FORM GPAC GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00088772 3 COMMITTEE NAME **OFFICE USE ONLY** Bexar County Democrats PAC Date Received **ELECTRONICALLY FILED** 10/07/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1150 N. Loop 1604 West Date Hand-delivered or Date Postmarked Ste. 108-230 Change of Address San Antonio, TX 78248 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Christopher NAME NICKNAME LAST **SUFFIX** Koob STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1150 N. Loop 1604 West STREET **ADDRESS** Ste 108-230 (Residence or Business) San Antonio, TX 78248 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1150 N. Loop 1604 West MAILING **ADDRESS** Ste 108-230 San Antonio, TX 78248 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (202) 552-0221 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) X **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2024 09/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Bexar County Demo	crats PAC		00088772	
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		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
L5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	841,124.61
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	368,568.69
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	376,212.52
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
6 AFFIDAVIT	<u> </u>		<u> </u>	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Christop	her Koob	
		Signature of Car		r
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	oed before me, by the said _	, tr	nis the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of office	r administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

					3 of 70
17 CC	<u> </u>	EE NAME	18 Filer ID	(Ethic:	s Commission Filers)
Ве	xar Cou	unty Democrats PAC	00088772		
		E SUBTOTALS SCHEDULE		S	SUBTOTAL AMOUNT
1.	Χ	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	700,655.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	130,469.61
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	Х	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$	10,000.00
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION				
7.	7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION				
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10	. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	368,568.69
11	. 🔲	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12	. <u> </u>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13	. 🔲	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14	· 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	16.53

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 1/5 Rpt: 4/70	
2	Per FILER NAME Bexar County Democrats PAC		3	Filer ID (Ethics Commission 00088772	Filers)		
4	Date 09/09/2024	Alonzo, Mary	out-of-state PAC (ID#:	· · · · · · · · · · · · · · · · · · ·	7	Amount of Contribution (\$)	\$15.00
_		San Antonio, TX 78221			<u></u>		
8		pation / Job title (See Instructions) erapist Assistant	9	Employer (See Instructions Gonzaba Medical Group			
	Date Full name of contributor out-of-state PAC (ID#:) 09/02/2024 Betak, William Contributor address; City; State; Zip Code San Antonio, TX 78240			Amount of Contribution (\$)	\$25.00		
	Principal occupation / Job title (See Instructions) Employer (See Instructions)		Employer (See Instructions Not Employed	<u>l</u> 5)			
	Date 09/16/2024					Amount of Contribution (\$)	\$25.00
	Principal occu	San Antonio, TX 78258 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	Painter	pation / 300 title (See Instituctions)		Self Employed	')		
	Date 09/23/2024					Amount of Contribution (\$)	\$25.00
		San Antonio, TX 78253					
Principal occupation / Job title (See Instructions) Employer (See Instructions) Nurse Foundation Surgical		Employer (See Instructions Foundation Surgical Hos		al			
	Date Full name of contributor out-of-state PAC (ID#:) 09/02/2024 Chouinard, Helen Contributor address; City; State; Zip Code San Antonio, TX 78238			Amount of Contribution (\$)	\$25.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	. чос Етрюус	~~		oc Employed			

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/70	
2	FILER NAME Bexar County Democrats PAC		3	Filer ID (Ethics Commission 00088772	n Filers)		
4	Date 09/02/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
_	Dringing Lagran	San Antonio, TX 78213	- 10	Franksian (Cook batwatian			
8	Social Worke	pation / Job title (See Instructions) er	9	Employer (See Instructions US Department of Defe		9	
	Date Full name of contributor out-of-state PAC (ID#:) 09/16/2024 Gaona, Mary Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00		
	Dringing! aggs	San Antonio, TX 78251		Employer (Co.) Instructions	<u></u>		
	Principal occupation / Job title (See Instructions) Not Employed Not Employed				5)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/23/2024 Gross, Roxanne Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00	
		San Antonio, TX 78260					
Principal occupation / Job title (See Instructions) Employer (See Instruction: Teacher Comal ISD			s)				
	Date Full name of contributor out-of-state PAC (ID#:) 08/19/2024 Hill, Duane Contributor address; City; State; Zip Code San Antonio, TX 78258			Amount of Contribution (\$)	\$75.00		
Principal occupation / Job title (See Instructions) Not Employed Employer (See Instruction Not Employed)		Employer (See Instructions Not Employed	5)				
Date Full name of contributor out-of-state PAC (ID#:) Note			Amount of Contribution (\$)	\$5.00			
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions North East Independent		chool District	

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 3/5 Rpt: 6/70	
2	FILER NAME Bexar County Democrats PAC		3	Filer ID (Ethics Commission 00088772	ı Filers)		
4	Date 09/23/2024	ate 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$20.00	
		San Antonio, TX 78240					
8	Principal occu Scientist	pation / Job title (See Instructions)	9	Employer (See Instructions Southwest Research Ins		ute	
	Date Full name of contributor out-of-state PAC (ID#:) 09/02/2024 Lundquist, Wayne Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Registered Nurse Methodist Healthcare			,			
	Date 09/09/2024)	•	Amount of Contribution (\$)	\$25.00
		San Antonio, TX 78230					
Principal occupation / Job title (See Instructions) Not Employed Not Employed			5)				
	Date Full name of contributor out-of-state PAC (ID#:) 09/02/2024 Rocha, Laura Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$15.00	
San Antonio, TX 78250 Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed		Employer (See Instructions Not Employed	<u>l</u> S)				
	Date Full name of contributor out-of-state PAC (ID#:) Russell-Hughes, Esther Contributor address; City; State; Zip Code Harlingen, TX 78550			Amount of Contribution (\$)	\$25.00		
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			1				

