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. 00023943 3 COMMITTEE NAME **OFFICE USE ONLY** Webb County Democratic Party (CEC) Date Received **ELECTRONICALLY FILED** 10/06/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1802 Houston St. Date Hand-delivered or Date Postmarked Change of Address Laredo, TX 78040 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Amber A. NAME NICKNAME LAST **SUFFIX** Avis STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1802 Houston St. STREET **ADDRESS** (Residence or Business) Laredo, TX 78040 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1802 Houston St. MAILING **ADDRESS** Laredo, TX 78040 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 693-9906 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** 01/01/2024 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 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)
Webb County Democrat	ic Party (CEC)		0002394	43
14 COMMITTEE ACTIVITY	1. 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		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOAN: CONTRIBUTIONS check here if this rep	ED 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)	\$	29,266.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITION	CAL EXPENDITURES	\$	18,687.70
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	L CONTRIBUTIONS MAINTAINED AS OF THE LAST ING PERIOD	DAY \$	28,104.60
OUTSTANDING LOAN TOTALS		L AMOUNT OF ALL OUTSTANDING LOANS AS OF ⁻ E REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			•	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Amber	r A. Avis	
		Signature of Ca	mpaign Trea	asurer
AFFIX NOTARY	STAMP / SEAL ABOV	E		
		, ti	his the	day
of	, 20, to certif	y which, witness my hand and seal of office.		
Signature of officer adr	ninistering oath	Printed name of officer administering oath	Title of c	officer administering oath

SUBTOTALS - CEC FORM CEC **COVER SHEET PG 3** 18 Filer ID **17** COMMITTEE NAME (Ethics Commission Filers) Webb County Democratic Party (CEC) 00023943 19 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 29,266.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 18,687.70 \$

6.

7.

8.

10.

TO FILER

SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

\$

\$

\$

\$

\$

	MONET	ARY POLITICAL CONTRIB	IS		SCHEDUL	E A1	
	The Instruc	ction Guide explains how to complete	e this forr	n.	1	Total pages Schedule A1: Sch: 1/18 Rpt: 4/49	
2	FILER NAME Webb Count	y Democratic Party (CEC)			3	Filer ID (Ethics Commission 00023943	n Filers)
4	Date 02/01/2024	 Full name of contributor out-of-state F Arce, Rubem Contributor address; City; State; Zip Code 	-)	7	Amount of Contribution (\$)	\$150.00
8	Principal occu	Laredo, TX 78040 pation / Job title (See Instructions)	9	Employer (See Instructions	(s)		
	Attorney	salon, cop alle (coe mollacione)		Self	,,		
	Date 01/03/2024	Full name of contributor out-of-state FBruni, Sylvia Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Laredo, TX 78045					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 02/16/2024	Full name of contributor out-of-state FBruni, Sylvia Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Laredo, TX 78045					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 03/05/2024	Full name of contributor out-of-state F Bruni, Sylvia Contributor address; City; State; Zip Code Laredo, TX 78045)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 04/08/2024	Full name of contributor out-of-state F Bruni, Sylvia Contributor address; City; State; Zip Code Laredo, TX 78045)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			'				

	MONET	ARY POLITICAL CO	S		SCHEDUL	E A1	
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 2/18 Rpt: 5/49	
2	FILER NAME Webb Count	y Democratic Party (CEC)			3	Filer ID (Ethics Commission 00023943	n Filers)
4	Date 05/13/2024	Bruni, Sylvia	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
0	Dringing coou	Laredo, TX 78045	lo.	Employer (See Instructions			
8	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 06/05/2024	Full name of contributor Bruni, Sylvia Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Dringinal occu	Laredo, TX 78045		Employer (See Instructions			
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 02/08/2024	Full name of contributor Castellano , Cecillia Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$150.00
		Von Ormy, TX 78073					
	Principal occu Self Employe	pation / Job title (See Instructions) ed		Employer (See Instructions)		
	Date 01/10/2024	Full name of contributor Cigarroa, Melissa Contributor address; City; State; Laredo, TX 78040	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$60.00
	Principal occu Office Admin	pation / Job title (See Instructions) istrator		Employer (See Instructions Cigarora Heart Clinic)		
	Date 02/08/2024	Full name of contributor Cigarroa, Melissa Contributor address; City; State; Laredo, TX 78040	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu Office Admin	pation / Job title (See Instructions)		Employer (See Instructions Cigarroa Heart Clinic)		

	MONET	ARY POLITICAL (CONTRIBUTION	S	SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this for	rm	1.	1	Total pages Schedule A1: Sch: 3/18 Rpt: 6/49	
2	FILER NAME Webb Count	y Democratic Party (CEC)				3	Filer ID (Ethics Commission 00023943	Filers)
4	Date 02/16/2024	5 Full name of contributor Cigarroa, Melissa6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$60.00
		Laredo, TX 78040	_ _					
8	Principal occu Office Admir	pation / Job title (See Instructions nistrator	9		Employer (See Instructions Cigarroa Heart Clinic	5)		
	Date 03/05/2024	Full name of contributor Cigarroa, Melissa Contributor address; City; Si	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$60.00
	Principal occu	Laredo, TX 78040 pation / Job title (See Instructions	<u>,</u>		Employer (See Instructions	(s)		
	Office Admir				Cigarroa Heart Clinic	,		
	Date 04/08/2024	Full name of contributor Cigarroa, Melissa Contributor address; City; Si	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$60.00
		Laredo, TX 78040						
	Principal occu Office Admir	pation / Job title (See Instructions histrator	5)		Employer (See Instructions Cigarroa Heart Clinic	5)		
	Date 05/13/2024	Full name of contributor Cigarroa, Melissa Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$60.00
	Principal occu Office Admir	pation / Job title (See Instructions histrator	5)		Employer (See Instructions Cigarroa Heart Clinic	s)		
	Date 06/05/2024	Full name of contributor Cigarroa, Melissa Contributor address; City; Si Laredo, TX 78040	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$60.00
	Principal occu Office Admir	pation / Job title (See Instructions histrator	5)		Employer (See Instructions Cigarroa Heart Clinic	5)		
					<u></u>			

