: 49
3 COMMITTEE NAME Nueces County Democratic Executive Committee (CEC)		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 07/08/2024	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6102 Ayers Ste. 107 Corpus Christi, TX 78415	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Mrs. Stephanie <hr/> NICKNAME LAST SUFFIX Guerrero Saenz	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6022 Sweet Gum Corpus Christi, TX 78415	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6022 Sweet Gum Corpus Christi, TX 78415	
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (361) 249-3041	
9 REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final Report <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff	
10 PERIOD COVERED		Month Day Year Month Day Year 02/25/2024 THROUGH 06/30/2024	
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 11/05/2024 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

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COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM **CEC**
COVER SHEET PG 2

12 COMMITTEE NAME Nueces County Democratic Executive Committee (CEC)	13 Filer ID (Ethics Commission Filers) 00015946
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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	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,918.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 12,276.72
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 33,429.42
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. Stephanie Guerrero Saenz

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 - CEC**FORM CEC**
COVER SHEET PG 3
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17 COMMITTEE NAME Nueces County Democratic Executive Committee (CEC)		18 Filer ID 00015946	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	15,918.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	12,276.72
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
10.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	2,124.62

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/23 Rpt: 4/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 03/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 20/20 Vintage <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78401	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abel Herrero Campaign <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78403	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, Doug <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78401	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self employed
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, Doug <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78412	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self employed
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balderas, Randy <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78410	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Chief Deputy Constable Pct. 4		Employer (See Instructions) Nueces County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/23 Rpt: 5/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 03/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benavides, Joe (The Honorable)	7 Amount of Contribution (\$) \$150.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78404	
8 Principal occupation / Job title (See Instructions) Nueces County JP Pct.1/Place 1		9 Employer (See Instructions) State of Texas
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bogert, Heidi	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Boise, ID 83706	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bustos, Jesus	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78417	
Principal occupation / Job title (See Instructions) Small Business Owner		Employer (See Instructions) Self-employed
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canales , Yolanda	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78404	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canales , Yolanda	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78404	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/23 Rpt: 6/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 05/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canales , Yolanda	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Corpus Christi, TX 78404		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 06/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canales , Yolanda	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78404		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canales , Yolanda	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78404		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castanon, Juanita	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Rockport , TX 78381		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Laura	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78412		
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/23 Rpt: 7/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 02/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clower, George <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78463	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) None
Date 03/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clower, George <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78463	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clower, George <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78463	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clower, George <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78463	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clower, George <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78463	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/23 Rpt: 8/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 03/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coastal Bend Tejano Democrats <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78466	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coastal Bend Texas Democratic Women <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78468	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engen, Erick <hr/> Contributor address; City; State; Zip Code Corpus Christi , TX 78403	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Disaster Assistance Department of Homeland Security		Employer (See Instructions) U.S. Government
Date 04/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engen, Erick <hr/> Contributor address; City; State; Zip Code Corpus Christi , TX 78403	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Disaster Assistance Department of Homeland Security		Employer (See Instructions) U.S. Government
Date 05/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engen, Erick <hr/> Contributor address; City; State; Zip Code Corpus Christi , TX 78403	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Disaster Assistance Department of Homeland Security		Employer (See Instructions) U.S. Government

