CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00028389 Date Received COMMITTEE Hidalgo County Democratic Party Executive Committee **ELECTRONICALLY FILED** NAME 07/15/2024 TREASURER Giffin, Kenna S. (Ms.) NAME Date Hand-delivered or Date Postmarked **ORIGINAL** January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation 30th day before election Dissolution report Date Processed 8th day before election Other (specify) ORIGINAL PERIOD Month Year Month Day Year Day Date Imaged **COVERED THROUGH** 02/25/2024 06/30/2024 **EXPLANATION OF CORRECTION** did not have complete information at time of filing and didn't want to file late. 8 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Ms. Kenna S. Giffin Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ____, this the ____ ______, 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

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

FORM CEC COUNTY EXECUTIVE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The CEC Instruction Guide explains how to complete this form. 25 00028389 3 COMMITTEE NAME **OFFICE USE ONLY** Hidalgo County Democratic Party Executive Committee Date Received **ELECTRONICALLY FILED** 07/15/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 4585 Date Hand-delivered or Date Postmarked Change of Address McAllen, TX 78502-4585 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Kenna S. NAME NICKNAME LAST **SUFFIX** Giffin STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 501 W. Owassa Road STREET **ADDRESS** Lot 882 (Residence or Business) Pharr, TX 78577 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 3784 MAILING **ADDRESS** McAllen, TX 78502 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 283-4669 PHONE REPORT January 15 30th day before election Final Report **TYPE** 10th day after campaign treasurer 8th day before election July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 02/25/2024 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special **GO TO PAGE 2**

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC COVER SHEET PG 2

12 COMMITTEE NAME		:	13 Filer ID	(Ethics Commission Filers)
Hidalgo County Democratic Party Executive Committee 00			00028389	9
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		
	2. 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.)	Democrat		
15 CONTRIBUTION TOTALS	PLEDGES, LOAN CONTRIBUTIONS	ZED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold	\$	0.00
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	11,310.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITIO	CAL EXPENDITURES	\$	22,306.72
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	L CONTRIBUTIONS MAINTAINED AS OF THE LAST ING PERIOD	DAY \$	38,005.11
OUTSTANDING LOAN TOTALS		AL AMOUNT OF ALL OUTSTANDING LOANS AS OF T E REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	<u>'</u>		<u>'</u>	
		I swear, or affirm, under penalty of per true and correct and includes all inforn under Title 15, Election Code.		
		Ma Kann	- 0 0:#:-	
		MS. Kenn Signature of Can	a S. Giffin	urer
AFFIX NOTARY	STAMP / SEAL ABOV		pag.	
Sworn to and subscribed	l before me, by the said	, th	is the	day
of	_, 20, to certi	fy which, witness my hand and seal of office.		
Signature of officer ad	lministering oath	Printed name of officer administering oath	Title of off	ficer administering oath

SUBTOTALS - CEC

FORM CEC COVER SHEET PG 3 4 of 25

				4 01 25				
17 COMMITTEE NAME 18 Filer ID (Ethics Commission Filers)								
Hidalgo County Democratic Party Executive Committee 00028389								
	19 SCHEDULE SUBTOTALS NAME OF SCHEDULE							
1. X S	CHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,810.00				
2. X S	CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	9,500.00				
3. X S	CHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00				
4. X S	CHEDULE E: LOANS		\$	1,137.91				
5. X S	CHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	22,306.72				
6. X S	CHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00				
7. S	CHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$					
8. X S	CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00				
9. X S	CHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	55.00				
	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F O FILER	RETURNED	\$					
			1					

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how t	o complete this forr	n.	1	Total pages Schedule A1: Sch: 1/5 Rpt: 5/25			
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)		
	Hidalgo Cou	nty Democratic Party Executive	Committee			00028389			
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 7 03/23/2024 Avila, Jose Santa (Mr.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$65.00				
8	Principal occu	Pharr, TX 78577 pation / Job title (See Instructions)	I q	Employer (See Instructions)				
Ü	Consultant	pation / 300 title (See matractions)	J	Self	,				
	Date Full name of contributor out-of-state PAC (ID#:) 04/12/2024 Bono, Gary (Mr.) Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$500.00		
		McAllen, TX 78504	į						
	Principal occupation / Job title (See Instructions) Employer (See Instructions Unemployed Unemployed)				
	Date Full name of contributor out-of-state PAC (ID#: 06/20/2024 Butcher, Alma (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00			
		McAllen, TX 78504							
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)				
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$10.00				
Principal occupation / Job title (See Instructions) Administrator Employer (See Instructions) County of Hidalgo			Employer (See Instructions County of Hidalgo)					
	Date O4/13/2024 Full name of contributor out-of-state PAC (ID#:) Contreras, Esq., Ricardo (Mr.) Contributor address; City; State; Zip Code San Juan, TX 78589				Amount of Contribution (\$)	\$10.00			
	Principal occu Administrato	pation / Job title (See Instructions)		Employer (See Instructions County of Hidalgo)				
			·						

