FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00055120 3 COMMITTEE NAME **OFFICE USE ONLY** Coastal Bend Texas Democratic Women Date Received **ELECTRONICALLY FILED** 07/15/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 8396 Date Hand-delivered or Date Postmarked Change of Address Corpus Christi, TX 78468 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Glenda G. NAME NICKNAME LAST **SUFFIX** Turner STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 3014 Eikel Pl. STREET **ADDRESS** (Residence or Business) Corpus Christi, TX 78418 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** P.O. Box 8396 MAILING **ADDRESS** Corpus Christi, TX 78468 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (361) 937-1790 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2024 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Coastal Bend Texas	Democratic Women		00055120	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	1,010.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,640.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	2,744.65
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	4,172.81
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT			·	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Mrs. Glend	a G. Turner	
		Signature of Car	npaign Treasur	er
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ped before me, by the said _	, th	is 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 offic	er administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

3 of 16

	MMITTE astal B	(Ethic	cs Commission Filers)		
	HEDULI ME OF		SUBTOTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,640.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.	Х	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$	
5.	5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION				
6.	. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION				
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (DRGANIZATION	\$	
9.	Х	SCHEDULE E: LOANS		\$	0.00
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	2,744.65
11.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12.	X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
13.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTR		SCHEDULE A1			
	The Instru	ction Guide explains how to com	plete this forn	n.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/16	
2	FILER NAME Coastal Ben	d Texas Democratic Women			3	Filer ID (Ethics Commission 00055120	n Filers)
4	Date 01/08/2024	5 Full name of contributor out-of-state PAC (ID#:) Bell, John (Mr.) 6 Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$70.00
		Corpus Christi, TX 78418-6039					
8	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	i)		
	Date 01/08/2024	Full name of contributor out-of-s Bell, Myriam (Mrs.) Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$70.00
	Principal occu	Corpus Christi, TX 78418-6039 pation / Job title (See Instructions)		Employer (See Instructions			
	professor	sation 7 300 title (See Instructions)		Del Mar College	')		
	Date 01/30/2024	Full name of contributor out-of-s Galus, Christine Contributor address; City; State; Zip Co	state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Corpus Christi, TX 78413					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>;</u>)		
	Date 02/02/2024	Full name of contributor out-of-s McGonagill, Darrell C (Mr.) Contributor address; City; State; Zip Co)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 02/26/2024	Miller, Brian	otate PAC (ID#:			Amount of Contribution (\$)	\$70.00
	Principal occu Lawyer	oation / Job title (See Instructions)		Employer (See Instructions Self-Employed	()		
			,				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	.E А1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/16	
2	FILER NAME Coastal Ben	d Texas Democratic Women		3	Filer ID (Ethics Commission 00055120	on Filers)
4	Date 02/20/2024 Full name of contributor			7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Corpus Christi, TX 78411 upation / Job title (See Instructions)	9 Employer (See Instructions			
Ů	Attorney	pation 7 Job title (See Instructions)	Self employed	5)		
	Date 01/26/2024	Full name of contributor out-of-state PAC (ID#: Santana, Henry (Judge) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Corpus Christi, TX 78413 upation / Job title (See Instructions)	Employer (See Instructions			
	Judge	pation 7 Job title (See Instituctions)	Nueces County	5)		
	Date 01/12/2024	Full name of contributor out-of-state PAC (ID#:_ Turner, Glenda Contributor address; City; State; Zip Code Corpus Christi, TX 78418)		Amount of Contribution (\$)	\$120.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		

PLE	OGED CONTRIBU	TIONS			SCHE	OULE B
T	he Instruction Guide exp	lains how to compl	ete this form.	1 Total pages Schedule B: Sch: 1/1 Rpt: 6/16		
2 FILER N	AME			3		ers)
Coastal	Bend Texas Democratic Wor	nen			00055120	
4 TOTAL	OF UNITEMIZED PLEDG	ES			\$	0.00
5 Date	6 Full name of pledgor	out-of-state PAC (ID#	t	_) 8	Amount of 9 In-kind descriptedge (\$) (If applications)	ription
	7 Pledgor Address;	City; State; Zip Code	9		(applica 	iore)
					Check if travel outside of Texas. Com	olete Schedule T
10 Principal	occupation / Job title (See Instru	ctions)	11 Employer (See Ins	structi	ons)	