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/23 Rpt: 9/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 06/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engen, Erick <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi , TX 78403	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Disaster Assistance Department of Homeland Security		9 Employer (See Instructions) U.S. Government
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estrada, Laura <hr/> Contributor address; City; State; Zip Code Corpus Christi , TX 78412	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estrada, Laura <hr/> Contributor address; City; State; Zip Code Corpus Christi , TX 78412	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 03/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estrada, Laura <hr/> Contributor address; City; State; Zip Code Corpus Christi , TX 78412	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 04/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estrada, Laura <hr/> Contributor address; City; State; Zip Code Corpus Christi , TX 78412	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/23 Rpt: 10/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 05/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estrada, Laura	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Corpus Christi , TX 78412		
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Corpus Christi ISD
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estrada, Laura	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Corpus Christi , TX 78412		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank Yzaguirre Campaign	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78403		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galus, Christine	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78413		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 04/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galus, Christine	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78413		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/23 Rpt: 11/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 05/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galus, Christine	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) None
Date 06/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galus, Christine	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia , David L.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 02/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Ernest	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78410	
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Self
Date 03/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gina Benavides Campaign	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/23 Rpt: 12/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 05/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gina Benavides Campaign <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Coretta <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78466	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) Self
Date 03/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerrero Saenz, Stephanie <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78415	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi iSD
Date 04/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerrero Saenz, Stephanie <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78415	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi iSD
Date 05/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerrero Saenz, Stephanie <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78415	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi iSD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/23 Rpt: 13/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 06/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerrero Saenz, Stephanie	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Corpus Christi, TX 78415		
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Corpus Christi iSD
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Terry	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78411		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Lisa	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78407		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Retired
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Lisa	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78407		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Retired
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Lisa	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78407		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/23 Rpt: 14/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 05/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Lisa <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78407	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Retired
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huerta, Carlos <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78412	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Texas A&M University Corpus Christi
Date 04/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huerta, Carlos <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78412	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Texas A&M University Corpus Christi
Date 05/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huerta, Carlos <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78412	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Texas A&M University Corpus Christi
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huerta, Carlos <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78412	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Texas A&M University Corpus Christi

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/23 Rpt: 15/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 03/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James E. Klein Campaign <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78411	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan Chuy Hinojosa Campaign <hr/> Contributor address; City; State; Zip Code Edinburg , TX 78539	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan Chuy Hinojosa Campaign <hr/> Contributor address; City; State; Zip Code Edinburg , TX 78539	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juan Chuy Hinojosa Campaign <hr/> Contributor address; City; State; Zip Code Edinburg , TX 78539	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King , Donna <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78412	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Pet House Sit & Remote Editing		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/23 Rpt: 16/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 03/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King , Donna <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78412	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Pet House Sit & Remote Editing		9 Employer (See Instructions) Self
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King , Donna <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78412	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Pet House Sit & Remote Editing		Employer (See Instructions) Self
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King , Donna <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78412	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Pet House Sit & Remote Editing		Employer (See Instructions) Self
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, James (Dr.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Del Mar College
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Teresa (Dr.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Del Mar College

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/23 Rpt: 17/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 03/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Teresa (Dr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78411	
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Del Mar College
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Teresa (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Del Mar College
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Teresa (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Del Mar College
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Teresa (Dr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Del Mar College
Date 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koivula, Carolyn	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/23 Rpt: 18/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 05/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koivula, Carolyn	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Corpus Christi, TX 78411		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) None
Date 06/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koivula, Carolyn	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78411		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 03/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Patrick (Mr.)	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78404		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Texas A&M University-Corpus Christi
Date 04/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Patrick (Mr.)	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78404		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Texas A&M University-Corpus Christi
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Patrick (Mr.)	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78404		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Texas A&M University-Corpus Christi

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/23 Rpt: 19/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 06/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Patrick (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78404	
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Texas A&M University-Corpus Christi
Date 03/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Gonzales Campaign	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411	
Principal occupation / Job title (See Instructions) 		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez Leon, Celina	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78415	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marez, John (Commissioner)	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78404	
Principal occupation / Job title (See Instructions) Commissioner		Employer (See Instructions) County
Date 06/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAuliffe, Cathleen (Dr.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Rockport, TX 78382	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/23 Rpt: 20/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 03/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Hannah	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Corpus Chrisit, TX 78412		
8 Principal occupation / Job title (See Instructions) Grants Specialist		9 Employer (See Instructions) TAMUCC
Date 04/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Hannah	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Corpus Chrisit, TX 78412		
Principal occupation / Job title (See Instructions) Grants Specialist		Employer (See Instructions) TAMUCC
Date 05/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Hannah	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Corpus Chrisit, TX 78412		
Principal occupation / Job title (See Instructions) Grants Specialist		Employer (See Instructions) TAMUCC
Date 06/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Hannah	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Corpus Chrisit, TX 78412		
Principal occupation / Job title (See Instructions) Grants Specialist		Employer (See Instructions) TAMUCC
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan LaMantia Campaign	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Brownsville, TX 78520		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/23 Rpt: 21/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 06/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nueces County Tejano Democrats	7 Amount of Contribution (\$) \$75.00
6 Contributor address; City; State; Zip Code Robstown, TX 78380		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Regina	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code McAllen, TX 78504		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Jimmy	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Bishop, TX 78343		
Principal occupation / Job title (See Instructions) Constable		Employer (See Instructions) Nueces County
Date 02/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Amanda (Mrs.)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78404		
Principal occupation / Job title (See Instructions) Program Coordinator		Employer (See Instructions) Texas A&M Corpus Christi
Date 03/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Amanda (Mrs.)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78404		
Principal occupation / Job title (See Instructions) Program Coordinator		Employer (See Instructions) Texas A&M Corpus Christi