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 2/5 Rpt: 6/25			
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)		
	Hidalgo Cou	nty Democratic Party Executi	ve Committee			00028389			
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 7 05/13/2024 Contreras, Esq., Ricardo (Mr.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10.00				
0	Dringing oggu	San Juan, TX 78589 pation / Job title (See Instruction:		Employer (See Instructions					
0	Administrato		5)	County of Hidalgo	5)				
	Date Full name of contributor out-of-state PAC (ID#:) Contreras, Esq., Ricardo (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00				
		San Juan, TX 78589							
	Principal occupation / Job title (See Instructions) Employer (See Instruction Administrator County of Hidalgo				s)				
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00				
		Cincinnati, OH 45219							
	Principal occu	pation / Job title (See Instruction:	s)	Employer (See Instructions	s)				
	Engineer			DOD					
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$60.00				
	Delinational account	McAllen, TX 78502	<u>, </u>	Faralassa (Osas lastassations	<u></u>				
Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Self				s)					
	Date Full name of contributor out-of-state PAC (ID#:) 06/24/2024 Giffin, Kenna (Ms.) Contributor address; City; State; Zip Code McAllen, TX 78502			Amount of Contribution (\$)	\$80.00				
	Principal occu Attorney	pation / Job title (See Instructions	5)	Employer (See Instructions Self	s)				

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A		
	The Instruction Guide explains how to complete this form.					1	Total pages Schedule A1: Sch: 3/5 Rpt: 7/25	
2	FILER NAME Hidalgo Cou	nty Democratic Party Executiv	e Committee			3	Filer ID (Ethics Commission 00028389	n Filers)
4	Date 06/20/2024 5 Full name of contributor		7	Amount of Contribution (\$)	\$300.00			
_	Dringing Loggy	McAllen, TX 78503	lo lo		Employer (Coo Instructions	<u></u>		
8	Attorney	pation / Job title (See Instructions)	9		Employer (See Instructions Self	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 03/23/2024 McLeaish, Laurel (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00			
		McAllen, TX 78501	Į.			<u> </u>		
	Principal occupation / Job title (See Instructions) Attorney at Law Employer (See Instructions) Self				5)			
Date Full name of contributor out-of-state PAC (ID#:					Amount of Contribution (\$)	\$10.00		
		McAllen, TX 78501						
	Principal occu Attorney at L	pation / Job title (See Instructions)			Employer (See Instructions Self	5)		
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00			
	Principal occupation / Job title (See Instructions) Attorney at Law Employer (See Instructions) Self				<u>l</u> 5)			
	Date Full name of contributor out-of-state PAC (ID#:) 05/23/2024 McLeaish, Laurel (Ms.) Contributor address; City; State; Zip Code McAllen, TX 78501			Amount of Contribution (\$)	\$10.00			
	Principal occu Attorney at L	pation / Job title (See Instructions) .aw			Employer (See Instructions Self	5)		
			L					

	MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 4/5 Rpt: 8/25			
2	FILER NAME Hidalgo Cou	nty Democratic Party Executiv	e Committee			3	Filer ID (Ethics Commission 00028389	Filers)		
4	Date 06/23/2024	5 Full name of contributor McLeaish, Laurel (Ms.)6 Contributor address; City; St.	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$10.00		
		McAllen, TX 78501								
8	Principal occu Attorney at L	pation / Job title (See Instructions .aw	9	9	Employer (See Instructions Self	5)				
	Date Full name of contributor out-of-state PAC (ID#:) 02/29/2024 Miller, Anita (Ms.) Contributor address; City; State; Zip Code				•	Amount of Contribution (\$)	\$25.00			
	Principal occu	McAllen, TX 78501 pation / Job title (See Instructions)		Employer (See Instructions	 				
	Customer Se				Concentrix	•				
	Date Full name of contributor out-of-state PAC (ID#:) 03/06/2024 Morrison, Stephen (Mr.) Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$5.00					
		McAllen, TX 78504								
	Principal occupation / Job title (See Instructions) Employer (See Instruction Instructor South Texas College			Employer (See Instructions South Texas College	s)					
	Date 04/06/2024 Full name of contributor out-of-state PAC (ID#:) Morrison, Stephen (Mr.) Contributor address; City; State; Zip Code McAllen, TX 78504				Amount of Contribution (\$)	\$5.00				
	Principal occupation / Job title (See Instructions) Instructor Employer (See Instruction South Texas College			Employer (See Instructions South Texas College	5)					
	Date Full name of contributor out-of-state PAC (ID#:) 05/06/2024 Morrison, Stephen (Mr.) Contributor address; City; State; Zip Code McAllen, TX 78504		•	Amount of Contribution (\$)	\$5.00					
	Principal occu Instructor	pation / Job title (See Instructions			Employer (See Instructions South Texas College	5)				
			<u> </u>							

