

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

|   |  |   |   |
|---|--|---|---|
| <b>The GPAC Instruction Guide explains how to complete this form.</b>                         |  | <b>1 Filer ID</b><br>(Ethics Commission Filers)<br>00055120 | <b>2 Total pages filed:</b><br>16   |
| <b>3 COMMITTEE NAME</b><br>Coastal Bend Texas Democratic Women                                |  | <b>OFFICE USE ONLY</b>                                      |   |
|   |  | Date Received<br>ELECTRONICALLY FILED<br>07/15/2024         |   |
|   |  | Date Hand-delivered or Date Postmarked                      |   |
|   |  | Receipt #   | Amount  |
|   |  | Date Processed  |   |
|   |  | Date Imaged   |   |
| <b>4 COMMITTEE ADDRESS</b><br><br><input type="checkbox"/> Change of Address                  | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>P.O. Box 8396<br><br>Corpus Christi, TX 78468  |   |   |
| <b>5 CAMPAIGN TREASURER NAME</b>  | MS / MRS / MR  | FIRST   | MI  |
|   | Mrs.   | Glenda G.   |   |
|   | NICKNAME   | LAST  | SUFFIX  |
|   |  | Turner  |   |
| <b>6 CAMPAIGN TREASURER STREET ADDRESS</b><br><small>(Residence or Business)</small>          | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>3014 Eikel Pl.<br><br>Corpus Christi, TX 78418  |   |   |
| <b>7 CAMPAIGN TREASURER MAILING ADDRESS</b><br><br><input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>P.O. Box 8396<br><br>Corpus Christi, TX 78468  |   |   |
| <b>8 CAMPAIGN TREASURER PHONE</b>   | AREA CODE  | PHONE NUMBER  | EXTENSION   |
|   | (361)  | 937-1790  |   |
| <b>9 REPORT TYPE</b>  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR)<br><input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination<br><input type="checkbox"/> Runoff |   |   |
| <b>10 PERIOD COVERED</b>  | Month Day Year      Month Day Year<br>01/01/2024      THROUGH      06/30/2024  |   |   |
| <b>11 ELECTION</b>  | ELECTION DATE<br>Month Day Year  |   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

|   |   |
|---|---|
| <b>12 COMMITTEE NAME</b><br>Coastal Bend Texas Democratic Women | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00055120 |
|---|---|

|   |  |              |
|---|--|--------------|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported |
|   |  | B. Opposed   |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported |
|   |  | B. Opposed   |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |              |

|                               |   |             |
|-------------------------------|---|-------------|
| <b>15 CONTRIBUTION TOTALS</b> | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b><br><input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 1,010.00 |
|                               | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 1,640.00 |
| EXPENDITURE TOTALS            | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>   | \$ 0.00     |
|                               | <b>4. TOTAL POLITICAL EXPENDITURES</b>  | \$ 2,744.65 |
| CONTRIBUTION BALANCE          | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>   | \$ 4,172.81 |
| OUTSTANDING LOAN TOTALS       | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>  | \$ 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. Glenda G. Turner  
\_\_\_\_\_  
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 - GPAC