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/23 Rpt: 22/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 04/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Amanda (Mrs.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78404	
8 Principal occupation / Job title (See Instructions) Program Coordinator		9 Employer (See Instructions) Texas A&M Corpus Christi
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Amanda (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78404	
Principal occupation / Job title (See Instructions) Program Coordinator		Employer (See Instructions) Texas A&M Corpus Christi
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Amanda (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78404	
Principal occupation / Job title (See Instructions) Program Coordinator		Employer (See Instructions) Texas A&M Corpus Christi
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solomon P. Ortiz Jr. Campaign Fund	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78401	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spann, Dorothy	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Corpus Christi, TX 78404	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/23 Rpt: 23/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 06/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spann, Dorothy	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Corpus Christi, TX 78404		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) None
Date 03/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockman, Christen	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78413		
Principal occupation / Job title (See Instructions) Domestic Engineer		Employer (See Instructions) Self
Date 03/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockman, Christen	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78413		
Principal occupation / Job title (See Instructions) Domestic Engineer		Employer (See Instructions) Self
Date 04/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockman, Christen	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78413		
Principal occupation / Job title (See Instructions) Domestic Engineer		Employer (See Instructions) Self
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockman, Christen	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78413		
Principal occupation / Job title (See Instructions) Domestic Engineer		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/23 Rpt: 24/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 06/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockman, Christen <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Domestic Engineer		9 Employer (See Instructions) Self
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sylvia Campos Campaign <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tanya Lloyd Campaign <hr/> Contributor address; City; State; Zip Code Lockhart, TX 78644	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tasbe, Eric <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 03/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timmons, Jeffery <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/23 Rpt: 25/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 03/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb, Ann	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Corpus Christi, TX 78414		
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb, Ann	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78414		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 05/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb, Ann	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78414		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb, Ann	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78414		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 02/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westergen, Kathy	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78416		
Principal occupation / Job title (See Instructions) Academic Advisor		Employer (See Instructions) Del Mar College

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/23 Rpt: 26/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 03/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westergen, Kathy <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78416	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Academic Advisor		9 Employer (See Instructions) Del Mar College
Date 04/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westergen, Kathy <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78416	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Academic Advisor		Employer (See Instructions) Del Mar College
Date 05/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westergen, Kathy <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78416	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Academic Advisor		Employer (See Instructions) Del Mar College
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westergen, Kathy <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78416	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Academic Advisor		Employer (See Instructions) Del Mar College
Date 06/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Sylvia <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 27/49

2 FILER NAME
Nueces County Democratic Executive Committee (CEC)

3 Filer ID (Ethics Commission Filers)
00015946

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 28/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

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
Credit Card Payment

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 F1: Sch: 1/19 Rpt: 29/49	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 02/27/2024	5 Payee name AT&T	
6 Amount (\$) \$63.67	7 Payee address; City; State; Zip Code PO BOX 5001 Carol Stream , IL 60197	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 03/07/2024	Payee name AT&T	
Amount (\$) \$37.87	Payee address; City; State; Zip Code PO BOX 5001 Carol Stream , IL 60197	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense phone charger
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 03/26/2024	Payee name AT&T	
Amount (\$) \$63.67	Payee address; City; State; Zip Code PO BOX 5001 Carol Stream , IL 60197	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

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
Credit Card Payment

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 F1: Sch: 2/19 Rpt: 30/49	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 04/26/2024	5 Payee name AT&T	
6 Amount (\$) \$63.56	7 Payee address; City; State; Zip Code PO BOX 5001 Carol Stream , IL 60197	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense phone
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/28/2024	Payee name AT&T	
Amount (\$) \$63.56	Payee address; City; State; Zip Code PO BOX 5001 Carol Stream , IL 60197	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense phone
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/26/2024	Payee name AT&T	
Amount (\$) \$63.26	Payee address; City; State; Zip Code PO BOX 5001 Carol Stream , IL 60197	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense phone
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
Credit Card Payment