	MONETARY POLITICAL CONTRIBU	JTIONS	SCHEDULE A1		
	The Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1: Sch: 5/5 Rpt: 9/25		
2	Priler NAME Hidalgo County Democratic Party Executive Committee		3 Filer ID (Ethics Commission Filers) 00028389		
4	· · · · · · · · · · · · · · · · · · ·	Date 5 Full name of contributor out-of-state PAC (ID#:) 06/06/2024 Morrison, Stephen (Mr.)			
	McAllen, TX 78504				
8	Principal occupation / Job title (See Instructions) Instructor	9 Employer (See Instructions) South Texas College)		
	Date Full name of contributor out-of-state PAG 06/20/2024 Nora Longoria Campaign Account Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$300.00			
	McAllen, TX 78504 Principal occupation / Job title (See Instructions)	Employer (See Instructions)			
	Date Full name of contributor out-of-state PAG 06/20/2024 Regi Compian Richardson Campaign Contributor address; City; State; Zip Code	C (ID#:)	Amount of Contribution (\$) \$300.00		
	Edinburg, TX 78539 Principal occupation / Job title (See Instructions)	Employer (See Instructions))		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 10/25 FILER NAME 3 Filer ID (Ethics Commission Filers) Hidalgo County Democratic Party Executive Committee 00028389 \$ 0.00 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Date 6 Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 06/30/2024 **Texas Majority PAC** \$9,500.00 Compliance services 7 Contributor address; City; State; Zip Code Houston, TX 78006 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

PLE	DGED CONTRIBU	TIONS				SCHEDULE B
Т	he Instruction Guide exp	plains how to comp	olete this form.	- 1	Total pages Sch Sch: 1/1 Rpt: :	
2 FILER N				3	Filer ID (E	thics Commission Filers)
	County Democratic Party Ex	ecutive Committee			00028389	
4 TOTAL	OF UNITEMIZED PLEDO	GES			\$	0.00
5 Date	6 Full name of pledgor	out-of-state PAC (II	D#:		Amount of pledge (\$)	9 In-kind description (If applicable)
	7 Pledgor Address;	City; State; Zip Co	de		, ,	
					Check if travel ou	tside of Texas. Complete Schedule T
10 Principal	occupation / Job title (See Instru	uctions)	11 Employer (See In	struction	ns)	

	LOANS					SCHEDULE E
	The Instructio	n Guide explains how t	o complete this 1	orm.	1	ges Schedule E: 1 Rpt: 12/25
2	FILER NAME Hidalgo County	Democratic Party Executive	Committee			(Ethics Commission Filers)
4	TOTAL OF UN	ITEMIZED LOANS				\$ 0.00
5	Date of loan	7 Name of lender	out-of-state PA	AC (ID#:)	9 Loan Amount (\$)
6	06/10/2024 Is lender a financial institution?	Gonzales, Richard (Mr.) 8 Lender address; Cit		Zip Code		\$1,074.00 10 Interest Rate
	No	Pharr, TX 78577				11 Maturity Date 06/10/2024
12	Principal occupation Attorney	on / Job title (See Instructions)		13 Employer (See Instructions Self	5)	
14	Description of Coll X None	ateral		15 Check if personal funds we	ere deposited	into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; Cit	y; State;	Zip Code		
20	Principal occupation	on		21 Employer (See Instructions	5)	
	Date of loan	Name of lender	out-of-state PA)	Loan Amount (\$)
	06/10/2024	Reyes, Samuel (Mr.)				\$63.91
	Is lender a financial institution?	Lender address; Cit	y; State;	Zip Code		Interest Rate
	No	McAllen, TX 78504				Maturity Date 06/10/2024
	Principal occupation	on / Job title (See Instructions)		Employer (See Instructions Self	5)	
Description of Collateral X None			Check if personal funds we	into political account (See Instructions)		
	GUARANTOR INFORMATION	Name of guarantor		I		Amount Guaranteed (\$)
	X not applicable	Guarantor address; Cit	y; State;	Zip Code		
	Principal occupation	on		Employer (See Instructions	6)	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