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1	
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 4/5 Rpt: 7/70	
2	FILER NAME Bexar County Democrats PAC		3	Filer ID (Ethics Commission Filers) 00088772			
4	Date 09/23/2024	5 Full name of contributor Spach, Jay	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$) \$100.00	
_	Dringing! aggr	San Antonio, TX 78258	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Employer (Coo Instructions	<u></u>		
8	Not Employe	pation / Job title (See Instructions) d	9	Employer (See Instructions Not Employed	5)		
	Date 09/02/2024	Full name of contributor Tamez, Gilbert Contributor address; City; Sta)		Amount of Contribution (\$) \$25.00	
	Dringinal occur	San Antonio, TX 78238	<u> </u>	Employer (See Instructions	·/		
	Principal occupation / Job title (See Instructions) Driver Employer (See Instructions) Krispy Kreme				·)		
	Date 08/16/2024	Full name of contributor Texas Majority PAC Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$) \$200,000.00	
		Washington, DC 20003			Ĺ		
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions	5)		
	Date 09/26/2024	Full name of contributor Texas Majority PAC Contributor address; City; Sta				Amount of Contribution (\$) \$300,000.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/12/2024	Full name of contributor Texas Majority PAC Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$) \$200,000.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/70
2	FILER NAME Bexar County Democrats PAC	3 Filer ID (Ethics Commission Filers) 00088772
4	Date 09/23/2024 5 Full name of contributor out-of-state PAC (ID#:) Walsh, Deborah 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$50.00
8	San Antonio, TX 78249 Principal occupation / Job title (See Instructions) Not Employed 9 Employer (See Instruction Not Employed)	ons)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A2: Sch: 1/2 Rpt: 9/70			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Bexar Coun	ty Democrats PAC		00088772			
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$			
5 Date	6 Full name of contributor out-of-state PAC (ID#:		8 Amount of 9 In-kind contribution			
09/05/2024	Texas Majority PAC		contribution (\$) description \$3,739.59 Texting Services			
	7 Contributor address; City; State; Zip Code		I Services			
	Washington, DC 20003	1	Check if travel outside of Texas. Complete Schedule T.			
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1				
Date	Full name of contributor out-of-state PAC (ID#:	\	Amount of ! In-kind contribution			
08/01/2024	Texas Majority PAC		contribution (\$) description			
	Contributor address; City; State; Zip Code		\$1,780.02 Texting Services			
	Continuator address, City, State, Zip Code		į			
	Washington, DC 20003		Check if travel outside of Texas. Complete Schedule T.			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)			
		•				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1				
Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of ! In-kind contribution			
09/24/2024	Texas Majority PAC)	contribution (\$) description			
00/2 1/202 1	Contributor address; City; State; Zip Code		\$39,950.00 Field Consulting			
	Continuator address, City, State, Zip Code		į			
	Washington, DC 20003		Check if travel outside of Texas. Complete Schedule T.			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON				
· '	,		,			
Contributor's	Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions)					
Contributor's	Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
	(, (), (,			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>				
•						

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 10/70 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Bexar County Democrats PAC 00088772 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 09/05/2024 **Texas Majority PAC** \$85,000.00 Field Consulting 7 Contributor address; City; State; Zip Code Washington, DC 20003 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule C1: Sch: 1/1 Rpt: 11/70
2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Bexar County Democrats PAC				00088772
4	Date	5	Corporation / Labor Organization name	7	Amount of contribution (\$)
	07/26/2024		Texas Majority		\$10,000.00
		6	Corporation / Labor Organization address; City; State; Zip Code		
			Washington, DC 20003		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 7 1 0 1 1 5	
1 Total pages Schedule F1: Sch: 1/58 Rpt: 12/70	2 FILER NAME Bexar County Democrats PAC 3 Filer ID (Ethics Commission Filers) 00088772
4 Date	5 Payee name
08/18/2024	ActBlue Technical Services
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.97	366 Summer St
Expenditure from corporate funds	Somerville, MA 02144
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Category (See Categories listed at the top of this schedule) Fees CD Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Credit Card Processing Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
08/25/2024	ActBlue Technical Services
Amount (\$)	Payee address; City; State; Zip Code
\$0.99	366 Summer St
Expenditure from	Compreille, MA 02144
corporate funds	Somerville, MA 02144
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
	Credit Card Processing Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	n
Date	Payee name
09/01/2024	ActBlue Technical Services
Amount (\$)	Payee address; City; State; Zip Code
\$8.51	366 Summer St
Expenditure from	
corporate funds	Somerville, MA 02144
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
	Credit Card Processing Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTUED (extense outprove net listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4. Tatalmana O. 1. 1. Tr	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 2/58 Rpt: 13/70	2 FILER NAME Bexar County Democrats PAC 3 Filer ID (Ethics Commission Filers) 00088772
4 Date	5 Payee name
09/08/2024	ActBlue Technical Services
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.59	366 Summer St
- 10.	
Expenditure from corporate funds	Somerville, MA 02144
8 PURPOSE	(b) Description
OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit Card Processing Fee
	Ground Sand Troopsoning Too
• • • • • • • • • • • • • • • • • • • •	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit 6/01	
Date	Payee name
09/15/2024	ActBlue Technical Services
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$2.97	366 Summer St
Expenditure from	
corporate funds	Somerville, MA 02144
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
	Credit Card Processing Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· ·
·	
Date	Payee name
09/22/2024	ActBlue Technical Services
Amount (\$)	Payee address; City; State; Zip Code
\$8.90	366 Summer St
Ψ0.90	500 Summer St
Expenditure from	
corporate funds	Somerville, MA 02144
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
	Credit Card Processing Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Exaccounting/Banking Feature Consulting Expense Footsulting Expense Gottribution/ 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/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: 3/58 Rpt: 14/70	Bexar County Democrats PAC 00088772
4 Date	5 Payee name
07/29/2024	Aka Sushi House
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$40.56	2390 W Alabama St
Expenditure from corporate funds	Houston, TX 77098
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.
	Check if Austin, TX, officeholder living expense Meals
	Medis
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name
09/18/2024	Alamo City Golf Trail
Amount (\$)	Payee address; City; State; Zip Code
\$757.75	8250 Vista Colina
Expenditure from	
corporate funds	San Antonio, TX 78255
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
	Event Space Rental
Commission ONII V if dispose	Condidate/Officeholder name Office sought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/27/2024	AmTrust Financial Services Inc
Amount (\$)	Payee address; City; State; Zip Code
\$397.00	59 Maiden Lane
Expenditure from	
corporate funds	New York, NY 10038
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
LAFLINDITURE	Check if Austin, TX, officeholder living expense
	Workers' Compensation
Operated Children	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
5	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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	The Instruction Guide explains how to complete thi	· · · · · · · · · · · · · · · · · · ·						
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)						
Sch: 4/58 Rpt: 15/70	Bexar County Democrats PAC	00088772						
4 Date	5 Payee name							
07/26/2024	Amalgamated Bank							
6 Amount (\$)	7 Payee address; City; State; Zip Code							
\$14.00	275 7th Ave							
- Evpanditura from								
X Expenditure from corporate funds	New York, NY 10001							
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription						
OF EXPENDITURE	1 555	theck if travel outside of Texas. Complete Schedule T.						
	I	heck if Austin, TX, officeholder living expense k Fees						
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
expenditure to benefit C/O								
 Date	Payee name							
07/26/2024	Amalgamated Bank							
Amount (\$)	Payee address; City; State; Zip Code							
\$14.50	275 7th Ave							
·								
Expenditure from corporate funds	New York, NY 10001							
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription						
OF EXPENDITURE	Fees	theck if travel outside of Texas. Complete Schedule T.						
	Check if Austin, TX, officeholder living expense Bank Fees							
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
expenditure to benefit C/O	•							
Date	Payee name							
08/29/2024	Amalgamated Bank							
Amount (\$)	Payee address; City; State; Zip Code							
\$14.00	275 7th Ave							
,								
Expenditure from corporate funds	New York, NY 10001							
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription						
OF EXPENDITURE	Fees	heck if travel outside of Texas. Complete Schedule T.						
	,	heck if Austin, TX, officeholder living expense k Fees						
	Ball	K 1 000						
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held						
expenditure to benefit C/O		C55514						