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 F1: Sch: 3/19 Rpt: 31/49	2	FILER NAME Nueces County Democratic Executive Committee (CEC)	3	Filer ID (Ethics Commission Filers) 00015946
4	Date 06/30/2024	5	Payee name ActBlue		
6	Amount (\$) \$3.97	7	Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 06/23/2024		Payee name ActBlue		
	Amount (\$) \$15.81		Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 06/16/2024		Payee name ActBlue		
	Amount (\$) \$3.29		Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

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
Credit Card Payment

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 F1: Sch: 4/19 Rpt: 32/49	2	FILER NAME Nueces County Democratic Executive Committee (CEC)	3	Filer ID (Ethics Commission Filers) 00015946
4	Date 06/09/2024	5	Payee name ActBlue		
6	Amount (\$) \$4.63	7	Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 06/02/2024		Payee name ActBlue		
	Amount (\$) \$4.56		Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 05/26/2024		Payee name ActBlue		
	Amount (\$) \$1.99		Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

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
Credit Card Payment

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 F1: Sch: 5/19 Rpt: 33/49	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 05/19/2024	5 Payee name ActBlue	
6 Amount (\$) \$7.24	7 Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/12/2024	Payee name ActBlue	
Amount (\$) \$2.46	Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/05/2024	Payee name ActBlue	
Amount (\$) \$9.70	Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
Credit Card Payment

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 F1: Sch: 6/19 Rpt: 34/49	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 04/28/2024	5 Payee name ActBlue	
6 Amount (\$) \$1.00	7 Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/21/2024	Payee name ActBlue	
Amount (\$) \$7.12	Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/14/2024	Payee name ActBlue	
Amount (\$) \$1.11	Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
Credit Card Payment

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 F1: Sch: 7/19 Rpt: 35/49	2	FILER NAME Nueces County Democratic Executive Committee (CEC)	3	Filer ID (Ethics Commission Filers) 00015946
4	Date 04/07/2024	5	Payee name ActBlue		
6	Amount (\$) \$6.81	7	Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 03/31/2024		Payee name ActBlue		
	Amount (\$) \$4.37		Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 03/24/2024		Payee name ActBlue		
	Amount (\$) \$0.99		Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

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
Credit Card Payment

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 F1: Sch: 8/19 Rpt: 36/49	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 03/17/2024	5 Payee name ActBlue	
6 Amount (\$) \$105.25	7 Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/10/2024	Payee name ActBlue	
Amount (\$) \$4.63	Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/03/2024	Payee name ActBlue	
Amount (\$) \$4.96	Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
Credit Card Payment

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 F1: Sch: 9/19 Rpt: 37/49	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 02/25/2024	5 Payee name ActBlue	
6 Amount (\$) \$1.59	7 Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/11/2024	Payee name Amazon	
Amount (\$) \$222.60	Payee address; City; State; Zip Code 410 Terry Ave N Seattle , WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 2 Office Chairs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/19/2024	Payee name Amazon	
Amount (\$) \$25.88	Payee address; City; State; Zip Code 410 Terry Ave N Seattle , WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
Credit Card Payment

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 F1: Sch: 10/19 Rpt: 38/49	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 03/19/2024	5 Payee name Amazon	
6 Amount (\$) \$45.98	7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle , WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense County Convention Supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/24/2024	Payee name BlueHost	
Amount (\$) \$37.17	Payee address; City; State; Zip Code 1958 South 950 East Provo, UT 84606	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/13/2024	Payee name Campaign Verify	
Amount (\$) \$95.00	Payee address; City; State; Zip Code PO BOX 3554 Washington , DC 20007-9998	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
Credit Card Payment

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 F1: Sch: 11/19 Rpt: 39/49	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 02/26/2024	5 Payee name Constant Contact	
6 Amount (\$) \$81.02	7 Payee address; City; State; Zip Code Reservoir Place 1601 Trapelo Road Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense email
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/25/2024	Payee name Constant Contact	
Amount (\$) \$81.02	Payee address; City; State; Zip Code Reservoir Place 1601 Trapelo Road Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense email
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/24/2024	Payee name Constant Contact	
Amount (\$) \$81.02	Payee address; City; State; Zip Code Reservoir Place 1601 Trapelo Road Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense email
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
Credit Card Payment