1 Total pages Schedule T: 2 FILER NAME Sch: 1/12 Rpt: 13/25 Hiddgo County Democratic Party Executive Committee 3 Filer ID (Efficis Commission Filers) Ad Date S Page Page Page Page Academy Sports & Outdoor Amount (\$) 7 Pages address; City; State; Zip Code 500 N. Jackson Pharr, TX 78577 8 PURPOSE OF EXPENDITURE (*) Category (See Categories lited at the top of this schedule) (b) Description Check if travel outside of hose Complete Schedule 1. 9 Complete QNLX if direct expenditure to benefit C/OH Page address; City; State; Zip Code 831.66 Salide Page Page Page address; City; State; Zip Code 831.66 Sommer Street Somerville, MA 02144-3132 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 9 Complete QNLX if direct expenditure to benefit C/OH Page address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Complete QNLX if direct expenditure to benefit C/OH Date Page address; City; State; Zip Code Amount (\$) Page address; City; State; Zip Code S281.42 Page address; City; State; Zip Code Amount (\$) Page address; City; State; Zip Code S281.42 Page address; City; State; Zip Code Amount (\$) Page address; City; State; Zip Code Complete QNLX if direct expenditure to benefit C/OH Complete Complete QNLX if direct expenditure to benefit C/OH Complete Complete Complete Complete Schedule Total Complete Schedule		Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
Sch: 1/12 Rpt: 13/25 Hidalgo County Democratic Party Executive Committee	1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Academy Sports & Outdoor Academy Sports & Outdoor			
Samount (S) Sabe Found	4	Date	5 Payee name
\$356.89 500 N. Jackson Pharr, TX 78577 8 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this scheduler) Advertising Expense (b) Description Check it forwer lackable of Texas. Complete Schedule T. Condidate (Office holder name Office Sought Office held Payee name Actiblue Texas Amount (\$) Payee address; City; State; Zip Code \$31.66 366 Summer Street Somerville, MA 02144-3132 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit COH Date Complete ONLY if direct State Categories Schedule T. Candidate (Office holder name of this schedule) Purpose Office Sought Office holder name Office Sought Office held Date Complete ONLY if direct State Categories Itsed at the top of this schedule) Purpose Office Sought Office held Payee name Amazon Amount (\$) Payee name Amazon Office Sought Office held Purpose Office Sought Office held Purpose Office Overhead/Rental Expense Office Overhead/Rental Expense Office Sought Office held Complete ONLY if direct Candidate/Officeholder name Office sought Office supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office supplies		06/05/2024	Academy Sports & Outdoor
Pharr, TX 78577 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if rowed unsistle of Texas. Complete Schedule T. Check if Austin, TX, officiaholder living expense Shirts 9 Complete ONLY if direct expenditure to benefit C/OH Date	6	Amount (\$)	7 Payee address; City; State; Zip Code
Purpose OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) (b) Description Cack if auslin, TX, officeholder living expense Shirts		\$356.89	500 N. Jackson
Purpose OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) (b) Description Cack if auslin, TX, officeholder living expense Shirts			
Advertising Expense			Pharr, TX 78577
Check if Assets Txx officeholder Txxxxx Complete Schedule T. Check if Assets Txxxx officeholder forms perpense Shritts	8		(a) Category (See Categories listed at the top of this schedule) (b) Description
9 Complete ONLY if direct expenditure to benefit C/OH Date			Advertising Expense
9 Complete QNLY if direct expenditure to benefit C/OH Date		EXI ENDITORE	
Date 06/30/2024 Arbount (\$) Payee name ActBlue Texas Amount (\$) Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132 PURPOSE OF EXPENDITURE Candidate/Officeholder name Office sought Office held Date 05/13/2024 Amount (\$) Payee name Amazon Amount (\$) Payee name Amazon Amount (\$) Payee name Amazon Amount (\$) Payee address; City; State; Zip Code 410 Terry Ave Seattle, WA 98109-5210 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) (b) Description Check if avuel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation fees Office held Date 05/13/2024 Amount (\$) Payee name Amazon Amount (\$) Payee address; City; State; Zip Code 410 Terry Ave Seattle, WA 98109-5210 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense Office Sought Office held (b) Description Check if avuel outside of Texas. Complete Schedule T. Check if avue			Shirts