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 4/18 Rpt: 7/49	
2	FILER NAME Webb Count	y Democratic Party (CEC)		3	Filer ID (Ethics Commission 00023943	Filers)
4	Date 01/03/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$15.00
	Dringing aggr	Laredo, TX 78045	• Employer (See Instructions	_		
8	Self Employe		9 Employer (See Instructions)		
	Date 02/08/2024	Full name of contributor)		Amount of Contribution (\$)	\$15.00
	Dringing aggr	Laredo, TX 78045	Employer (See Instructions	_		
	Self Employe	pation / Job title (See Instructions)	Employer (See Instructions	')		
	Date 02/29/2024	Full name of contributor out-of-state PAC (ID#: Cruz , Brenda Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$15.00
		Laredo, TX 78045				
	Principal occu Self Employe	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 03/28/2024	Full name of contributor out-of-state PAC (ID#:Cruz , Brenda Contributor address; City; State; Zip Code Laredo, TX 78045			Amount of Contribution (\$)	\$15.00
	Principal occu Self Employe	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 05/30/2024	Full name of contributor out-of-state PAC (ID#: Cruz , Brenda Contributor address; City; State; Zip Code Laredo, TX 78045)		Amount of Contribution (\$)	\$15.00
	Principal occu Self Employe	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL (CONTRIBUTIO	S	SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 5/18 Rpt: 8/49	
2	FILER NAME Webb Count	y Democratic Party (CEC)				3	Filer ID (Ethics Commission 00023943	n Filers)
4	Date 01/11/2024	5 Full name of contributor Cuellar, Martin6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	7	Amount of Contribution (\$)	\$150.00
		Laredo, TX 78040						
8	Principal occu Sheriff	pation / Job title (See Instructions	;) 	9	Employer (See Instructions Webb County	5)		
	Date 01/11/2024	Full name of contributor Cuellar , Rosie Contributor address; City; Si)	•	Amount of Contribution (\$)	\$150.00
	Dringing Lagge	Laredo, TX 78045	<u>.</u>		Employer (Coo Instructions	<u></u>		
	Canidate for	pation / Job title (See Instructions State Rep	·)		Employer (See Instructions Self	o)		
	Date 01/22/2024	Full name of contributor De Anda, Ricardo Contributor address; City; Si	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$150.00
		Laredo, TX 78040						
	Principal occu Attorney	pation / Job title (See Instructions	s) 		Employer (See Instructions Self	s)		
	Date 01/23/2024	Full name of contributor Devally, Harold Contributor address; City; Si Laredo, TX 78041	out-of-state PAC (ID#:_			•	Amount of Contribution (\$)	\$150.00
	Principal occu Webb Count	pation / Job title (See Instructions y	;)		Employer (See Instructions Constable	s)		
	Date 01/10/2024	Full name of contributor Flores, Dora Contributor address; City; Si	out-of-state PAC (ID#:_			•	Amount of Contribution (\$)	\$25.00
	Principal occu Teacher	pation / Job title (See Instructions	(3)		Employer (See Instructions UISD	s)		

	MONET	ARY POLITICAL CONTRIBUTI	IS		SCHEDULI	■ A1	
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 6/18 Rpt: 9/49	
2	FILER NAME Webb Count	y Democratic Party (CEC)			3	Filer ID (Ethics Commission 00023943	Filers)
4	Date 02/16/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$25.00
_	Deignaignal	Laredo, TX 78043	ام	Fandavar (Caa Instruction			
8	Teacher	pation / Job title (See Instructions)	9	Employer (See Instructions UISD			
	Date 03/12/2024	Full name of contributor out-of-state PAC (ID: Flores, Dora Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$25.00
	<u> </u>	Laredo, TX 78043		5 1 (0 1 : :			
	Teacher	pation / Job title (See Instructions)		Employer (See Instructions UISD	5)		
	Date 04/08/2024	Full name of contributor out-of-state PAC (ID) Flores, Dora Contributor address; City; State; Zip Code	#: <u></u>)	•	Amount of Contribution (\$)	\$25.00
		Laredo, TX 78043					
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions UISD	s)		
	Date 05/16/2024	Full name of contributor out-of-state PAC (ID: Flores, Dora Contributor address; City; State; Zip Code Laredo, TX 78043)		Amount of Contribution (\$)	\$25.00
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions UISD	<u>l</u> 5)		
	Date 06/20/2024	Full name of contributor out-of-state PAC (ID: Flores, Dora Contributor address; City; State; Zip Code Laredo, TX 78043			•	Amount of Contribution (\$)	\$25.00
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions UISD	s)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/18 Rpt: 10/49		
2	FILER NAME Webb Count	ry Democratic Party (CEC)		3	Filer ID (Ethics Commission 00023943	n Filers)	
4	Date 02/01/2024	 Full name of contributor out-of-state PAC (ID#:_ Friends of WCDP Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$636.00	
8	Principal occu	Laredo, TX 78040 pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 01/03/2024	Full name of contributor out-of-state PAC (ID#:_ Galindo, Mary Contributor address; City; State; Zip Code Laredo, TX 78046			Amount of Contribution (\$)	\$25.00	
	Principal occu Self Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Self Employed)			
	Date 02/16/2024	Full name of contributor out-of-state PAC (ID#:_Galindo, Mary Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$25.00		
	Principal occu Self employe	Laredo, TX 78046 pation / Job title (See Instructions)	Employer (See Instructions Self Employed)			
	Date 03/05/2024	Full name of contributor out-of-state PAC (ID#:_ Galindo, Mary Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00	
	Principal occu Self Employe	Laredo, TX 78046 pation / Job title (See Instructions) ed	Employer (See Instructions Self Employed)			
	Date 04/08/2024	Full name of contributor out-of-state PAC (ID#:_Galindo, Mary Contributor address; City; State; Zip Code Laredo, TX 78046			Amount of Contribution (\$)	\$25.00	
	Principal occu Self employe	pation / Job title (See Instructions)	Employer (See Instructions Self employed)			

	MONET	ARY POLITICAL CONT	S	SCHEDULE A1			
	The Instruc	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 8/18 Rpt: 11/49	
2	FILER NAME Webb Count	y Democratic Party (CEC)			3	Filer ID (Ethics Commission 00023943	n Filers)
4	Date 02/01/2024	Galo, John 6 Contributor address; City; State; Zip			7	Amount of Contribution (\$)	\$150.00
8	Principal occu	Laredo, TX 78040 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Commission	er		Webb County			
	Date 01/10/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-)		Amount of Contribution (\$)	\$25.00
		Laredo, TX 78045					
		pation / Job title (See Instructions)		Employer (See Instructions	()		
	Attorney			Self Employed			
	Date 02/08/2024	Full name of contributor out-contributor address; City; State; Zip of	of-state PAC (ID#: Code)		Amount of Contribution (\$)	\$150.00
		Laredo, TX 78045					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 02/16/2024	Garcia, Jaime	of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	<u> </u>		
	Date 03/12/2024	Full name of contributor out-of Garcia, Jaime Contributor address; City; State; Zip of Laredo, TX 78045	of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	i)		
			'				