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 F1: Sch: 12/19 Rpt: 40/49	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 05/24/2024	5 Payee name Constant Contact	
6 Amount (\$) \$81.02	7 Payee address; City; State; Zip Code Reservoir Place 1601 Trapelo Road Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense email
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/24/2024	Payee name Constant Contact	
Amount (\$) \$81.02	Payee address; City; State; Zip Code Reservoir Place 1601 Trapelo Road Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense email
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/22/2024	Payee name Gulf Coast Mailing & Printing	
Amount (\$) \$664.93	Payee address; City; State; Zip Code PO BOX 9312 Corpus Christi, TX 78469	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense County Convention Program Book
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
Credit Card Payment

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 F1: Sch: 13/19 Rpt: 41/49	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
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4 Date 03/22/2024	5 Payee name Gulf Coast Mailing & Printing
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6 Amount (\$) \$105.54	7 Payee address; City; State; Zip Code PO BOX 9312 Corpus Christi, TX 78469
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense County Convention Printing
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/25/2024	Payee name Herrejon's Bakery
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Amount (\$) \$62.39	Payee address; City; State; Zip Code 3829 Crosstown Expy Corpus Christi, TX 78415
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense County Convention Breakfast
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/25/2024	Payee name Home Depot #6584
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Amount (\$) \$43.25	Payee address; City; State; Zip Code 5041 S. Padre Island Dr Corpus Christi, TX 78411
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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
Credit Card Payment

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 F1: Sch: 14/19 Rpt: 42/49	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
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4 Date 06/13/2024	5 Payee name Liberty Mutual Insurance
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6 Amount (\$) \$600.00	7 Payee address; City; State; Zip Code 9450 Seward Road Fairfield, OH 45014-5456
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Liability Insurance
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/26/2024	Payee name Lopez Broadcasting
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 2209 NPID Corpus Christi, TX 78408
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Radio Ads
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/25/2024	Payee name Mi Casita
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Amount (\$) \$191.60	Payee address; City; State; Zip Code 2033 Airline Rd Corpus Christi, TX 78412
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense County Convention Breakfast
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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
Credit Card Payment

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 F1: Sch: 15/19 Rpt: 43/49	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 03/22/2024	5 Payee name Office Depot	
6 Amount (\$) \$541.96	7 Payee address; City; State; Zip Code 1737 S Staples St Corpus Christi, TX 78404	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies (ink)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/12/2024	Payee name Reliant Energy	
Amount (\$) \$66.16	Payee address; City; State; Zip Code PO Box 650475 Dallas, TX 75265-0475	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Electric
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/12/2024	Payee name Reliant Energy	
Amount (\$) \$82.61	Payee address; City; State; Zip Code PO Box 650475 Dallas, TX 75265-0475	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense electric
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
Credit Card Payment

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 F1: Sch: 16/19 Rpt: 44/49	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 05/09/2024	5 Payee name Reliant Energy	
6 Amount (\$) \$62.56	7 Payee address; City; State; Zip Code PO Box 650475 Dallas, TX 75265-0475	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense electric
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/30/2024	Payee name Reliant Energy	
Amount (\$) \$83.99	Payee address; City; State; Zip Code PO Box 650475 Dallas, TX 75265-0475	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense electric
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/04/2024	Payee name Stellar Point	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 6102 Ayers Suite 106 Corpus Christi, TX 78415	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense rent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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
Credit Card Payment

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 F1: Sch: 17/19 Rpt: 45/49	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 04/01/2024	5 Payee name Stellar Point	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 6102 Ayers Suite 106 Corpus Christi, TX 78415	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense rent
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 05/03/2024	Payee name Stellar Point	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 6102 Ayers Suite 106 Corpus Christi, TX 78415	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense rent
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 06/01/2024	Payee name Stellar Point	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 6102 Ayers Suite 106 Corpus Christi, TX 78415	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense rent
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