|   |   |   |
|---|---|---|
| <b>17 COMMITTEE NAME</b><br>Coastal Bend Texas Democratic Women |   | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00055120 |
| <b>19 SCHEDULE SUBTOTALS</b>                                    |   | <b>SUBTOTAL AMOUNT</b>                                    |
|   | NAME OF SCHEDULE  |   |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 | \$ 1,640.00   |
| 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 type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION               | \$  |
| 5.  | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$  |
| 6.  | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                     | \$  |
| 7.  | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                 | \$  |
| 8.  | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                 | \$  |
| 9.  | <input checked="" type="checkbox"/> SCHEDULE E: LOANS   | \$ 0.00   |
| 10.   | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS              | \$ 2,744.65   |
| 11.   | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                      | \$ 0.00   |
| 12.   | <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS             | \$ 0.00   |
| 13.   | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                 | \$ 0.00   |
| 14.   | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                      | \$  |
| 15.   | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER       | \$  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>         |   | <b>1</b> Total pages Schedule A1:<br>Sch: 1/2 Rpt: 4/16  |
| <b>2</b> FILER NAME<br>Coastal Bend Texas Democratic Women               |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055120 |
| <b>4</b> Date<br>01/08/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Bell, John (Mr.)   | <b>7</b> Amount of Contribution (\$)                     |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78418-6039                        |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Attorney |   | <b>9</b> Employer (See Instructions)<br>Self Employed    |
| Date<br>01/08/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Bell, Myriam (Mrs.)         | Amount of Contribution (\$)                              |
|  | Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78418-6039                                 |  |
| Principal occupation / Job title (See Instructions)<br>professor         |   | Employer (See Instructions)<br>Del Mar College           |
| Date<br>01/30/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Galus, Christine            | Amount of Contribution (\$)                              |
|  | Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78413                                      |  |
| Principal occupation / Job title (See Instructions)<br>Retired           |   | Employer (See Instructions)<br>Retired                   |
| Date<br>02/02/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>McGonagill, Darrell C (Mr.) | Amount of Contribution (\$)                              |
|  | Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78411                                      |  |
| Principal occupation / Job title (See Instructions)<br>Retired           |   | Employer (See Instructions)<br>Retired                   |
| Date<br>02/26/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Miller, Brian               | Amount of Contribution (\$)                              |
|  | Contributor address; City; State; Zip Code<br><br>Portland, TX 78374  |  |
| Principal occupation / Job title (See Instructions)<br>Lawyer            |   | Employer (See Instructions)<br>Self-Employed             |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>         |  | <b>1</b> Total pages Schedule A1:<br>Sch: 2/2 Rpt: 5/16  |
| <b>2</b> FILER NAME<br>Coastal Bend Texas Democratic Women               |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055120 |
| <b>4</b> Date<br>02/20/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rogen, Gerald A.<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78411 | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00     |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Attorney |  | <b>9</b> Employer (See Instructions)<br>Self employed    |
| Date<br>01/26/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Santana, Henry (Judge)<br><hr/> Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78413             | Amount of Contribution (\$)<br><br>\$50.00               |
| Principal occupation / Job title (See Instructions)<br>Judge             |  | Employer (See Instructions)<br>Nueces County             |
| Date<br>01/12/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Turner, Glenda<br><hr/> Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78418                     | Amount of Contribution (\$)<br><br>\$120.00              |
| Principal occupation / Job title (See Instructions)<br>Retired           |  | Employer (See Instructions)<br>Retired                   |

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

|  |  |  |  |
|--|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule B:<br>Sch: 1/1 Rpt: 6/16   |  |
| <b>2</b> FILER NAME<br>Coastal Bend Texas Democratic Women       |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055120 |  |
| <b>4</b> TOTAL OF UNITEMIZED PLEDGES                             |  | <b>\$</b> 0.00   |  |
| <b>5</b> Date  | <b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | <b>8</b> Amount of pledge (\$)                           | <b>9</b> In-kind description (If applicable) |
|  | <b>7</b> Pledgor Address; City; State; Zip Code                                      |  |  |
| <b>10</b> Principal occupation / Job title (See Instructions)    |  | <b>11</b> Employer (See Instructions)                    |  |

Check if travel outside of Texas. Complete Schedule T.