Date 06/30/2024 Arbount (\$) Payee name ActBlue Texas Amount (\$) Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132 PURPOSE OF EXPENDITURE Candidate/Officeholder name Office sought Office held Date 05/13/2024 Amount (\$) Payee name Amazon Amount (\$) Payee name Amazon Amount (\$) Payee name Amazon Amount (\$) Payee address; City; State; Zip Code 410 Terry Ave Seattle, WA 98109-5210 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) (b) Description Check if avuel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation fees Office held Date 05/13/2024 Amount (\$) Payee name Amazon Amount (\$) Payee address; City; State; Zip Code 410 Terry Ave Seattle, WA 98109-5210 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense Office Sought Office held (b) Description Check if avuel outside of Texas. Complete Schedule T. Check if avue			
Date 06/30/2024 Arount (\$) Payee address; City; State; Zip Code \$31.66 \$31.66 Summer Street Somerville, MA 02144-3132 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees Complete ONLY if direct expenditure to benefit C/OH Date 05/13/2024 Amount (\$) Payee name 4 Amazon Amount (\$) Payee address; City; State; Zip Code 410 Terry Ave Seattle, WA 98109-5210 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense Check if Austin, TX, officeholder living expense Office Sought Office Overhead/Rental Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office sought Office overhead/Rental Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
Amount (\$) Payee address; City; State; Zip Code \$31.66 \$31.66 Somerville, MA 02144-3132 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Date OS/13/2024 Amount (\$) Payee name Amazon Amount (\$) Payee address; City; State; Zip Code Candidate/Officeholder name Office sought Office held Payee name Amazon Amount (\$) Payee address; City; State; Zip Code Seattle, WA 98109-5210 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office held (b) Description (b) Description Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct of the top of this schedule) Office Overhead/Rental Expense Office sought Office supplies		experialture to benefit C/Or	
Amount (\$)		Date	Payee name
\$31.66 366 Summer Street		06/30/2024	ActBlue Texas
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation fees Complete ONLY if direct expenditure to benefit C/OH Date O5/13/2024		Amount (\$)	Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation fees Complete ONLY if direct expenditure to benefit C/OH Date O5/13/2024		\$31.66	366 Summer Street
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation fees Complete ONLY if direct expenditure to benefit C/OH Date O5/13/2024 Amazon Amount (\$) Payee address; City; State; Zip Code \$281.42 Purpose OF Seattle, WA 98109-5210 PURPOSE OF Complete ONLY if direct Office Overhead/Rental Expense Complete ONLY if direct Candidate/Officeholder name Office Sought Office sought Office supplies Complete ONLY if direct Candidate/Officeholder name Office Sought Office held			
Complete ONLY if direct expenditure to benefit C/OH			Somerville, MA 02144-3132
Complete ONLY if direct expenditure to benefit C/OH Date			(a) Category (See Categories listed at the top of this schedule) (b) Description
Complete ONLY if direct expenditure to benefit C/OH Date			
Complete ONLY if direct expenditure to benefit C/OH Date			
Date			Donation lees
Date		Commission ONII V if disposi	Condidate/Office helder name Office accords
Date 05/13/2024 Amazon Amount (\$) Payee address; City; State; Zip Code \$281.42 410 Terry Ave Seattle, WA 98109-5210 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
Amount (\$) Payee address; City; State; Zip Code \$281.42 Purpose OF EXPENDITURE Amazon Payee address; City; State; Zip Code 410 Terry Ave Seattle, WA 98109-5210 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
Amount (\$) Payee address; City; State; Zip Code \$281.42 Seattle, WA 98109-5210 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
\$281.42 410 Terry Ave Seattle, WA 98109-5210 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held		05/13/2024	Amazon
Seattle, WA 98109-5210 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Amount (\$)	Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held		\$281.42	410 Terry Ave
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
OF EXPENDITURE Office Overhead/Rental Expense Office Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Seattle, WA 98109-5210
Office Overhead/Rental Expense Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held			(a) Category (See Categories listed at the top of this schedule) (b) Description
Complete ONLY if direct Candidate/Officeholder name Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Office Overficad/Nertical Expense
Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
			Uπice supplies
		Olate ONUVY F	Ora didata (Office hadden granne
·			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