	MONET	ARY POLITICAL CO	S	SCHEDULE A1			
	The Instruc	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 9/18 Rpt: 12/49	
2	FILER NAME Webb Count	y Democratic Party (CEC)			3	Filer ID (Ethics Commission 00023943	n Filers)
4	Date 04/08/2024	5 Full name of contributor Garcia, Jaime6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Laredo, TX 78045 pation / Job title (See Instructions)	9	Employer (See Instructions)		
•	Attorney	panony cos and (coe monacho)		Self Employed	,		
	Date 05/16/2024	Full name of contributor Garcia, Jaime Contributor address; City; State				Amount of Contribution (\$)	\$25.00
		Laredo, TX 78045					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self Employed)		
	Date 06/20/2024	Full name of contributor Garcia, Jaime Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Laredo, TX 78045					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self Employed)		
	Date 01/22/2024	Full name of contributor Garcia, Jaime Contributor address; City; State Laredo, TX 78045	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$150.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self Employed)		
	Date 02/01/2024	Full name of contributor Godines, Viola Contributor address; City; State Laredo, TX 78041	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$150.00
	Principal occu Self	pation / Job title (See Instructions)		Employer (See Instructions Self)		

	MONET	ARY POLITICAL (CONTRIBUTIO	S	SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 10/18 Rpt: 13/49	
2	FILER NAME Webb Count	y Democratic Party (CEC)				3	Filer ID (Ethics Commission 00023943	n Filers)
4	Date 01/23/2024	5 Full name of contributor Gomez, Guadalupe6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$150.00
		Laredo, TX 78042						
8	Principal occu Constable	pation / Job title (See Instructions	;) 	9	Employer (See Instructions Webb County	5)		
	Date 02/01/2024	Full name of contributor Gonzalez, Jesse Contributor address; City; S)		Amount of Contribution (\$)	\$150.00
	Principal occu	Laredo, TX 78040 pation / Job title (See Instructions	<u>, </u>		Employer (See Instructions	<u>s)</u>		
	Commission		,,		Webb County	-,		
	Date 02/01/2024	Full name of contributor Guerra, Tina Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$150.00
		Laredo, TX 78045						
	Principal occu Candidate of	pation / Job title (See Instructions f Constable	5)		Employer (See Instructions Self	5)		
	Date 02/16/2024	Full name of contributor Gutierrez, Roland Contributor address; City; S San Antonio, TX 78214	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$150.00
	Principal occu Self Employe	pation / Job title (See Instructions ed	5)		Employer (See Instructions	5)		
	Date 01/23/2024	Full name of contributor Jaime, Ricky Contributor address; City; Si Laredo, TX 78040	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$150.00
	Principal occu Commission	pation / Job title (See Instructions er	s)		Employer (See Instructions Webb County	s)		

	MONET	ARY POLITICAL (S	SCHEDULE A1				
	The Instruc	ction Guide explains hov	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 11/18 Rpt: 14/49	
2	FILER NAME Webb Count	y Democratic Party (CEC)				3	Filer ID (Ethics Commission 00023943	n Filers)
4	Date 01/11/2024	5 Full name of contributorJohnson Hernandez, Tere6 Contributor address; City; S)	7	Amount of Contribution (\$)	\$450.00
8	Principal occu	Laredo, TX 78045 pation / Job title (See Instructions	9	a	Employer (See Instructions	;) 		
0	Self Employe		s)	3	Self	P)		
	Date 02/08/2024	Full name of contributor King, Tyler (Dr.) Contributor address; City; S)		Amount of Contribution (\$)	\$150.00
		Laredo, TX 78045						
	Principal occu Family Physi	pation / Job title (See Instructions ician	5)		Employer (See Instructions LMC	s)		
	Date 01/11/2024	Full name of contributor Landeck, Michael Contributor address; City; S	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$500.00
		Laredo, TX 78043						
	Principal occu Retired	pation / Job title (See Instructions	s) 		Employer (See Instructions Retired	s)		
	Date 01/11/2024	Full name of contributor Lolo Youth Council Contributor address; City; S Laredo, TX 78040)		Amount of Contribution (\$)	\$150.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		
	Date 02/16/2024	Full name of contributor Lopez, Carlos Contributor address; City; S Uvalde, TX 78801	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$150.00
	Principal occu Self Employe	pation / Job title (See Instructions ed	5)		Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIE		SCHEDUL	E A1		
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 12/18 Rpt: 15/49	
2	FILER NAME Webb County Democratic Party (CEC)			3	Filer ID (Ethics Commission 00023943	n Filers)	
4	Date 01/23/2024			7	Amount of Contribution (\$)	\$150.00	
_	Deignaignal	Laredo, TX 78043	lo.	Franks var (Coo kastu esticas	<u></u>		
8		incipal occupation / Job title (See Instructions) andidate for Tax Assessor 9 Employer (See Instructions) Self		5)			
	Date Full name of contributor out-of-state PAC (ID#:) 02/01/2024 Montoya, Helen Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$150.00		
	Laredo, TX 78041						
	Principal occupation / Job title (See Instructions) Candidate for Tax Assessor Collector Employer (See Instructions Self			s)			
Date Full name of contributor out-of-state PAC (ID#:) O1/11/2024 Ortiz, Chemo Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$150.00		
		Laredo, TX 78041					
	Principal occu Candidate fo	pation / Job title (See Instructions) or Sheriff		Employer (See Instructions Self	s)		
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$150.00		
	Principal occupation / Job title (See Instructions) Justice of the Peace Employer (See Instructions) Webb County			5)			
Date Full name of contributor out-of-state PAC (ID#:) 01/03/2024 Perez, Maria Contributor address; City; State; Zip Code Laredo, TX 78040		•	Amount of Contribution (\$)	\$10.00			
	Principal occu School Cour	pation / Job title (See Instructions) nselor		Employer (See Instructions UISD	5)		
			,				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1	
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 13/18 Rpt: 16/49	
2	FILER NAME Webb County Democratic Party (CEC)			3	Filer ID (Ethics Commission 00023943	n Filers)	
4	Date 02/08/2024			7	Amount of Contribution (\$)	\$10.00	
0	Principal occu	Laredo, TX 78040	ام	Employer (See Instructions	·/		
0	3 Principal occupation / Job title (See Instructions)5 School Counselor9 Employer (See Instructions)UISD)				
	Date Full name of contributor out-of-state PAC (ID#:) 02/29/2024 Perez, Maria Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00		
		Laredo, TX 78040			<u> </u>		
	Principal occupation / Job title (See Instructions) School Counselor UISD			Employer (See Instructions UISD	5)		
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00		
		Laredo, TX 78040					
	Principal occu School Cour	pation / Job title (See Instructions) nselor		Employer (See Instructions UISD	5)		
Date Full name of contributor out-of-state PAC (ID#:					Amount of Contribution (\$)	\$10.00	
Laredo, TX 78040 Principal occupation / Job title (See Instructions) School Counselor UISD			Employer (See Instructions UISD	<u> </u> 5)			
Date Full name of contributor out-of-state PAC (ID#:) D5/30/2024 Perez, Maria Contributor address; City; State; Zip Code Laredo, TX 78040			Amount of Contribution (\$)	\$10.00			
	Principal occu School Cour	pation / Job title (See Instructions)		Employer (See Instructions UISD	5)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 14/18 Rpt: 17/49
2	FILER NAME Webb County Democratic Party (CEC)			3	Filer ID (Ethics Commission Filers) 00023943	
4	Date 02/01/2024 5 Full name of contributor out-of-state PAC (ID#:) Quarter Mile 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$200.00		
•	Dringing Lagge	Laredo, TX 78041	\	0 Employer (Coo Instructions		
8	Principal occupation / Job title (See Instructions) 9 Employer (See Instruction			Employer (See Instructions	')	
	Date Full name of contributor out-of-state PAC (ID#:) 06/18/2024 Raymond, Richard Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$10,000.00		
	Laredo, TX 78042 Principal occupation / Job title (See Instructions) Employer (See Instruction					
	State Representative State of Texas				')	
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$) \$10,000.00		
	•	Laredo, TX 78042 pation / Job title (See Instructions)	Employer (See Instructions State of Texas	5)	
State Representative State Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$) \$150.00		
	Principal occu Candidate fo	pation / Job title (See Instructions or Sheriff)	Employer (See Instructions Self)	
	Date Full name of contributor out-of-state PAC (ID#:) 02/16/2024 Rodriguez, Liza Contributor address; City; State; Zip Code San Antonio, TX 78250			Amount of Contribution (\$) \$150.00		
	Principal occu Fourth Court	pation / Job title (See Instructions t of Appeals)	Employer (See Instructions State of Texas)	