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/Officenoider/Politica 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: 5/58 Rpt: 16/70	Bexar County Democrats PAC 00088772				
4 Date	5 Payee name				
08/29/2024	Amalgamated Bank				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$14.50	275 7th Ave				
Expenditure from					
corporate funds	New York, NY 10001				
8 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 Fees				
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OI	1				
Date	Payee name				
09/26/2024	Amalgamated Bank				
Amount (\$)	Payee address; City; State; Zip Code				
\$14.00	275 7th Ave				
— Companditure from					
X Expenditure from corporate funds	New York, NY 10001				
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				
	Dunk r ccs				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·				
Date	Payee name				
09/26/2024	Amalgamated Bank				
Amount (\$)	Payee address; City; State; Zip Code				
\$38.00	275 7th Ave				
Expenditure from corporate funds	New York, NY 10001				
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.				
EXI ENDITORE	Check if Austin, TX, officeholder living expense Bank Fees				
	Bank Fees				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OI					

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 6/58 Rpt: 17/70 Bexar County Democrats PAC 00088772 4 Date Payee name 07/10/2024 Amazon 6 Amount (\$) Payee address; City; State; Zip Code \$41.11 410 Terry Ave N Expenditure from Seattle, WA 98109 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office Supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/10/2024 Amazon Amount (\$) Payee address; City; State; Zip Code \$244.60 410 Terry Ave N Expenditure from Seattle, WA 98109 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office Supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/26/2024 Amazon Payee address; Amount (\$) City: State; Zip Code \$216.24 410 Terry Ave N Expenditure from Seattle, WA 98109 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office Supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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/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: 7/58 Rpt: 18/70	Bexar County Democrats PAC 00088772					
4 Date	5 Payee name					
07/31/2024	Amazon					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$162.36	410 Terry Ave N					
X Expenditure from corporate funds	Seattle, WA 98109					
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
	Office Supplies					
	Cinice Supplies					
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI						
Data						
Date	Payee name					
08/02/2024	Amazon					
Amount (\$)	Payee address; City; State; Zip Code					
\$49.23	410 Terry Ave N					
Expenditure from						
corporate funds	Seattle, WA 98109					
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					
One make the ONE Wife diagram	On didn't Office helds					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
08/20/2024	Amazon					
Amount (\$)	Payee address; City; State; Zip Code					
\$137.06	410 Terry Ave N					
Expenditure from						
corporate funds	Seattle, WA 98109					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Office Overhead/Rental Expense					
EAFEINDITURE	Check if Austin, TX, officeholder living expense					
	Office Supplies					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
onponential to belief 0/01						

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/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: 8/58 Rpt: 19/70	Bexar County Democrats PAC 00088772						
4 Date	5 Payee name						
08/23/2024	Amazon						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$93.07	410 Terry Ave N						
— Forest diture from							
Expenditure from corporate funds	Seattle, WA 98109						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.						
	Check if Austin, TX, officeholder living expense Office Supplies						
	Office Supplies						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
experience to belief of or	•						
Date	Payee name						
08/26/2024	Amazon						
Amount (\$)	Payee address; City; State; Zip Code						
\$19.47	410 Terry Ave N						
Expenditure from	Seattle, WA 98109						
corporate funds	· · · · · · · · · · · · · · · · · · ·						
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if the unique stated at Taylor Campiloto School II.						
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
	Office Supplies						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OI							
Date	Payee name						
08/26/2024	Amazon						
Amount (\$)	Payee address; City; State; Zip Code						
\$141.91	410 Terry Ave N						
Expenditure from corporate funds	Seattle, WA 98109						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF	Office Overhead/Rental Expense Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.						
EXPENDITURE	Check if Austin, TX, officeholder living expense						
	Office Supplies						
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

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.					
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
Sch: 9/58 Rpt: 20/70	Bexar County Democrats PAC	00088772					
4 Date	5 Payee name						
08/29/2024	Amazon						
6 Amount (\$)	7 Payee address; City; State; Zip C	ode					
\$45.34	410 Terry Ave N						
¥ 10.0 1	1.20 1.01.1, 1.100 1.1						
Expenditure from corporate funds	Seattle, WA 98109						
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					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soil	ught Office held					
Date	Payee name						
08/29/2024	Amazon						
Amount (\$)	Payee address; City; State; Zip C	ode					
\$116.80	410 Terry Ave N						
	,						
Expenditure from corporate funds	Seattle, WA 98109						
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.					
EXPENDITORE	·	Check if Austin, TX, officeholder living expense					
		Office Supplies					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soil	ught Office held					
expenditure to benefit C/Oi	-						
Date	Payee name						
08/29/2024	Amazon						
Amount (\$)	Payee address; City; State; Zip C	ode					
\$229.49	410 Terry Ave N						
Expenditure from corporate funds	Seattle, WA 98109						
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					
Occupation Objective "	Occasionate (Office In 1)						
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soil	ught Office held					
5							