eimbursement Solicitation/Fundraising Expense
Intal Expense Transportation Equipment & Related Expense
Travel in District
Intract Labor OTHER (enter a category not listed above)

	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: 2/12 Rpt: 14/25	Hidalgo County Democratic Party Executive Committee 00028389				
4	Date	5 Payee name				
	05/13/2024	Amazon				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$395.64	410 Terry Ave				
		Seattle, WA 98109-5210				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Office supplies				
		Office Supplies				
_	0 1: 0.11.7.7.1.					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	05/13/2024	Amazon				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$129.67	410 Terry Ave				
		Seattle, WA 98109-5210				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Office supplies				
		Office supplies				
	Opening the ONII Wife discort	Our did to 10 ff as had done as many				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	05/13/2024	Amazon				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$106.07	410 Terry Ave				
		Seattle, WA 98109-5210				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense				
		Check if Austin, TX, officeholder living expense				
		Office supplies				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	experioritate to beliefit 6/011					
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

	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: 3/12 Rpt: 15/25	Hidalgo County Democratic Party Executive Committee 00028389
4	Date	5 Payee name
	05/10/2024	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$151.52	410 Terry Ave
		Seattle, WA 98109-5210
8	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 Office supplies
		Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office acusht
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/20/2024	Best Buy
	Amount (\$)	Payee address; City; State; Zip Code
	\$158.03	7601 Penn Avenue South
		Richfield, MN 55423
	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
		Office supplies
		Office Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/13/2024	Best Buy
	Amount (\$)	Payee address; City; State; Zip Code
	\$216.49	7601 Penn Avenue South
		Richfield, MN 55423
	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
		Office supplies
	Commission ONE V. C. P.	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/12 Rpt: 16/25	Hidalgo County Democratic Party Executive Committee 00028389
4	Date	5 Payee name
	05/13/2024	Best Buy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$248.97	7601 Penn Avenue South
		Richfield, MN 55423
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office supplies
		Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Davies same
		Payee name
	05/13/2024	Best Buy
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.76	7601 Penn Avenue South
		Richfield, MN 55423
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office supplies
		Office Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	05/13/2024	Best Buy
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.94	7601 Penn Avenue South
		Richfield, MN 55423
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Office supplies
		Office supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Coi	mmittee	Legal Service				ages/	/Contract Labor			vel Out of Di HER (enter a	strict category not listed	above)
L					cuon Guide	expiains i	IOW (O COI	npie	te this form.	_				
1	Total pages Schedule F1:	2								3		er ID	(Ethics Commi	ssion Filers)
	Sch: 5/12 Rpt: 17/25	L	Hidalgo Cou	ınty Dem	ocratic Pa	arty Exec	utive Co	mm	nittee		00	028389		
4	Date	5	Payee name											
L	06/10/2024		Bluehost.co	m										
6	Amount (\$)	7	Payee addres	ss; Cit	y;	State;	Zip Co	de						
	\$63.91		560 Timpan	ogos Par	kway									
			Orem, UT 8	4097										
8	PURPOSE	(a)	Category (Se	e Categories	listed at the to	p of this sche	edule)	(b)	Description					
	OF EXPENDITURE		Advertising				<i></i>		Check if travel	outsi	ide of	Texas. Con	plete Schedule T.	
	LAFENDITURE								Check if Austin		, offic	eholder livin	g expense	
									Website host	t				
9	Complete ONLY if direct		Candidate/Offi	ceholder n	ame	C	Office sou	ght				Office h	eld	
L	expenditure to benefit C/OI	1												
	Date		Payee name											
	02/26/2024		Brand Boos	ters Co. I	LC									
	Amount (\$)	Г	Payee addres	ss; Cit	y;	State;	Zip Co	de						
	\$270.63		301 N McCo	oll Road										
			Suite G											
			McAllen, TX	78501										
_	PURPOSE	(2)				***	1	(h)	Description					
	OF	ر ^{م)}	Category (Se		listed at the to	p of this sche	edule)	(12)		outsi	ide of	Texas. Com	nplete Schedule T.	
	EXPENDITURE		Advertising	Lypense					Check if Austin					
									Promotion m	ate	rials	5		
	Complete ONLY if direct		Candidate/Offi	ceholder n	ame	С	Office sou	ght				Office h	eld	
	expenditure to benefit C/O	H 												
	Date		Payee name											
	06/17/2024		Brand Boos	ters Co. I	LC									
	Amount (\$)		Payee addres	ss; Cit	y;	State;	Zip Co	de						
	\$741.51		301 N McCo	oll Road										
			Suite G											
			McAllen, TX	78501										
	PURPOSE	(a)	Category (Se		liotod at the t-	on of this sale	adula)	(b)	Description					
	OF	```	Polo shirts	e Categories	iisteu at the to	υρ υι tπis sche	euuie)	(~)		outsi	ide of	Texas. Con	plete Schedule T.	
	EXPENDITURE		. Old Sillits						Check if Austin					
									HCDP shirts					
	Complete ONLY if direct		Candidate/Offi	ceholder n	ame	С	Office sou	ght				Office h	eld	
	expenditure to benefit C/OI	H												