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE			
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 15/18 Rpt: 18/49			
2	FILER NAME Webb County Democratic Party (CEC)				3	Filer ID (Ethics Commission 00023943	on Filers)		
4	02/16/2024 Ruiz, Francisca 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$300.00				
8	Principal occu	Laredo, TX 78041 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> ;)				
	Self Employe				,				
	Date Full name of contributor out-of-state PAC (ID#:) 06/20/2024 Ruiz, Jonathan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00				
	Laredo, TX 78041			<u></u>					
	Principal occupation / Job title (See Instructions) Self Employed Employer (See Instructions) Self			5)					
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00				
		Laredo, TX 78043							
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)				
Date O2/16/2024 Saenz, Ana Contributor address; City; State; Zip Code Laredo, TX 78043)		Amount of Contribution (\$)	\$25.00				
Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired			Employer (See Instructions Retired	5)					
Date Full name of contributor out-of-state PAC (ID#:) 03/19/2024 Saenz, Ana Contributor address; City; State; Zip Code Laredo, TX 78043			Amount of Contribution (\$)	\$25.00					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)				
			,						

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULI	SCHEDULE A1	
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 16/18 Rpt: 19/49		
2	FILER NAME Webb Count	y Democratic Party (CEC)			3	Filer ID (Ethics Commission 00023943	ı Filers)	
4	Date 05/16/2024 5 Full name of contributor out-of-state PAC (ID#:) Saenz, Ana 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$25.00			
_	5	Laredo, TX 78043						
8	Principal occupation / Job title (See Instructions) Retired 9 Employer (See Instructions) Retired		·)					
	Date Full name of contributor out-of-state PAC (ID#:) 06/26/2024 Saenz, Ana Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00			
	Laredo, TX 78043 Principal occupation / Job title (See Instructions) Employer (See Instructions				5)			
Retired Retired		Retired						
	Date Full name of contributor out-of-state PAC (ID#:					Amount of Contribution (\$)	\$10.00	
		Laredo, TX 78045						
	Principal occu Bartender	pation / Job title (See Instructions)		Employer (See Instructions The Tack Room	<u> </u>			
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00			
	Principal occu Bartender	pation / Job title (See Instructions)		Employer (See Instructions The Tack Room	5)			
Date Full name of contributor out-of-state PAC (ID#:) 03/05/2024 Shrout , Will Contributor address; City; State; Zip Code Laredo, TX 78045			Amount of Contribution (\$)	\$10.00				
	Principal occu Bartender	pation / Job title (See Instructions)		Employer (See Instructions The Tack Room	5)			
			I					