# LOANS

# SCHEDULE E

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>           |  | <b>1</b> Total pages Schedule E:<br>Sch: 1/1 Rpt: 7/16   |
| <b>2</b> FILER NAME<br>Coastal Bend Texas Democratic Women                 |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055120   |
| <b>4</b> TOTAL OF UNITEMIZED LOANS   |  | <b>\$</b> 0.00   |
| <b>5</b> Date of loan  | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | <b>9</b> Loan Amount (\$)  |
| <b>6</b> Is lender a financial institution?                                | <b>8</b> Lender address; City; State; Zip Code                                 | <b>10</b> Interest Rate  |
|  |  | <b>11</b> Maturity Date  |
| <b>12</b> Principal occupation / Job title (See Instructions)              |  | <b>13</b> Employer (See Instructions)  |
| <b>14</b> Description of Collateral<br><input type="checkbox"/> None       |  | <b>15</b> Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| <b>16</b> GUARANTOR INFORMATION<br><input type="checkbox"/> not applicable | <b>17</b> Name of guarantor  | <b>19</b> Amount Guaranteed (\$)   |
|  | <b>18</b> Guarantor address; City; State; Zip Code                             |  |
| <b>20</b> Principal occupation   |  | <b>21</b> 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.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/9 Rpt: 8/16  | <b>2</b> FILER NAME<br>Coastal Bend Texas Democratic Women   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055120  |
| <b>4</b> Date<br>02/03/2024  | <b>5</b> Payee name<br>Gary Office Machines LLC  |   |
| <b>6</b> Amount (\$)<br>\$75.15<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>1320 Leopard Street<br><br>Corpus Christi, TX 78401 |   |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Printing for Newsletter |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH                                     | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>03/21/2024   | Payee name<br>Gary Office Machines LLC   |   |
| Amount (\$)<br>\$79.69<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>1320 Leopard Street<br><br>Corpus Christi, TX 78401          |   |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Newsletter Printing     |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>05/08/2024   | Payee name<br>Gary Office Machines LLC   |   |
| Amount (\$)<br>\$24.42<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>1320 Leopard Street<br><br>Corpus Christi, TX 78401          |   |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Newsletter printing     |
| 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.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/9 Rpt: 9/16  | <b>2</b> FILER NAME<br>Coastal Bend Texas Democratic Women  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055120  |
| <b>4</b> Date<br>06/08/2024  | <b>5</b> Payee name<br>Gary Office Machines LLC   |   |
| <b>6</b> Amount (\$)<br>\$35.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>1320 Leopard Street<br><br>Corpus Christi, TX 78401      |   |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense               | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Newsletter printing                   |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH                                     | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>04/24/2024   | Payee name<br>Gehlsemane Luthern Church   |   |
| Amount (\$)<br>\$40.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>3434 Holly Road<br><br>Corpus Christi, TX 78415                   |   |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>For Assemble of newsletters           |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>05/22/2024   | Payee name<br>Gehlsemane Luthern Church   |   |
| Amount (\$)<br>\$40.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>3434 Holly Road<br><br>Corpus Christi, TX 78415                   |   |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Room Rental for Assembling Newsletter |
| 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.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/9 Rpt: 10/16  | <b>2</b> FILER NAME<br>Coastal Bend Texas Democratic Women  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055120   |
| <b>4</b> Date<br>01/02/2024   | <b>5</b> Payee name<br>Nueces County Democratic Party   |  |
| <b>6</b> Amount (\$)<br>\$300.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 853<br><br>Corpus Christi, TX 78403   |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fund Rasing to GTOV    |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH                                      | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>02/27/2024  | Payee name<br>Nueces County Democratic Party  |  |
| Amount (\$)<br>\$150.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>PO Box 853<br><br>Corpus Christi, TX 78403  |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fund Raising for GOTV  |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>01/02/2024  | Payee name<br>Postmaster  |  |
| Amount (\$)<br>\$113.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>809 Nueces Bay Blvd<br><br>Corpus Christi, TX 78468   |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Post Office Rental Box |
| 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.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 4/9 Rpt: 11/16   | <b>2</b> FILER NAME<br>Coastal Bend Texas Democratic Women   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055120   |
| <b>4</b> Date<br>01/04/2024  | <b>5</b> Payee name<br>Postmaster  |  |
| <b>6</b> Amount (\$)<br>\$43.98<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>809 Nueces Bay Blvd<br><br>Corpus Christi, TX 78468 |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>3 Books Stamps               |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH                                     | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>02/21/2024   | Payee name<br>Postmaster   |  |
| Amount (\$)<br>\$245.00<br><br><input type="checkbox"/> Expenditure from corporate funds         | Payee address; City; State; Zip Code<br>809 Nueces Bay Blvd<br><br>Corpus Christi, TX 78468          |  |
| PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Renewal Bulk Mail Permit     |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>03/19/2024   | Payee name<br>Postmaster   |  |
| Amount (\$)<br>\$150.00<br><br><input type="checkbox"/> Expenditure from corporate funds         | Payee address; City; State; Zip Code<br>809 Nueces Bay Blvd<br><br>Corpus Christi, TX 78468          |  |
| PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Expense For Bulk Mail Permit |
| 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.