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

Contributions/ Donatio Candidate/Officeho Credit Card Payment			Contract Labor OTHER (enter a category not listed above)
1 Total pages Calar	dula =1. I	<u> </u>	<u> </u>
1 Total pages Scheo Sch: 6/12 Rpt:		Hidalgo County Democratic Party Executive Comm	ittee Gethics Commission Filers) 00028389
4 Date		5 Payee name	
03/25/2024		Brand Boosters Co. LLC	
6 Amount (\$)		7 Payee address; City; State; Zip Code	
\$2	216.50	301 N McColl Road	
		Suite G	
		McAllen, TX 78501	
8 PURPOSE		(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF		Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE			Check if Austin, TX, officeholder living expense
			Promotional items
Complete ONLY if expenditure to ber		Candidate/Officeholder name Office sought	Office held
Data			
Date		Payee name	
02/29/2024		Brand Boosters Co. LLC	
Amount (\$)		Payee address; City; State; Zip Code	
\$3	189.44	301 N McColl Road	
		Suite G	
		McAllen, TX 78501	
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 Promotional items
			Fiomolional items
Complete ONLY if	6 alius at	Candidate/Officeholder seese	Office held
Complete <u>ONLY</u> if expenditure to ber		Candidate/Officeholder name Office sought	Office held
Date		Payee name	
03/01/2024		Garcia, Laura (Ms.)	
Amount (\$)		Payee address; City; State; Zip Code	
\$1,5	500.00	1325 Ozark Avenue	
		McAllen, TX 78504	
PURPOSE OF		l ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Description
EXPENDITURE		Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Media Consult February 2024
			media Consult I coludity 2024
Complete ONLY if	f direct	Candidate/Officeholder name Office sought	Office held
expenditure to ber			Office field
•			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/12 Rpt: 19/25	Hidalgo County Democratic Party Executive Committee 00028389
4	Date	5 Payee name
	03/01/2024	Garcia, Laura (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	1325 Ozark Avenue
		McAllen, TX 78504
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Media Relations January 2024
		Media Relations bandary 2024
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	and the second of the second o
	Date	Payee name
	03/01/2024	Garcia, Saul (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,000.00	1325 Ozark Avenue
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Operations Manager February 2024
		Sportations manager 1 objects 2021
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	and the second of the second o
_		<u> </u>
	Date	Payee name
	03/01/2024	Garcia, Saul (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,000.00	1325 Ozark Avenue
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Operations Manager January 2024
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beriefit C/Or	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/12 Rpt: 20/25	Hidalgo County Democratic Party Executive Committee 00028389
4	Date	5 Payee name
	03/11/2024	Garcia, Saul (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	1325 Ozark Avenue
		McAllen, TX 78504
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense
		Check if Austin, TX, officeholder living expense
		Operations Manager January 2024
_	0 1: 0 1: 0	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/11/2024	Garcia, Saul (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1325 Ozark Avenue
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Operations Manager February 2024
		Operations Manager February 2024
	Commission ONLL V if disposit	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	the state of the s
	Date	Payee name
	06/26/2024	Intuit Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.32	405 N Angier Ave. NE
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Email program
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	л