	MONET	ARY POLITICAL CON		SCHEDUL	E A1		
	The Instru	ction Guide explains how to o	complete this forn	n.	1	Total pages Schedule A1: Sch: 17/18 Rpt: 20/49	
2	FILER NAME Webb County Democratic Party (CEC)				3	Filer ID (Ethics Commission 00023943	n Filers)
4	Date 04/08/2024	04/08/2024 Shrout , Will 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10.00	
	Dringing Loggy	Laredo, TX 78045	lo-	Employer (Coo Instructions			
8	Bartender	Principal occupation / Job title (See Instructions) Bartender 9 Employer (See Instructions) The Tack Room		·)			
	Date Full name of contributor out-of-state PAC (ID#:) 05/13/2024 Shrout , Will Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00		
	Laredo, TX 78045				_		
Principal occupation / Job title (See Instructions) Bartender Employer (See Instructions) The Tack Room)					
	Date Full name of contributor out-of-state PAC (ID#:) 06/05/2024 Shrout , Will Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00	
		Laredo, TX 78045					
	Principal occu Bartender	pation / Job title (See Instructions)		Employer (See Instructions The Tack Room	i)		
Date Full name of contributor out-of-state PAC (ID#:) Tellez, Jose Contributor address; City; State; Zip Code Laredo, TX 78041			Amount of Contribution (\$)	\$150.00			
	Principal occu Self Employe	pation / Job title (See Instructions)		Employer (See Instructions	()		
Date O4/05/2024 Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code Laredo, TX 78043			Amount of Contribution (\$)	\$500.00			
	Principal occu Executive Di	pation / Job title (See Instructions) rector		Employer (See Instructions Laredo International Fai		Exposition	
			I				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUL	.E А1	
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 18/18 Rpt: 21/49		
2	FILER NAME Webb Count	FILER NAME Webb County Democratic Party (CEC)			Filer ID (Ethics Commission 00023943	n Filers)
4	Date 01/23/2024 5 Full name of contributor out-of-state PAC (ID#:) Trevino, Ponce 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$150.00	
	Dringing Logo	Laredo, TX 78045	Contraction			
8	 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions Candidate for Constable 		S)			
	Date Full name of contributor out-of-state PAC (ID#:) 01/22/2024 Villarreal , Graciela Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$150.00	
		Laredo , TX 78046	1	Ĺ		
	Principal occupation / Job title (See Instructions) Substitute Teacher Employer (See Instructions LISD					
	Date 02/16/2024	Full name of contributor out-of-state PAC (ID#:_ Villarreal , Miguel Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$150.00
	Principal occu	Laredo, TX 78046 upation / Job title (See Instructions)	Employer (See Instruction	 s)		
	Constable		Webb County	_		

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

	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: 1/28 Rpt: 22/49	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
	01/03/2024	ActBlue Technical Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.98	366 Summer St.
		Somerville, MA 02144-3132
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Merchant Fees
		Meronant rees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	01/09/2024	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.75	366 Summer St.
	Ψ4.13	300 Summer St.
		Somonillo MA 02144 2122
		Somerville, MA 02144-3132
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Merchant Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/16/2024	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer St.
		Somerville, MA 02144-3132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	LXI LIIDITORE	Check if Austin, TX, officeholder living expense Merchant Fee
		Merchant Fee
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
L		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services	Poll ense Prin	ing Expensiting Exper			Travel in Distric		
Credit Card F dyment			The Instruction Guide	explains how	to comp	lete this form.			
1	Total pages Schedule F1: Sch: 2/28 Rpt: 23/49		Priler NAME Webb County Democratic Party (CEC)				3	Filer ID 00023943	(Ethics Commission Filers)
4	Date	5 Payee name					<u> </u>		
•	01/22/2024		chnical Services						
6	Amount (\$)	7 Payee addre	ess; City;	State; Zij	o Code				
	\$5.93	366 Summ	er St.						
		Somerville,	MA 02144-3132						
8	PURPOSE OF		see Categories listed at the to	p of this schedule)) (b)	Description			
	EXPENDITURE	Accounting	/Banking			=	ı, TX	de of Texas. Cor , officeholder livin	nplete Schedule T. g expense
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office	e sought			Office h	eld
	Date	Payee name							
	02/08/2024	ActBlue Te	chnical Services						
	Amount (\$)	Payee addre	ess; City;	State; Zij	o Code				
	\$34.60	366 Summ	er St.						
		Somerville,	MA 02144-3132						
	PURPOSE	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Accounting	/Banking			<u></u>		ide of Texas. Cor , officeholder livin	nplete Schedule T.
						Merchant Fee		, officeriolder livin	g expense
	Complete ONLY if direct expenditure to benefit C/Oh		iceholder name	Office	sought			Office h	eld
	Date	Payee name							
	02/15/2024	ActBlue Te	chnical Services						
	Amount (\$)	Payee addre	ess; City;	State; Zij	o Code				
	\$43.29	366 Summ	er St.						
		Somerville,	MA 02144-3132						
	PURPOSE OF	,	see Categories listed at the to	p of this schedule)	(b)	Description			
	EXPENDITURE	Accounting	/Banking					ide of Texas. Cor , officeholder livin	nplete Schedule T.
						Merchant Fee		, omcendider ilviii	g expense
	Complete ONLY if direct expenditure to benefit C/Oł		iceholder name	Office	e sought			Office h	eld
<u> </u>	me provided by Texas F	thias Commiss	ion varan	othics state	tv. 110				Version V// 1 0 //8da51

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

	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: 3/28 Rpt: 24/49	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
	02/29/2024	ActBlue Technical Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.00	366 Summer St.
		Somerville, MA 02144-3132
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Merchant Fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	- CAPCHARLATO TO SOTIONE GAO	•
	Date	Payee name
	03/04/2024	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.75	366 Summer St.
		Somerville, MA 02144-3132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Merchant Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/12/2024	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	366 Summer St.
		Somerville, MA 02144-3132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Merchant Fee
		Welchant Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations 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

	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: 4/28 Rpt: 25/49	Webb County Democratic Party (CEC)	00023943
4	Date	5 Payee name	
	03/19/2024	ActBlue Technical Services	
6	Amount (\$) \$0.99	7 Payee address; City; State; Zip Code 366 Summer St.	
	Φυ.55	300 Summer St.	
		Somerville, MA 02144-3132	
8	PURPOSE		
	OF		l outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin	n, TX, officeholder living expense
		Merchant Fe	:e
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		555 N.6.16
	Date	Payee name	
	03/28/2024	ActBlue Technical Services	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.60	366 Summer St.	
		Somerville, MA 02144-3132	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	/ Accounting/Banking	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Merchant Fe	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit 5, 5.	···	
	Date	Payee name	
	04/08/2024	ActBlue Technical Services	
	Amount (\$) \$2.38	Payee address; City; State; Zip Code 366 Summer St.	
	ΨΔ.ΟΟ	300 Summer St.	
		Somerville, MA 02144-3132	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	/ Accounting/Bariking	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Merchant Fe	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	н	