SCHEDULE F1

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

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

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

Candidate/Officeholder/Politica	The Instruction Guide explains how to com	ples/Contract Labor OTHER (enter a category not listed above)							
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
Sch: 10/58 Rpt: 21/70	Bexar County Democrats PAC	00088772							
4 Date	5 Payee name								
09/03/2024	Amazon								
6 Amount (\$)	7 Payee address; City; State; Zip Code								
\$64.94	410 Terry Ave N								
Expenditure from									
corporate funds	Seattle, WA 98109								
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	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							
		от обранов							
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held							
expenditure to benefit C/O									
Date	Payee name								
09/03/2024	Amazon								
Amount (\$)	Payee address; City; State; Zip Code								
\$140.25	410 Terry Ave N								
Expenditure from corporate funds	Seattle, WA 98109								
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	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							
Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held							
expenditure to benefit C/O									
Date	Payee name								
09/04/2024	Amazon								
Amount (\$)	Payee address; City; State; Zip Code								
\$14.06	410 Terry Ave N								
Expenditure from corporate funds	Seattle, WA 98109								
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description							
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.							
EXI ENDITORE		Check if Austin, TX, officeholder living expense							
		Office Supplies							
Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held							
expenditure to benefit C/Ol		Office field							

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

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

Credit Card Payment	The Instruction Guide explains how to co	omplet	e this form.				
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)		
Sch: 11/58 Rpt: 22/70	Bexar County Democrats PAC 00088772						
4 Date	5 Payee name						
09/04/2024	Amazon						
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode					
\$24.89	410 Terry Ave N						
Expenditure from corporate funds	Seattle, WA 98109						
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				
EXI ENDITORE		[Check if Austin, TX,	officeholder living	gexpense		
		'	Office Supplies				
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht		Office he	nid		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ugnt		Office fie	eiu		
Dete							
Date	Payee name						
09/09/2024	Amazon						
Amount (\$)	Payee address; City; State; Zip Co	ode					
\$92.05	410 Terry Ave N						
Expenditure from corporate funds	Seattle, WA 98109						
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
OF EXPENDITURE	Office Overhead/Rental Expense] [Check if travel outside				
		L	Check if Austin, TX,	officeholder living	g expense		
		`	Office Supplies				
Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> uaht		Office he	eld		
expenditure to benefit C/OI		3					
Date	Payee name						
09/11/2024	Amazon						
Amount (\$)	Payee address; City; State; Zip Co	ode					
\$124.45	410 Terry Ave N	oue					
Ψ124.43	410 Telly AVE IV						
Expenditure from corporate funds	Seattle, WA 98109						
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
OF EXPENDITURE	Office Overhead/Rental Expense	[Check if travel outside				
		[Check if Austin, TX, Office Supplies	onicentiaer living	j experise		
]	CCC Cappiles				
Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ught		Office he	eld		
expenditure to benefit C/OI		g. 10		211100 110			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 12/58 Rpt: 23/70	Bexar County Democrats PAC		00088772
4 Date	5 Payee name	<u> </u>	
09/11/2024	Amazon		
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	
\$131.60	410 Terry Ave N		
Expenditure from corporate funds	Seattle, WA 98109		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense		tside of Texas. Complete Schedule T.
EXPENDITORE		ı <u>—</u>	X, officeholder living expense
		Office Supplies	;
Complete ONLY if direct	Condidate /Office helder name	l laht	Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so H	ugrit	Office held
Date	Payee name		
09/13/2024	Amazon		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$60.61	410 Terry Ave N		
Expenditure from			
corporate funds	Seattle, WA 98109		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	· —	tside of Texas. Complete Schedule T.
		Office Supplies	X, officeholder living expense
		Отпос обррже	'
Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> uaht	Office held
expenditure to benefit C/OI		-9	
Date	Payee name		
09/13/2024	Amazon		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$283.60	410 Terry Ave N	ouc	
Ψ200.00	410 Teny / We W		
Expenditure from	Seattle, WA 98109		
corporate funds		las	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel out	tside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead/Rental Expense	<u> </u>	X, officeholder living expense
		Office Supplies	;
Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
expenditure to benefit C/OI	4		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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.	'e)						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission	n Filers)						
Sch: 13/58 Rpt: 24/70								
4 Date	5 Payee name							
09/17/2024	Amazon							
6 Amount (\$)	7 Payee address; City; State; Zip Code							
\$49.23	410 Terry Ave N							
Expenditure from								
corporate funds	Seattle, WA 98109							
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							
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/O								
Date	Payee name							
09/17/2024	Amazon							
Amount (\$)	Payee address; City; State; Zip Code							
\$97.40								
·								
Expenditure from corporate funds	Seattle, WA 98109							
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE	Office Overhead/Rental Expense							
	Check if Austin, TX, officeholder living expense Office Supplies							
	Cince Supplies							
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/O								
Date	Payee name							
09/18/2024	Amazon							
Amount (\$)	Payee address; City; State; Zip Code							
\$136.10								
,								
Expenditure from corporate funds	Seattle, WA 98109							
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.							
EXI ENDITORE	Check if Austin, TX, officeholder living expense							
	Office Supplies							
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/Ol								