LOAI	NS							SO	CHEDULE	E
The Ins	truction Guide	explains ho	ow to complete	e this f	orm.	1	1 Total pages Schedule E: Sch: 1/1 Rpt: 7/16			
	FILER NAME Coastal Bend Texas Democratic Women				3	3 Filer ID 000551	(Ethics Cor	nmission File	ers)	
4 TOTAL	TOTAL OF UNITEMIZED LOANS							\$		0.00
5 Date of lo	Date of loan 7 Name of lender out-of-state P		f-state PA	C (ID#:)	9 Loan An	nount (\$)		
6 Is lender financial institution		r address;	City;	State;	Zip Code			10 Interest		
								11 Maturity	Date	
12 Principal	occupation / Job title	e (See Instruction	ns)		13 Employer (See Ins	structions)		•		
14 Description	on of Collateral				15 Check if personal	funds were	e deposited		account structions)	
16 GUARAN INFORM		of guarantor						19 Amount	Guaranteed	(\$)
not ap		ntor address;	City;	State;	Zip Code					
20 Principal	occupation				21 Employer (See Ins	structions)		•		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/9 Rpt: 8/16	Coastal Bend Texas Democratic Women 00055120
4 Date	5 Payee name
02/03/2024	Gary Office Machines LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$75.15	1320 Leopard Street
Expenditure from corporate funds	Corpus Christi, TX 78401
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
_/	Check if Austin, TX, officeholder living expense
	Printing for Newsletter
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Oi	
Date	Payee name
03/21/2024	Gary Office Machines LLC
Amount (\$)	Payee address; City; State; Zip Code
\$79.69	1320 Leopard Street
Ψ13.03	1320 Leopard Street
Expenditure from	
corporate funds	Corpus Christi, TX 78401
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
_/	Check if Austin, TX, officeholder living expense
	Newsletter Printing
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/08/2024	Gary Office Machines LLC
Amount (\$)	Payee address; City; State; Zip Code
\$24.42	1320 Leopard Street
Ψ24.42	1320 Leopaid Stieet
Expenditure from	
corporate funds	Corpus Christi, TX 78401
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
LAFLINDITURE	Check if Austin, TX, officeholder living expense
	Newsletter printing
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/9 Rpt: 9/16	Coastal Bend Texas Democratic Women 00055120
4 Date	5 Payee name
06/08/2024	Gary Office Machines LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$35.00	1320 Leopard Street
Expenditure from corporate funds	Corpus Christi, TX 78401
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Newsletter printing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to belieff of of	'
Date	Payee name
04/24/2024	Gehtsemane Luthern Church
Amount (\$)	Payee address; City; State; Zip Code
\$40.00	3434 Holly Road
4 10.00	o lo i Flory Rodd
Expenditure from	Ormana Obriati TV 70445
corporate funds	Corpus Christi, TX 78415
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense For Assemble of newsletters
	For Assemble of Newsletters
Operation ONLY if allowed	One district Office health are grown as the state of the
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/22/2024	Gehtsemane Luthern Church
Amount (\$)	Payee address; City; State; Zip Code
\$40.00	3434 Holly Road
Expenditure from corporate funds	Corpus Christi, TX 78415
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Room Rental for Assembling
	Newsletter Newsletter
Complete CNII V if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	y
,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 3/9 Rpt: 10/16	Coastal Bend Texas Democratic Women 00055120
4 Date	5 Payee name
01/02/2024	Nueces County Democratic Party
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$300.00	PO Box 853
Expenditure from	Corpus Christi TV 70402
corporate funds	Corpus Christi, TX 78403
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Fully Nasiling to GTOV
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
ехрениците то репени С/ОГ	
Date	Payee name
02/27/2024	Nueces County Democratic Party
Amount (\$)	Payee address; City; State; Zip Code
\$150.00	PO Box 853
Expenditure from	Corpus Christi, TX 78403
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fund Raising for GOTV
0 1: 01:17:	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/02/2024	Postmaster
Amount (\$)	Payee address; City; State; Zip Code
\$113.00	809 Nueces Bay Blvd
Expenditure from corporate funds	Corpus Christi, TX 78468
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Toyas, Complete Schedule T
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Post Office Rental Box
	1 ost Since Rental Box
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Total manua Cabadula F1.	
1 Total pages Schedule F1: Sch: 4/9 Rpt: 11/16	2 FILER NAME Coastal Bend Texas Democratic Women 3 Filer ID (Ethics Commission Filers) 00055120
4 Date	5 Payee name
01/04/2024	Postmaster
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$43.98	809 Nueces Bay Blvd
Expenditure from corporate funds	Corpus Christi, TX 78468
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	3 Books Stamps
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
02/21/2024	Postmaster
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$245.00	809 Nueces Bay Blvd
Expenditure from	
corporate funds	Corpus Christi, TX 78468
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Renewal Bulk Mail Permit
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to benefit 6/61	'
Date	Payee name
03/19/2024	Postmaster
Amount (\$)	Payee address; City; State; Zip Code
\$150.00	809 Nueces Bay Blvd
Expenditure from corporate funds	Corpus Christi, TX 78468
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Expense For Bulk Mail Permit
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense