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: 5/28 Rpt: 26/49	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
	04/08/2024	ActBlue Technical Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.75	366 Summer St.
		Somerville, MA 02144-3132
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Merchant Fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┕		
	Date	Payee name
	04/29/2024	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	366 Summer St.
		Somerville, MA 02144-3132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Merchant Fee
		Wictoriant Lee
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
⊨	Date	Daving marks
	05/13/2024	Payee name ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.76	366 Summer St.
L		Somerville, MA 02144-3132
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Merchant Fee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

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
Gitt/Awards/Memorials Expense

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/28 Rpt: 27/49	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
	05/15/2024	ActBlue Technical Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.97	366 Summer St.
		Somerville, MA 02144-3132
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Merchant Fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
		•
	Date	Payee name
	05/30/2024	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.00	366 Summer St.
		Somerville, MA 02144-3132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Merchant Fee
	Complete ONLY if direct	Candidata/Officeholder name Office county Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	06/05/2024	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.76	366 Summer St.
		Somerville, MA 02144-3132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Merchant Fee
		Welchant Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	o

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

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: 7/28 Rpt: 28/49	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
	06/18/2024	ActBlue Technical Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.98	366 Summer St.
		Somerville, MA 02144-3132
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Merchant Fee
		Werenditt
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Dougo nomo
	06/25/2024	Payee name
		ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer St.
		Somerville, MA 02144-3132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Merchant Fee
		Metchant Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 03/11/2024	Payee name
		Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.40	440 Terry Ave N
		Seattle, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	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) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/28 Rpt: 29/49	Webb County Democratic Party (CEC) 00023943
4	Date 03/01/2024	5 Payee name Best Buy
6	Amount (\$) \$1,537.11	7 Payee address; City; State; Zip Code 7905 San Dario Ave Laredo, TX 78045
8	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 Computer and Printer Purchased
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
=	Date	Payee name
	06/04/2024	Bruni, Sylvia
	Amount (\$)	Payee address; City; State; Zip Code
	\$436.00	7404 Lake Victoria
		Laredo, TX 78045
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Delegate Stipend for State Convention
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 02/20/2024	Payee name Canva
	Amount (\$) \$119.99	Payee address; City; State; Zip Code 110 Kippaz St
		Surry Hills Australia
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Marketing yearly subscription
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

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: 9/28 Rpt: 30/49	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
	01/03/2024	Danny's Restaurant
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$56.48	4320 McPherson
		Laredo, TX 78041
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meals
		Medis
<u>_</u>	Complete ONU V if alice	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/22/2024	East India Co.
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	103 Regal Dr.
		Laredo, TX 78040
	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 Rent
		Nent
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	•	
	Date	Payee name
	01/29/2024	East India Co.
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	103 Regal Dr.
		Laredo, TX 78040
	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
		Electricity 5 months
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor

	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)
l	Sch: 10/28 Rpt: 31/49	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
l	02/16/2024	East India Co.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$850.00	103 Regal Dr.
l		
l		Laredo, TX 78040
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Rent/Utilities
Ļ		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┡	·	
l	Date	Payee name
L	03/29/2024	East India Co.
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$850.00	103 Regal Dr.
l		
		Laredo, TX 78040
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Rent/Utilities
l		
┢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/OI	1
F	Date	Payee name
l	04/04/2024	East India Co.
┝	Amount (\$)	Payee address; City; State; Zip Code
l	\$850.00	103 Regal Dr.
l		
l		Laredo, TX 78040
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Office Overhead/Rental Expense
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Rent/Utilities
\vdash		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
l		

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

	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)
l	Sch: 11/28 Rpt: 32/49	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
	05/10/2024	East India Co.
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$850.00	103 Regal Dr.
		Laredo, TX 78040
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Rent/Utilities
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit Grot	
	Date	Payee name
	02/14/2024	Ed's Trophies
	Amount (\$)	Payee address; City; State; Zip Code
	\$222.00	219 Sanchez
		Laredo, TX 78040
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bowling Tournament Trophies
		Bowling Tournament Trophies
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
H	Date	Dayso nama
	06/10/2024	Payee name El Paso Parking
L	Amount (\$)	
	\$13.00	Payee address; City; State; Zip Code 1000 El Paso
	Ψ13.00	1000 E11 d30
		FI Page TV 70001
		El Paso , TX 79901
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Parking
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г		

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

	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: 12/28 Rpt: 33/49	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
	03/25/2024	Fussion Sushi Bar
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$264.38	8511 McPherson Rd
		Laredo, TX 78045
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Volunteer Meals
_	Operation ONLY # discort	Out district Office held a group of the second of the seco
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/26/2024	Gabriela Morales
	Amount (\$)	Payee address; City; State; Zip Code
	\$59.53	705 Widener Land
		Laredo, TX 78041
	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 Expense USB for laptop
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/05/2024	Garza , Cecilia
	Amount (\$)	Payee address; City; State; Zip Code
	\$336.00	8116 Stillmeadow Ct
		Laredo, TX 78045
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Delegate Stipend for State Convention
	Complete ONLY 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 -

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/28 Rpt: 34/49	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
	06/04/2024	Hinojosa, Susana
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$536.00	9563 Ashton Loop
		Laredo, TX 78045
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Delegate Stipend for State Convention
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
	Date	Payee name
	06/06/2024	Home Goods
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.76	7609 San Dario
		Laredo, TX 78045
	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 HQ Supplies
		ΠQ Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	01/31/2024	International Bank of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.08	1200 San Bernardo
		Laredo, TX 78040
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Bank Fees
L	Complete ONLY if direct	Candidate/Officeholder name Office county Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
_		
l		