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/Officeholder/Politica Credit Card Payment	Il 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: 14/58 Rpt: 25/70	Bexar County Democrats PAC 00088772					
4 Date	5 Payee name					
09/20/2024	Amazon					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$99.56	410 Terry Ave N					
Expenditure from corporate funds	Seattle, WA 98109					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.					
	Check if Austin, TX, officeholder living expense Office Supplies					
	Office Supplies					
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/O						
Date	Payee name					
09/24/2024	Amazon					
Amount (\$)	Payee address; City; State; Zip Code					
\$48.70	410 Terry Ave N					
— Foresaditus from						
Expenditure from corporate funds	Seattle, WA 98109					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Office Overhead/Rental Expense					
EXPENDITORE	Check if Austin, TX, officeholder living expense					
	Office Supplies					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
09/24/2024	Amazon					
Amount (\$)	Payee address; City; State; Zip Code					
\$136.10	410 Terry Ave N					
- "						
Expenditure from corporate funds	Seattle, WA 98109					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.					
EXPENDITURE	Check if Austin, TX, officeholder living expense					
	Office Supplies					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
experiorare to benefit C/OI	1					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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: 15/58 Rpt: 26/70	Bexar County Democrats PAC 00088772					
4 Date	5 Payee name					
07/11/2024	CVS					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$24.60	4600 Broadway					
Expenditure from corporate funds	Alamo Heights, TX 78209					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.					
	Check if Austin, TX, officeholder living expense Office Supplies					
	Office Supplies					
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI						
Date	Payee name					
08/21/2024	City of San Antonio					
Amount (\$)	Payee address; City; State; Zip Code					
\$200.00	100 Military Plaza					
Expenditure from corporate funds	San Antonio, TX 78283					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF	Event Expense Check if travel outside of Texas. Complete Schedule T.					
EXPENDITURE	Check if Austin, TX, officeholder living expense					
	Event Space Rental					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI	1					
Date	Payee name					
07/31/2024	Container Store					
Amount (\$)	Payee address; City; State; Zip Code					
\$90.89	333 Northwest Loop 410					
,						
Expenditure from corporate funds	San Antonio, TX 78216					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.					
EXPENDITURE	Check if Austin, TX, officeholder living expense					
	Office Supplies					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI	1					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