|          |  |  |  |               |   |
|----------|--|--|--|---------------|---|
| <b>1</b> | Total pages Schedule F1:<br>Sch: 5/9 Rpt: 12/16  | <b>2</b>   | FILER NAME<br>Coastal Bend Texas Democratic Women  | <b>3</b>      | Filer ID (Ethics Commission Filers)<br>00055120 |
| <b>4</b> | Date<br>03/25/2024   | <b>5</b>   | Payee name<br>Postmaster   |               |   |
| <b>6</b> | Amount (\$)<br>\$320.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b>   | Payee address; City; State; Zip Code<br>809 Nueces Bay Blvd<br><br>Corpus Christi, TX 78468  |               |   |
| <b>8</b> | <b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Renewal Bulk Mail Permit             |               |   |
| <b>9</b> |  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                     | Candidate/Officeholder name  | Office sought | Office held                                     |
|          | Date<br>05/06/2024   |  | Payee name<br>Postmaster   |               |   |
|          | Amount (\$)<br>\$33.12<br><br><input type="checkbox"/> Expenditure from corporate funds  |  | Payee address; City; State; Zip Code<br>809 Nueces Bay Blvd<br><br>Corpus Christi, TX 78468  |               |   |
|          | <b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Postage Expense                      |               |   |
|          |  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                     | Candidate/Officeholder name  | Office sought | Office held                                     |
|          | Date<br>05/22/2024   |  | Payee name<br>Postmaster   |               |   |
|          | Amount (\$)<br>\$290.00<br><br><input type="checkbox"/> Expenditure from corporate funds |  | Payee address; City; State; Zip Code<br>809 Nueces Bay Blvd<br><br>Corpus Christi, TX 78468  |               |   |
|          | <b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fee for Bulk Mail and Postage Stamps |               |   |
|          |  | 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.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 6/9 Rpt: 13/16   | <b>2</b> FILER NAME<br>Coastal Bend Texas Democratic Women  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055120   |
| <b>4</b> Date<br>06/08/2024  | <b>5</b> Payee name<br>Postmaster   |  |
| <b>6</b> Amount (\$)<br>\$12.08<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>809 Nueces Bay Blvd<br><br>Corpus Christi, TX 78468    |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Return of newsletter                               |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH                                     | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>06/17/2024   | Payee name<br>Postmaster  |  |
| Amount (\$)<br>\$286.00<br><br><input type="checkbox"/> Expenditure from corporate funds         | Payee address; City; State; Zip Code<br>809 Nueces Bay Blvd<br><br>Corpus Christi, TX 78468             |  |
| PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bulk Mail Permit and 2 Rolls of stamps             |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>05/08/2024   | Payee name<br>Reeves, Susan (Mrs.)  |  |
| Amount (\$)<br>\$76.21<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>6034 Rio Vista Ave<br><br>Corpus Christi, TX 78412              |  |
| PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Loan Repayment/Reimbursement | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>For Reimbursement for Office Supplies/Printing 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.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 7/9 Rpt: 14/16 | <b>2</b> FILER NAME<br>Coastal Bend Texas Democratic Women | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055120 |
|--|--|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>02/03/2024 | <b>5</b> Payee name<br>Texas Democratic Women |
|-----------------------------|---|

|   |  |
|---|--|
| <b>6</b> Amount (\$)<br>\$410.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>Po Box 2211<br><br>Austin, TX 78768 |
|---|--|

|                                 |  |   |
|---------------------------------|--|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Membership Dues t | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Membership Dues to State Democratic Party |
|---------------------------------|--|---|

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| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                                |
|--------------------|--------------------------------|
| Date<br>01/10/2024 | Payee name<br>Wells fargo Bank |
|--------------------|--------------------------------|

|  |  |
|--|--|
| Amount (\$)<br>\$3.50<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>615 Upper North Broadway<br><br>Corpus Christi, TX 78401 |
|--|--|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bank Charge for Statement |
|-------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                                |
|--------------------|--------------------------------|
| Date<br>02/12/2024 | Payee name<br>Wells fargo Bank |
|--------------------|--------------------------------|

|  |  |
|--|--|
| Amount (\$)<br>\$3.50<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>615 Upper North Broadway<br><br>Corpus Christi, TX 78401 |
|--|--|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bank Statements |
|-------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| 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.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 8/9 Rpt: 15/16  | <b>2</b> FILER NAME<br>Coastal Bend Texas Democratic Women  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055120  |
| <b>4</b> Date<br>03/11/2024   | <b>5</b> Payee name<br>Wells fargo Bank   |   |
| <b>6</b> Amount (\$)<br>\$3.50<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>615 Upper North Broadway<br><br>Corpus Christi, TX 78401 |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking             | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bank Statements |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH                                    | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>04/10/2024  | Payee name<br>Wells fargo Bank  |   |
| Amount (\$)<br>\$3.50<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>615 Upper North Broadway<br><br>Corpus Christi, TX 78401          |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking                    | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bank Statement         |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>05/09/2024  | Payee name<br>Wells fargo Bank  |   |
| Amount (\$)<br>\$3.50<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>615 Upper North Broadway<br><br>Corpus Christi, TX 78401          |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking                    | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bank Statement         |
| 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -         | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 9/9 Rpt: 16/16  | <b>2</b> FILER NAME<br>Coastal Bend Texas Democratic Women  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055120  |
| <b>4</b> Date<br>06/10/2024   | <b>5</b> Payee name<br>Wells fargo Bank   |   |
| <b>6</b> Amount (\$)<br>\$3.50<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>615 Upper North Broadway<br><br>Corpus Christi, TX 78401 |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking             | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bank Statements |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                             | Candidate/Officeholder name   | Office sought                      Office held  |