Credit Card Payment	The Instruction Guide explains how to complete	(
1 Total pages Schedule F1: Sch: 5/9 Rpt: 12/16	FILER NAME Coastal Bend Texas Democratic Women	3 Filer ID (Ethics Commission Filers) 00055120
4 Date 03/25/2024	5 Payee name Postmaster	
6 Amount (\$) \$320.00	7 Payee address; City; State; Zip Code 809 Nueces Bay Blvd	
Expenditure from corporate funds	Corpus Christi, TX 78468	
8 PURPOSE OF EXPENDITURE	Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Renewal Bulk Mail Permit
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Date 05/06/2024	Payee name Postmaster	
Amount (\$) \$33.12	Payee address; City; State; Zip Code 809 Nueces Bay Blvd	
Expenditure from corporate funds	Corpus Christi, TX 78468	
PURPOSE OF EXPENDITURE	Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Postage Expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
Date 05/22/2024	Payee name Postmaster	
Amount (\$) \$290.00	Payee address; City; State; Zip Code 809 Nueces Bay Blvd	
Expenditure from corporate funds	Corpus Christi, TX 78468	
PURPOSE OF EXPENDITURE	Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fee for Bulk Mail and Postage Stamps
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 6/9 Rpt: 13/16	Coastal Bend Texas Democratic Women 00055120	
4 Date	5 Payee name	
06/08/2024	Postmaster	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$12.08	809 Nueces Bay Blvd	
Expenditure from corporate funds	Corpus Christi, TX 78468	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Return of newsletter	
	Retuil of flewsletter	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experialitate to belieff of of		
Date	Payee name	
06/17/2024	Postmaster	
Amount (\$)	Payee address; City; State; Zip Code	_
\$286.00	809 Nueces Bay Blvd	
Ψ200.00	Soo Nassas Bay Bira	
Expenditure from	Operation Object: TV 70400	
corporate funds	Corpus Christi, TX 78468	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Bulk Mail Permit and 2 Rolls of stamps	
	Buik Mail 1 Chilit and 2 Noils of Stamps	
Occupated ONLY if alice at	Outstide to 10 ff and had done as one of the control of the contro	_
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
		_
Date	Payee name	
05/08/2024	Reeves, Susan (Mrs.)	
Amount (\$)	Payee address; City; State; Zip Code	_
\$76.21	6034 Rio Vista Ave	
Expenditure from corporate funds	Corpus Christi, TX 78412	
		_
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	For Reimbursement for	
	Office Supplies/Printing fee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
		_
, .,		_