SCHEDULE F1

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

	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: 14/28 Rpt: 35/49	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
	02/29/2024	International Bank of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$26.43	1200 San Bernardo
		Laredo, TX 78040
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Banking fee
		Banking lee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	
	Date	Payee name
	03/31/2024	International Bank of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.80	1200 San Bernardo
		Laredo, TX 78040
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank Fees
		Dalik Fees
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	
	Date 04/30/2024	Payee name International Bank of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.14	1200 San Bernardo
		Laredo, TX 78040
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank fee
		Dank ice
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 15/28 Rpt: 36/49	2 FILER NAME Webb County Democratic Party (CEC) 3 Filer ID (Ethics Commission Filers) 00023943
4	Date 05/31/2024	5 Payee name International Bank of Commerce
6	Amount (\$) \$22.45	7 Payee address; City; State; Zip Code 1200 San Bernardo Laredo, TX 78040
8	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 Bank Fees
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 06/30/2024	Payee name International Bank of Commerce
	Amount (\$) \$28.86	Payee address; City; State; Zip Code 1200 San Bernardo Laredo, TX 78040
	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 Bank Fees
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 01/31/2024	Payee name Jackson, Gloria
	Amount (\$) \$25.98	Payee address; City; State; Zip Code 505 Brighton Road
		Laredo, TX 78045
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bowling Tournment Raffle Tickets
	Complete ONLY 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 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 (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 16/28 Rpt: 37/49	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
	06/05/2024	Jackson, Gloria
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$436.00	505 Brighton Road
		Laredo, TX 78045
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Delegate Stipend for State Convention
		2 singular outpoint for other control and in
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	06/18/2024	Jackson, Gloria
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	505 Brighton Road
		Laredo, TX 78045
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Convention Parking
	Commiste ONLY if divest	Constitute / Office helder no year
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	02/01/2024	Jett Bowl North
	Amount (\$)	Payee address; City; State; Zip Code
	\$148.62	5823 McPherson Rd
		Laredo, TX 78041
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Meals
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/01	<u>'</u>

SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politic	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 17/28 Rpt: 38/49	Webb County Democratic Party (CEC) 00023943
4 Date	5 Payee name
02/02/2024	Jett Bowl North
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,190.75	5823 McPherson Rd
	Laredo, TX 78041
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Bowling Tournament fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/C	DH
Date	Payee name
06/04/2024	Lamberton, Rosie
Amount (\$)	Payee address; City; State; Zip Code
\$236.00	3001 Falcon Ridge Cove
	Laredo, TX 78045
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Delegate Stipend for State Convention
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/C	
Date	Payee name
06/04/2024	Lamberton, Rosie
Amount (\$)	Payee address; City; State; Zip Code
\$26.98	3001 Falcon Ridge Cove
, , , ,	
	Laredo, TX 78045
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.
2/4 2/15/10/12	COTV Supplies
	GOTV Supplies
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/C	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 18/28 Rpt: 39/49	Webb County Democratic Party (CEC) 00023943
4 Date	5 Payee name
03/27/2024	Laredo Firefighters Union Hall
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$350.00	5219 Tesoro Plaza
	Laredo, TX 78041
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	County Convention
	County Convention
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
02/22/2024	Laredo Morning Times
Amount (\$)	Payee address; City; State; Zip Code
\$272.50	111 Esperanza Dr
	Laredo, TX 78041
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
	Ad. Senator Z
2 1 2 2 1 1 2 1 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/06/2024	Lowe's
Amount (\$)	Payee address; City; State; Zip Code
\$23.71	6623 San Dario Ave
	Laredo, TX 78041
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
	HQ Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to benefit even	

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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.			
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 19/28 Rpt: 40/49	Webb County Democratic Party (CEC)			00023943	
4	Date	5 Payee name		•		
	01/05/2024	Microsoft				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$75.75	Microsoft Corporation One Microsoft				
		Redmond , WA 98052-6399				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description			
	OF	Office Overhead/Rental Expense		vel outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE	, , , , , , , , , , , , , , , , , , ,			, officeholder living	g expense
			Subscription	on		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought			Office he	eld
	experience to benefit Gree					
	Date	Payee name				
	06/04/2024	Morales, Gabriela				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$436.00	705 Windener				
		Laredo, TX 78041				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description			
	OF EXPENDITURE	Travel Out of District			ide of Texas. Com	
	EXI ENDITORE				, officeholder living	
			Delegate 3	supen	d for State C	Convention
	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	əld
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·			Office file	aiu .
	Data					
	Date 01/22/2024	Payee name Office Depot				
		•				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$102.08	5718 San Bernardo Ave				
		Laredo, TX 78041				
	PURPOSE OF	, , ,	Description			
	EXPENDITURE	Office Overhead/Rental Expense	<u> </u>		ide of Texas. Com , officeholder living	
			Office Sup		, onicendider living	j expense
			250 Cup	٥٠٥		
	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	eld
	expenditure to benefit C/OI				C.Moc He	
_						

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 (Contract Labor,

Credit Card Payment	The Instruction Guide explains how to co	es/Contract Labor	OTTLEN (effici a category flot listed above)
1 Total pages Schedule F1:	·	3	Filer ID (Ethics Commission Filers)
Sch: 20/28 Rpt: 41/49	Webb County Democratic Party (CEC)		00023943
4 Date	5 Payee name	<u> </u>	
05/29/2024	Office Depot		
6 Amount (\$)	7 Payee address; City; State; Zip Co		
\$74.67	5718 San Bernardo Ave		
	Laredo, TX 78041		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	<u> </u>	side of Texas. Complete Schedule T.
EXI ENDITORE		_	X, officeholder living expense
		Office Supplies	
		_	250
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	t	Office held
Date	Payee name		
06/20/2024	Office Depot		
Amount (\$)	Payee address; City; State; Zip Co	!	
\$168.53	5718 San Bernardo Ave		
	Laredo, TX 78041		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel out	side of Texas. Complete Schedule T.
EXPENDITORE			X, officeholder living expense
		Office Supplies	
0 1: 011111111			05.
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	t	Office held
Date	Payee name		
06/03/2024	Palenque Group		
Amount (\$)	Payee address; City; State; Zip Co	!	
\$252.67	4615 San Bernardo Ave		
	Laredo, TX 78041		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Description	
OF EXPENDITURE	Food/Beverage Expense		side of Texas. Complete Schedule T.
EXPENDITURE	·	ш	X, officeholder living expense
		Meals	
Complete ONLY if direct	Candidate/Officeholder name Office sou	t	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 21/28 Rpt: 42/49	2 FILER NAME Webb County Democratic Party (CEC) 3 Filer ID (Ethics Commission Filers) 00023943	
4	Date 05/31/2024	5 Payee name Pla Mor	
6	Amount (\$) \$1,271.94	7 Payee address; City; State; Zip Code 2819 Bob Bullock Loop Laredo, TX 78045	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Coalition Challenge Event	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_
	Date 06/20/2024	Payee name Pla Mor	
	Amount (\$) \$354.96	Payee address; City; State; Zip Code 2819 Bob Bullock Loop Laredo, TX 78045	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Expense	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 02/12/2024	Payee name Quarter Mile Inc	
	Amount (\$) \$78.91	Payee address; City; State; Zip Code 6420 Polario Dr #4	
		Laredo, TX 78041	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertising	
	Complete ONLY 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 -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	Al 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: 22/28 Rpt: 43/49	Webb County Democratic Party (CEC) 00023943
4 Date	5 Payee name
02/28/2024	Quarter Mile Inc
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$133.50	6420 Polario Dr #4
	Laredo, TX 78041
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Advertising
	, avertising
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	
Date	Payee name
06/13/2024	Sam's Club
Amount (\$)	Payee address; City; State; Zip Code
\$12.75	4810 San Bernardo Ave
	Laredo, TX 78041
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 Expense
	Cinico Expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
01/05/2024	T Strategies
Amount (\$)	Payee address; City; State; Zip Code
\$300.00	7019 W Village Blvd Suite 205
	Laredo, TX 78041
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
	Check if Austin, TX, officeholder living expense
	Marketing
Complete CAU V if dire	Condidate/Officeholder name Office pought
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense 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