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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/Political Committee Credit Card Payment			mmittee	Gift/Awards/Memorials Legal Services	·		ages.	/Contract Labor		Travel Out of D OTHER (enter	oistrict a category not listed above)
	oreal sala raymon			The Instruction G	uide explains	how to cor	mple	te this form.	_		
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 9/12 Rpt: 21/25			unty Democration	Party Exe	cutive Co	mm	nittee		00028389	
4	Date	5	Payee name								
	03/21/2024		Kreative Gr	ounds							
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de				
	\$100.67		609 N. 10th	Street							
			McAllen, TX	78501							
8	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	hedule)	(b)	Description			
	OF EXPENDITURE		Event Expe		,	-/		_ ·	outsi	de of Texas. Cor	mplete Schedule T.
	LAFLINDITORE							_	ı, TX,	officeholder livin	ng expense
								Food			
9	Complete ONLY if direct		Candidate/Offi	ceholder name		Office sou	ght			Office h	neld
	expenditure to benefit C/OI	H									
	Date		Payee name								<u> </u>
	06/17/2024		London Gril	l & Tavern							
	Amount (\$)	Г	Payee addre	ss; City;	State	e; Zip Co	de				
	\$1,923.75		129 E Nolai	na Avenue							
			McAllen, TX	78504							
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	hedule)	(b)	Description			
	OF EXPENDITURE		Event Expe					Check if travel			mplete Schedule T.
	LAFLINDITORE		•					—		officeholder livin	ng expense
								Food and ver	nue	!	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	(Office sou	ght			Office h	neld
	CAPERIGITATE TO DETICITE C/OI	_									
	Date		Payee name								
	06/18/2024		Lone Star N	lational Bank							
	Amount (\$)		Payee addre	ss; City;	State	e; Zip Co	de				
	\$100.00		600 E. Nola	na							
			McAllen, TX	78501							
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	hedule)	(b)	Description			
	OF EXPENDITURE		Accounting/					브			mplete Schedule T.
										officeholder livin	ng expense
								Establish nev	<i>N</i> a	ccount	
	Complete ONII V if allow	L	Danalidate 10 "			Office	a. la +			Office 1	المام
	Complete ONLY if direct expenditure to benefit C/OI		Januidate/Offi	ceholder name	(Office sou	ynt			Office h	ieiu

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cobadula F1	
1	Total pages Schedule F1: Sch: 10/12 Rpt: 22/25	2 FILER NAME Hidalgo County Democratic Party Executive Committee 3 Filer ID (Ethics Commission Filers) 00028389
4	Date	5 Payee name
	06/03/2024	NGP Van Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$159.90	655 15th St. NW
		Suite 650
		Washington, DC 20005
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Database expense
_	Commission ONU V. St. alling.	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/02/2024	NGP Van Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$159.90	655 15th St. NW
		Suite 650
		Washington, DC 20005
	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
		Database
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_	Data	
	Date	Payee name
	03/04/2024	NGP Van Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$159.90	655 15th St. NW
		Suite 650
		Washington, DC 20005
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Database
		Database
	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

	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: 11/12 Rpt: 23/25	Hidalgo County Democratic Party Executive Committee 00028389
4	Date	5 Payee name
	06/10/2024	Najera, Jose (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,074.00	Unknown
		Unknown, TX 00000
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 Podcast recording
		Poucast recording
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	03/07/2024	Romero, Desiderio (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,500.00	1722 N. Alamo Road
		Alamo, TX 78516
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Field OPs Director February 2024
		Fleid OF's Director February 2024
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	David and the second se
	Date 06/04/2024	Payee name Scale to Win
	Amount (\$)	Payee address; City; State; Zip Code
	\$997.04	13742 Harper Street
		Santa Ana, CA 92703
	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 Text program
		τολι program
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/12 Rpt: 24/25	Hidalgo County Democratic Party Executive Committee 00028389
4	Date	5 Payee name
	04/02/2024	Scale to Win
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$185.35	13742 Harper Street
		Santa Ana, CA 92703
8	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
		Database
		Database
Ļ	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	06/21/2024	Spectrum
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$112.92	8001 North 10th Street
	Φ112.92	6001 Notti 10tii Stieet
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Internet
L	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	03/21/2024	Spectrum
	Amount (\$)	Payee address; City; State; Zip Code
	\$112.92	8001 North 10th Street
		McAllen, TX 78504
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Internet
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1

SCHEDULE |

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule I:	2	FILER NAME	3	Filer ID	(Ethics Commission Filers)				
	Sch: 1/1 Rpt:		Hidalgo County Democratic Party Executive Committee		00028389					
4	Date	5	Payee name							
	06/30/2024		Lone Star National Bank							
6	Amount (\$)	7	Payee Address; City; State; Zip							
	55.00	55.00 600 E. Nolana								
		McAllen, TX 78501								
8	PURPOSE OF EXPENDITURE	(a)	Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description Service ch		-	ding type of information required.)				