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to c	complete this form.					
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
Sch: 7/9 Rpt: 14/16	Coastal Bend Texas Democratic Women	00055120					
4 Date	5 Payee name						
02/03/2024	Texas Democratic Women						
6 Amount (\$)	7 Payee address; City; State; Zip C	Code					
\$410.00	Po Box 2211						
Expenditure from corporate funds	Austin, TX 78768						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
OF EXPENDITURE	Membership Dues t	Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense Membership Dues to State Democratic Party					
		Membership Dues to State Democratic Farty					
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held					
expenditure to benefit C/O		Office field					
Date	Davis rama						
01/10/2024	Payee name Wolls fargo Pank						
	Wells fargo Bank	V.,					
Amount (\$)	Payee address; City; State; Zip C	code					
\$3.50	615 Upper North Broadway						
Expenditure from	0 01 : 1: 7: 7: 70 404						
corporate funds	Corpus Christi, TX 78401						
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Bank Charge for Statement					
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held					
expenditure to benefit C/O	Н						
Date	Payee name						
02/12/2024	Wells fargo Bank						
Amount (\$)	Payee address; City; State; Zip C	code					
\$3.50	615 Upper North Broadway						
Expenditure from corporate funds	Corpus Christi, TX 78401						
PURPOSE		(b) Description					
OF	(a) Category (see Categories listed at the top of this schedule) Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.					
EXPENDITURE	, toodanung, Danung	Check if Austin, TX, officeholder living expense					
		Bank Statements					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught Office held					
experiorare to benefit C/O	·						

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By
Contributions/ Donations Made By
Candidate/Officeholder/Political Committee
Legal Services

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
TTALE (Control of State Control of C

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/9 Rpt: 15/16	Coastal Bend Texas Democratic Women 00055120
4 Date	5 Payee name
03/11/2024	Wells fargo Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3.50	615 Upper North Broadway
Expenditure from corporate funds	Corpus Christi, TX 78401
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Bank Statements
	Bank Statements
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
04/10/2024	Wells fargo Bank
Amount (\$)	Payee address; City; State; Zip Code
\$3.50	615 Upper North Broadway
Expenditure from corporate funds	Corpus Christi, TX 78401
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Bank Statement
2 1 2 2 2 2 2 2 2	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/09/2024	Wells fargo Bank
Amount (\$)	Payee address; City; State; Zip Code
\$3.50	615 Upper North Broadway
Expenditure from corporate funds	Corpus Christi, TX 78401
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Bank Statement
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Coi	nmittee Legal Serv	s/Memorials Expense rices ruction Guide explai		pense /ages/Contract Labor	Travel Out OTHER (e	of District nter a category not listed abo	ve)
1	Total pages Schedule F1:	2	FII FR NAME				3 Filer ID	(Ethics Commission	n Filers)
	Sch: 9/9 Rpt: 16/16	-	Coastal Bend Texa	s Democratic Wo	men		000551	•	,
4	Date	5	Payee name						
	06/10/2024		Wells fargo Bank						
6	Amount (\$)	7	Payee address; (City; Sta	ate; Zip Co	de			
	\$3.50		615 Upper North B	roadway					
┢	Expenditure from corporate funds		Corpus Christi, TX	78401					
8	PURPOSE	(a)	Category (See Categori	es listed at the top of this	schedule)	(b) Description			
	OF		Accounting/Banking		oonoudio)	_	el outside of Texas	Complete Schedule T.	
	EXPENDITURE						in, TX, officeholder	living expense	
						Bank Staten	nents		
L									
9	Complete ONLY if direct expenditure to benefit C/OI	Η (Candidate/Officeholder	name	Office sou	ght	Offic	ce held	