ertising Expense
bunting/Banking

Event Expense
bunting/Banking

Event Expense
bunting/Banking

Event Expense
bunting/Banking

Fees
bunting/Banking

Fees
bunting/Banking

Event Expense
bunting/Banking

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

Fees Office Overhead,
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Se	vices struction Guide explains h	_	s/Contract Labor	OTHER (ente	r a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)
Sch: 16/58 Rpt: 27/70	Bexar County Democrats PAC 00088772					
4 Date	5 Payee name					
07/31/2024	Google					
6 Amount (\$)	7 Payee address;	City; State;	Zip Code			
\$36.84	1600 Amphitheatr	e Pkwy				
X Expenditure from corporate funds	Mountain View, C	A 94043				
8 PURPOSE	(a) Category (See Category	ries listed at the top of this sche	dule) (b)	Description		
OF EXPENDITURE	Software Subscrip	tion				omplete Schedule T.
				_	ı, TX, officeholder liv	ing expense
				Software Sub	oscription	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholde	er name Of	ffice sought		Office	held
Date	Payee name					
08/02/2024	Google					
Amount (\$)	Payee address;	City; State;	Zip Code			
\$75.75	1600 Amphitheatr	• •	·			
\$10.110	2000 / 111101111111111111111111111111111	o i kwy				
Expenditure from corporate funds	Mountain View, C.	A 94043				
PURPOSE	(a) Category (See Catego	ries listed at the top of this sche	dule) (b)	Description		
OF EXPENDITURE	Software Subscrip					omplete Schedule T.
EXI ENDITORE					ı, TX, officeholder liv	ing expense
				Software Sub	oscription	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholde	er name Of	ffice sought		Office	held
Date	Payee name					
09/03/2024	Google					
Amount (\$)		City; State;	Zip Code			
` ´	•		Zip Code			
\$80.20	1600 Amphitheatr	e PKWy				
Expenditure from corporate funds	Mountain View, C.	A 94043				
PURPOSE	(a) Category (Soo Category	ries listed at the top of this sche	dule) (b)	Description		
OF	Software Subscrip		uule)		outside of Texas. Co	omplete Schedule T.
EXPENDITURE	00			Check if Austin	ı, TX, officeholder liv	ing expense
				Software Sub	oscription	
Complete ONLY if direct	Candidate/Officeholde	er name Of	ffice sought		Office	held
expenditure to benefit C/OI	1		-			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to c	complete	e this form.
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 17/58 Rpt: 28/70	Bexar County Democrats PAC		00088772
4 Date	5 Payee name		'
09/11/2024	H-E-B		
6 Amount (\$)	7 Payee address; City; State; Zip C	Code	
\$79.18	1601 Nogalitos St		
Expenditure from corporate funds	San Antonio, TX 78204		
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.
			Check if Austin, TX, officeholder living expense Meals
		'	vicais
9 Complete ONLY if direct	Candidate/Officeholder name Office so		Office held
expenditure to benefit C/Ol		Jugiit	Office field
Data			
Date 07/02/2024	Payee name Hula Poke		
Amount (\$)	Payee address; City; State; Zip C	Code	
\$41.25	12730 10 W		
Expenditure from	STE #304		
corporate funds	San Antonio, TX 78230		
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
Complete ONLY if direct	Candidate/Officeholder name Office so	ought	Office held
expenditure to benefit C/O	Н		
Date	Payee name		
08/06/2024	Ice Ice Boba		
Amount (\$)	Payee address; City; State; Zip C	Code	
\$10.41	401 Franklin St		
Expenditure from corporate funds	Houston, TX 77201		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) r	Description
OF	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE			Check if Austin, TX, officeholder living expense
		"	Meals
		<u></u>	200
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ought	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: 18/58 Rpt: 29/70	Bexar County Democrats PAC 00088772
4 Date	5 Payee name
08/06/2024	Johnny Good Burger
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$19.04	401 Franklin St
Expenditure from	Ste 1300
corporate funds	Houston, TX 77201
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.
	Check if Austin, TX, officeholder living expense Meals
	Wicais
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
09/13/2024	Johnson, Claude
Amount (\$)	Payee address; City; State; Zip Code
\$1,832.03	1150 N. Loop 1604 West
+=,00=	Ste 108-230
Expenditure from	
corporate funds	San Antonio, TX 78248
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor
	Campaign Staff Salaries
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	4
Date	Payee name
07/31/2024	Johnson, Linda
Amount (\$)	Payee address; City; State; Zip Code
\$1,561.33	1150 N. Loop 1604 West
+=,00=	Ste 108-230
Expenditure from	
corporate funds	San Antonio, TX 78248
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor
	Campaign Staff Salaries
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 19/58 Rpt: 30/70	Bexar County Democrats PAC 00088772
4 Date	5 Payee name
08/15/2024	Johnson, Linda
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,586.00	1150 N. Loop 1604 West
	Ste 108-230
Expenditure from corporate funds	San Antonio, TX 78248
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Campaign Staff Salaries
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/24/2024	Lea James Hot Chicken
Amount (\$)	Payee address; City; State; Zip Code
\$18.92	4200 Broadway
Ψ10.92	4200 Bloadway
Expenditure from corporate funds	San Antonio, TX 78209
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Meals
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
07/05/2024	Linkedin
Amount (\$)	Payee address; City; State; Zip Code
\$172.69	1000 W Maude Ave
Φ172.09	1000 W Madde Ave
X Expenditure from corporate funds	Sunnyvale, CA 94085
PURPOSE	· ·
OF	(a) Category (See Categories listed at the top of this schedule) Software Subscription (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Software Subscription Check if Austin, TX, officeholder living expense
	Software Subscription
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to co	omplete th	nis form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 20/58 Rpt: 31/70	Bexar County Democrats PAC		00088772	
4 Date	5 Payee name		•	
09/04/2024	Longhorn Organizing Strategies			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$175,000.00	3120 Southwest Fwy			
Evpanditura from	Ste 101 PMB 693824			
Expenditure from corporate funds	Houston, TX 77098			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Des	scription	
EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Co Check if Austin, TX, officeholder livir	
			ld Consulting	ig expense
			3	
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office h	neld
expenditure to benefit C/O	4	Ü		
Date	Payee name			
09/13/2024	Longhorn Organizing Strategies			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$125,000.00	3120 Southwest Fwy			
	Ste 101 PMB 693824			
Expenditure from corporate funds	Houston, TX 77098			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Des	scription	
OF EXPENDITURE	Consulting Expense		Check if travel outside of Texas. Co	
			Check if Austin, TX, officeholder livir Id Consulting	ng expense
			ia Consulting	
Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> ught	Office h	neld
expenditure to benefit C/O		-		
Date	Payee name			
08/06/2024	Lyft			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$9.69	568 Brannan St			
- "				
Expenditure from corporate funds	San Francisco, CA 94107			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Des	scription	
OF EXPENDITURE	Transportation Equipment And Related		Check if travel outside of Texas. Co	
	Expense	∐' Tra	Check if Austin, TX, officeholder livin	ng expense
		118	.v ⊂ı	
Complete ONLY if direct	Candidate/Officeholder name Office so	l uaht	Office h	neld
expenditure to benefit C/Ol		~9·1	Office I	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to c	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME	[3	B Filer ID (Ethics Commission F	Filers)
Sch: 21/58 Rpt: 32/70	Bexar County Democrats PAC		00088772	
4 Date	5 Payee name			
08/06/2024	Lyft			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$10.06	568 Brannan St			
Expenditure from corporate funds	San Francisco, CA 94107			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Transportation Equipment And Related		utside of Texas. Complete Schedule T. TX, officeholder living expense	
	Expense	Travel	1.A, uniceriolaer living expense	
9 Complete ONLY if direct	Candidate/Officeholder name Office so	aht	Office held	
expenditure to benefit C/OI		gnt	Office field	
Date	Payee name			
08/06/2024	Lyft			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$11.29	568 Brannan St			
Evpanditure from				
Expenditure from corporate funds	San Francisco, CA 94107			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Transportation Equipment And Related		utside of Texas. Complete Schedule T.	
EXPENDITORE	Expense		TX, officeholder living expense	
		Travel		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ght	Office held	
experientare to benefit 6/61				
Date	Payee name			
08/06/2024	Lyft			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$11.37	568 Brannan St			
Expenditure from corporate funds	San Francisco, CA 94107			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Transportation Equipment And Related		utside of Texas. Complete Schedule T.	
EXPENDITURE	Expense	Check if Austin, 7	TX, officeholder living expense	
		Travel		
Complete ONLY if direct	Candidate/Officeholder name Office so	ght	Office held	
expenditure to benefit C/OI	Ħ			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to co	•	te this form.
1 Total pages Schedule F1:	·		3 Filer ID (Ethics Commission Filers)
Sch: 22/58 Rpt: 33/70	Bexar County Democrats PAC		00088772
4 Date	5 Payee name		
08/06/2024	Lyft		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$13.33	568 Brannan St		
Expenditure from corporate funds	San Francisco, CA 94107		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Transportation Equipment And Related		Check if travel outside of Texas. Complete Schedule T.
	Expense		Check if Austin, TX, officeholder living expense
			Travel
		<u> </u>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight	Office held
experialitate to beliefit 6/61	•		
Date	Payee name		
08/06/2024	Lyft		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$13.76	568 Brannan St		
, , ,			
Expenditure from corporate funds	San Francisco, CA 94107		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Transportation Equipment And Related		Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Expense		Check if Austin, TX, officeholder living expense
			Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight	Office held
experiditure to beliefit C/O	7		
Date	Payee name		
08/06/2024	Lyft		
Amount (\$)	Payee address; City; State; Zip Co	nde	
\$14.79	568 Brannan St	,	
Ψ14.110	Soo Brainian St		
Expenditure from corporate funds	San Francisco, CA 94107		
•			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
EXPENDITURE	Transportation Equipment And Related Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Expense		Travel
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	l Iabt	Office held
expenditure to benefit C/O		igrit	Office field
,			