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
Credit Card Payment

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 F1: Sch: 18/19 Rpt: 46/49	2	FILER NAME Nueces County Democratic Executive Committee (CEC)	3	Filer ID (Ethics Commission Filers) 00015946	
4	Date 04/01/2024	5	Payee name Texas Secretary of State			
6	Amount (\$) \$750.00	7	Payee address; City; State; Zip Code P.O. Box 12060 Austin, TX 78711			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Primary Fund	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Surplus Repayment for 2022 Primary			
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 02/26/2024		Payee name Texas Secretary of State			
	Amount (\$) \$1,000.00		Payee address; City; State; Zip Code P.O. Box 12060 Austin, TX 78711			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Primary Fund	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Surplus Repayment for 2022 Primary			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 06/20/2024		Payee name The Print Shop			
	Amount (\$) \$974.25		Payee address; City; State; Zip Code 3906 S. Jackson Rd Edingburg, TX 78539			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

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
Credit Card Payment

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 F1: Sch: 19/19 Rpt: 47/49	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
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4 Date 04/12/2024	5 Payee name Twisted Design
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6 Amount (\$) \$628.68	7 Payee address; City; State; Zip Code 243 S Commercial St suite a Aransas Pass, TX 78336
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Step and Repeat
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/27/2024	Payee name Wechsler, Sharon
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Amount (\$) \$40.00	Payee address; City; State; Zip Code 6741 Sharks Ct. Corpus Christi, TX 78414
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone banking
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/2 Rpt: 48/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 02/29/2024	5 Name of person from whom amount is received Nueces County Democratic Primary	8 Amount (\$) \$39.39
	6 Address of person from whom amount is received; City; State; Zip Code Corpus Christi, TX 78415	
	7 Purpose for which amount is received 30% of Utilities <input type="checkbox"/> Check if political contribution returned to filer	
Date 03/29/2024	Name of person from whom amount is received Nueces County Democratic Primary	Amount (\$) \$38.95
	Address of person from whom amount is received; City; State; Zip Code Corpus Christi, TX 78415	
	Purpose for which amount is received 30% of Utilities <input type="checkbox"/> Check if political contribution returned to filer	
Date 04/29/2024	Name of person from whom amount is received Nueces County Democratic Primary	Amount (\$) \$43.88
	Address of person from whom amount is received; City; State; Zip Code Corpus Christi, TX 78415	
	Purpose for which amount is received 30% Utilities <input type="checkbox"/> Check if political contribution returned to filer	
Date 05/06/2024	Name of person from whom amount is received Nueces County Democratic Primary	Amount (\$) \$37.84
	Address of person from whom amount is received; City; State; Zip Code Corpus Christi, TX 78415	
	Purpose for which amount is received 30% of Utilities <input type="checkbox"/> Check if political contribution returned to filer	
Date 02/29/2024	Name of person from whom amount is received Nueces County Democratic Primary	Amount (\$) \$300.00
	Address of person from whom amount is received; City; State; Zip Code Corpus Christi, TX 78415	
	Purpose for which amount is received 30% of Rent <input type="checkbox"/> Check if political contribution returned to filer	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 2/2 Rpt: 49/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 03/05/2024	5 Name of person from whom amount is received Nueces County Democratic Primary	8 Amount (\$) \$300.00
	6 Address of person from whom amount is received; City; State; Zip Code Corpus Christi, TX 78415	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer 30% of Rent	
Date 03/25/2024	Name of person from whom amount is received Nueces County Democratic Primary	Amount (\$) \$541.96
	Address of person from whom amount is received; City; State; Zip Code Corpus Christi, TX 78415	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Office Supplies (Ink)	
Date 04/11/2024	Name of person from whom amount is received Nueces County Democratic Primary	Amount (\$) \$300.00
	Address of person from whom amount is received; City; State; Zip Code Corpus Christi, TX 78415	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer 30% of Rent	
Date 05/06/2024	Name of person from whom amount is received Nueces County Democratic Primary	Amount (\$) \$300.00
	Address of person from whom amount is received; City; State; Zip Code Corpus Christi, TX 78415	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer 30% of Rent	
Date 05/29/2024	Name of person from whom amount is received Nueces County Democratic Primary	Amount (\$) \$222.60
	Address of person from whom amount is received; City; State; Zip Code Corpus Christi, TX 78415	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Office Supplies	