	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: 23/28 Rpt: 44/49	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
	06/05/2024	Target
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$107.76	7501 San Dario
		Laredo, TX 78041
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
		Οπίου σαμβίτου
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	06/05/2024	Trejo , Letticia
	Amount (\$)	Payee address; City; State; Zip Code
	\$436.00	1212 St. Patrick Drive
		Laredo, TX 78045
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Delegate Stipend for State Convention
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/05/2024	Vargas, John
	Amount (\$)	Payee address; City; State; Zip Code
	\$636.00	325 Wyoming
		Laredo, TX 78041
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Delegate Stipend for State Convention
		Delegate Superior for State Convention
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this	s form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 24/28 Rpt: 45/49	Webb County Democratic Party (CEC)	00023943
4	Date	5 Payee name	
	06/14/2024	Vargas, John	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$60.00	325 Wyoming	
		Laredo, TX 78041	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Desc	
	EXPENDITURE		heck if travel outside of Texas. Complete Schedule T. heck if Austin, TX, officeholder living expense
			vention Expense
			·
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	06/14/2024	Vargas, John	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$90.00	325 Wyoming	
		Laredo, TX 78041	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription
	OF EXPENDITURE	Traver out of District	theck if travel outside of Texas. Complete Schedule T.
			heck if Austin, TX, officeholder living expense vention Parking
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	06/05/2024	Vargas, Rosina	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$436.00	325 Wyoming	
		Laredo, TX 78041	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription
	OF EXPENDITURE	Thaver out of District	rheck if travel outside of Texas. Complete Schedule T.
			heck if Austin, TX, officeholder living expense egate Stipend for State Convention
		200	Sque dipend for state convention
	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 Commi

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	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/28 Rpt: 46/49	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
	06/13/2024	Vegas Interiores
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$164.00	4002 San Bernardo
		Laredo, TX 78041
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Appreciation Gift
		Appreciation on
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	the state of the s
H	Date	Payee name
	01/31/2024	WCDP
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	1802 Houston St
	Ψ100.00	1002 Houston of
		Laredo, TX 78040
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Petty Cash for Bowling Tournament
		Total Saming Tournament
┢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	04/18/2024	WCDP
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1802 Houston St.
		Laredo, TX 78040
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Essay Contest Winners
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services	is Expense	Salaries/M		e /Contract Labor		OTHER (enter a	strict category not listed a	bove)
	Credit Card Payment			The Instruction C	Suide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 26/28 Rpt: 47/49		Webb Coun	ty Democratic	Party (CEC))				00023943		
4	Date	5	Payee name									
	02/16/2024	ı	Wirsching, A	Anna								
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de					
	\$10.82	ı	3109 Spring									
			Laredo, TX	78045								
8	PURPOSE	├					(h)	Description				
ľ	OF			e Categories listed at nead/Rental Ex		iedule)	(5)		outsi	de of Texas. Com	nplete Schedule T.	
	EXPENDITURE		Office Over	icad/iterital L/	фензе					officeholder living		
								Office Supplie	es			
9	Complete ONLY if direct		andidate/Offic	ceholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	04/08/2024		Wirsching, A	Anna								
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$159.48		3109 Spring	Creek Dr								
			Laredo, TX	78045								
	PURPOSE	_		e Categories listed at	the ten of this cal	adula)	(b)	Description				
	OF	ı		e Calegories listed at age Expense	the top of this sch	ledule)	(-,	_ `	outsi	de of Texas. Com	nplete Schedule T.	
	EXPENDITURE			Ago =Apolico				Check if Austin,	, TX,	officeholder living	g expense	
								County Conve	ent	ion		
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Office	eholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/Oi	П										
	Date		Payee name									
	06/05/2024		Wirsching, A	Anna								
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$636.00		3109 Spring	Creek Dr								
			Laredo, TX	78045								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Travel Out o		·	,		ш			plete Schedule T.	
	EXPENDITORE							_		officeholder living		
								Delegate Stip	en	d for State (Convention	
_	Operation ONE V. C. P.	<u> </u>		l l-l		O46:	1- *			0,,,	-1-1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Offic	ceholder name	(Office sou	gnt			Office h	eid	

SCHEDULE F1

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

	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: 27/28 Rpt: 48/49	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
	01/02/2024	WordPress
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.18	60 29th St. #343
		San Francisco , CA 94110-4929
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Website
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/01/2024	WordPress
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.18	60 29th St. #343
		San Francisco , CA 94110-4929
	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 Website
		Website
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date 03/04/2024	Payee name WordPress
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.18	60 29th St. #343
		San Francisco , CA 94110-4929
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Website
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	o

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 28/28 Rpt: 49/49	Webb County Democratic Party (CEC)	00023943
4	Date	5 Payee name	
	04/01/2024	WordPress	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$35.18	60 29th St. #343	
		San Francisco , CA 94110-4929	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin Website	n, TX, officeholder living expense
		vveusite	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/O		Office field
_	Deta		
	Date	Payee name	
	05/01/2024	WordPress	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$35.18	60 29th St. #343	
		San Francisco , CA 94110-4929	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Website	i, 17, onicerouer living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OH			
	Date	Payee name	
	06/03/2024	WordPress	
	Amount (\$) Payee address; City; State; Zip Code		
	\$35.18 60 29th St. #343		
	400.20	00 2011 011 110 10	
		San Francisco , CA 94110-4929	
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense	n, TX, officeholder living expense
		Website	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OH		