SCHEDULE F1

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

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

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

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

Candidate/Officenoider/Politica 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: 23/58 Rpt: 34/70	Bexar County Democrats PAC 00088772
4 Date	5 Payee name
08/06/2024	Lyft
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$15.18	568 Brannan St
Expenditure from corporate funds	San Francisco, CA 94107
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	Expense Check if Austin, TX, officeholder living expense Travel
	Travei
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
experialitate to benefit 6/01	'
Date	Payee name
08/06/2024	Lyft
Amount (\$)	Payee address; City; State; Zip Code
\$15.43	568 Brannan St
,	
Expenditure from corporate funds	San Francisco, CA 94107
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transportation Equipment And Related
EXI ENDITORE	Expense
	Travel
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialiture to benefit C/OI	1
Date	Payee name
08/06/2024	Lyft
Amount (\$)	Payee address; City; State; Zip Code
\$19.42	568 Brannan St
410.12	ose Brainian oc
Expenditure from corporate funds	San Francisco, CA 94107
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Transportation Equipment And Related
EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
	Travel
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
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	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: 24/58 Rpt: 35/70	Bexar County Democrats PAC 00088772	
4 Date	5 Payee name	
08/06/2024	Lyft	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$20.83	568 Brannan St	
Expenditure from corporate funds	San Francisco, CA 94107	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.	
	Expense Check if Austin, TX, officeholder living expense Travel	
	Travel	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
		_
Date	Payee name	
08/06/2024	Lyft	
Amount (\$)	Payee address; City; State; Zip Code	
\$21.23	568 Brannan St	
- Evpanditura from		
Expenditure from corporate funds	San Francisco, CA 94107	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Transportation Equipment And Related	
EXPENDITORE	Expense Check if Austin, TX, officeholder living expense	
	Travel	
		_
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experientare to benefit ever		
Date	Payee name	
08/06/2024	Lyft	
Amount (\$)	Payee address; City; State; Zip Code	
\$22.48	568 Brannan St	
Expenditure from corporate funds	San Francisco, CA 94107	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF	Transportation Equipment And Related	
EXPENDITURE	Expense Check if Austin, TX, officeholder living expense	
	Travel	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experientale to belieff C/OI		

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 Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 25/58 Rpt: 36/70	Bexar County Democrats PAC 00088772
4 Date	5 Payee name
08/06/2024	Lyft
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$28.31	568 Brannan St
Expenditure from corporate funds	San Francisco, CA 94107
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
	Travel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorure to benefit C/Oi	
Date	Payee name
08/06/2024	Lyft
Amount (\$)	Payee address; City; State; Zip Code
\$32.28	568 Brannan St
Expenditure from corporate funds	San Francisco, CA 94107
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
	Expense Check if Austin, TX, officeholder living expense Travel
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Pouso nome
08/06/2024	Payee name Lyft
	-
Amount (\$)	Payee address; City; State; Zip Code
\$45.73	568 Brannan St
Expenditure from	
corporate funds	San Francisco, CA 94107
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
	Expense Check if Austin, TX, officeholder living expense Travel
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

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/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 26/58 Rpt: 37/70	Bexar County Democrats PAC 00088772
4 Date	5 Payee name
07/30/2024	MBA Consulting Group
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	611 Pennsylvania Ave SE
	# 143
X Expenditure from corporate funds	Washington, DC 20003
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Compliance Services
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H
Date	Payee name
09/04/2024	MBA Consulting Group
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	611 Pennsylvania Ave SE
Ψ2,000.00	# 143
X Expenditure from	
corporate funds	Washington, DC 20003
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Compliance Services
	Compliance Services
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/02/2024	NGP VAN
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	PO Box 392264
X Expenditure from corporate funds	Pittsburgh, PA 15251
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVDENDITUBE	Software Subscription Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Software Subscription
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	n

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 co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 27/58 Rpt: 38/70	Bexar County Democrats PAC	00088772
4 Date	5 Payee name	
08/07/2024	NGP VAN	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$100.00	PO Box 392264	
Expenditure from corporate funds	Pittsburgh, PA 15251	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Software Subscription	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Software Subscription
		F
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	aht Office held
expenditure to benefit C/OI		grit Office Held
5 .		
Date	Payee name	
07/05/2024	Northeast Bexar County Democrats	
Amount (\$)	Payee address; City; State; Zip Co	de
\$67.00	P.O. Box 700766	
Evpanditura from		
X Expenditure from corporate funds	San Antonio, TX 78270	
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.
EXPENDITORE	·	Check if Austin, TX, officeholder living expense
		Rent
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght Office held
experialiture to beliefit C/O	'	
Date	Payee name	
07/05/2024	Northeast Bexar County Democrats	
Amount (\$)	Payee address; City; State; Zip Co	de
\$200.00	P.O. Box 700766	
Expenditure from corporate funds	San Antonio, TX 78270	
PURPOSE		(h) Description
OF	(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.
EXPENDITURE	Office Overflead/Refital Expense	Check if Austin, TX, officeholder living expense
		Rent
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	4	

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	e this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 28/58 Rpt: 39/70	Bexar County Democrats PAC	00088772
4 Date	5 Payee name	•
08/21/2024	Northeast Bexar County Democrats	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$300.00	P.O. Box 700766	
Expenditure from corporate funds	San Antonio, TX 78270	
8 PURPOSE		Description
OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Rent
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
experience to benefit 6/61	·	
Date	Payee name	
09/17/2024	Northeast Bexar County Democrats	
Amount (\$)	Payee address; City; State; Zip Code	
\$300.00	P.O. Box 700766	
— Foresaditus from		
Expenditure from corporate funds	San Antonio, TX 78270	
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
	'	Rent
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		Office field
<u> </u>		
Date	Payee name	
09/13/2024	Ochoa, Amelia	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,995.35	1150 N. Loop 1604 West	
Expenditure from	Ste 108-230	
corporate funds	San Antonio, TX 78248	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Staff Salaries
		F 0
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		222

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 29/58 Rpt: 40/70	Bexar County Democrats PAC 00088772
4 Date	5 Payee name
07/05/2024	OfficeMax
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	255 E Basse Rd
	Ste 1510
X Expenditure from corporate funds	San Antonio, TX 78209
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Office Supplies
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/11/2024	OfficeMax
Amount (\$)	Payee address; City; State; Zip Code
\$62.22	255 E Basse Rd
·	Ste 1510
Expenditure from	
corporate funds	San Antonio, TX 78209
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Office Supplies
	Office Supplies
Commission ONLL V if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
Date	Payee name
07/12/2024	OfficeMax
Amount (\$)	Payee address; City; State; Zip Code
\$105.65	255 E Basse Rd
	Ste 1510
Expenditure from corporate funds	San Antonio, TX 78209
PURPOSE	
OF	(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.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	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 Contributions/ Donations Made By -Candidate/Officeholder/Political Co

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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: 30/58 Rpt: 41/70	Bexar County Democrats PAC 00088772
4 Date	5 Payee name
07/12/2024	OfficeMax
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$130.74	255 E Basse Rd
	Ste 1510
Expenditure from corporate funds	San Antonio, TX 78209
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
	Cinico Supplies
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
07/16/2024	OfficeMax
Amount (\$)	Payee address; City; State; Zip Code
\$33.87	255 E Basse Rd
Ψου.υ.	Ste 1510
Expenditure from	
corporate funds	San Antonio, TX 78209
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Office Supplies
	Sind Supplies
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
Data	
Date	Payee name Office May
07/18/2024	OfficeMax
Amount (\$)	Payee address; City; State; Zip Code
\$112.56	255 E Basse Rd
Expenditure from	Ste 1510
corporate funds	San Antonio, TX 78209
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to benefit 6/61	<u> </u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Exper
Contributions/ Donations Made By - Gitt/Awards/Memorial

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wag	ges/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to comp	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 31/58 Rpt: 42/70	Bexar County Democrats PAC	00088772
4 Date	5 Payee name	•
07/19/2024	OfficeMax	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$56.60	255 E Basse Rd	•
φου.ου		
Expenditure from	Ste 1510	
corporate funds	San Antonio, TX 78209	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	office held
experialitate to beliefit 6/61	''	
Date	Payee name	
07/22/2024	OfficeMax	
Amount (\$)	Payee address; City; State; Zip Code)
\$17.86	255 E Basse Rd	
,	Ste 1510	
Expenditure from		
corporate funds	San Antonio, TX 78209	
PURPOSE OF	g y (ess sangenes acts up at the constant)	Description
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Supplies
		Сто Сарриос
Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
expenditure to benefit C/O		Cinico ficia
		
Date	Payee name	
07/22/2024	OfficeMax	
Amount (\$)	Payee address; City; State; Zip Code	
\$22.73	255 E Basse Rd	
	Ste 1510	
Expenditure from corporate funds	San Antonio, TX 78209	
PURPOSE		Description
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	 Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead/Netital Expense	Check if Austin, TX, officeholder living expense
		Office Supplies
Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
expenditure to benefit C/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 co	mplete this form.		
, -	2 FILER NAME		3 Filer ID (Ethics Commission	Filers)
Sch: 32/58 Rpt: 43/70	Bexar County Democrats PAC		00088772	
4 Date	5 Payee name			
07/22/2024	OfficeMax			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$86.06	255 E Basse Rd			
Expenditure from	Ste 1510			
corporate funds	San Antonio, TX 78209			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if trave	el outside of Texas. Complete Schedule T.	
EXPENDITURE	Office Overhead/Rental Expense		in, TX, officeholder living expense	
		Office Suppl	lies	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held	
experialture to beliefit C/O	1			
Date	Payee name			
07/23/2024	OfficeMax			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$119.57	255 E Basse Rd			
Expenditure from	Ste 1510			
corporate funds	San Antonio, TX 78209			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense	ш	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense	
		Office Suppl		
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
expenditure to benefit C/O	1			
Date	Payee name			
07/26/2024	OfficeMax			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$31.14	255 E Basse Rd			
	Ste 1510			
Expenditure from corporate funds	San Antonio, TX 78209			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense	<u> </u>	el outside of Texas. Complete Schedule T.	
LA LIBROIL		Check if Austi Office Suppl	in, TX, officeholder living expense	
		Omce Suppi	lic3	
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held	
expenditure to benefit C/O		-		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling 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: 33/58 Rpt: 44/70	Bexar County Democrats PAC 00088772
4 Date	5 Payee name
07/26/2024	OfficeMax
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$137.66	255 E Basse Rd
Expenditure from	Ste 1510
corporate funds	San Antonio, TX 78209
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense
	Office Supplies
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
07/29/2024	OfficeMax
Amount (\$)	Payee address; City; State; Zip Code
\$14.09	255 E Basse Rd
	Ste 1510
Expenditure from corporate funds	San Antonio, TX 78209
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Office Supplies
	Стос Саррпос
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/29/2024	OfficeMax
Amount (\$)	Payee address; City; State; Zip Code
\$31.17	255 E Basse Rd
φοτ.17	
Expenditure from	Ste 1510
corporate funds	San Antonio, TX 78209
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Office Supplies
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	Il 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: 34/58 Rpt: 45/70	Bexar County Democrats PAC 00088772
4 Date	5 Payee name
07/29/2024	OfficeMax
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$189.17	255 E Basse Rd
	Ste 1510
Expenditure from corporate funds	San Antonio, TX 78209
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
	Cindo Gappinos
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
07/31/2024	OfficeMax
Amount (\$)	Payee address; City; State; Zip Code
\$105.63	255 E Basse Rd
·	Ste 1510
Expenditure from corporate funds	San Antonio, TX 78209
PURPOSE	
OF	(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.
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Office Supplies
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
08/02/2024	OfficeMax
Amount (\$)	Payee address; City; State; Zip Code
\$281.83	255 E Basse Rd
	Ste 1510
Expenditure from corporate funds	San Antonio, TX 78209
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Office Supplies
Complete CAU V if direct	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Cabadula F1:	2 Files ID (Ethics Commission Files	
1 Total pages Schedule F1: Sch: 35/58 Rpt: 46/70		")
4 Date	5 Payee name	
08/05/2024	OfficeMax	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$135.93	255 E Basse Rd	
	Ste 1510	
Expenditure from corporate funds	San Antonio, TX 78209	
8 PURPOSE		
OF	(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.	
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Office Supplies	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
Date	Payee name	
08/06/2024	OfficeMax	
Amount (\$)	Payee address; City; State; Zip Code	
\$120.21	255 E Basse Rd	
Ψ120.21		
Expenditure from	Ste 1510	
corporate funds	San Antonio, TX 78209	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	
	Check if Austin, TX, officeholder living expense	
	Office Supplies	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
Date	Payee name	
08/08/2024	OfficeMax	
Amount (\$)	Payee address; City; State; Zip Code	
\$46.72	255 E Basse Rd	
	Ste 1510	
Expenditure from		
corporate funds	San Antonio, TX 78209	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Office Supplies	
	Сто зарупоз	
	- I	
Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	

SCHEDULE F1

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	ll 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: 36/58 Rpt: 47/70	Bexar County Democrats PAC 00088772
4 Date	5 Payee name
08/21/2024	OfficeMax
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$90.00	255 E Basse Rd
	Ste 1510
Expenditure from corporate funds	San Antonio, TX 78209
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
	Cinico cupplico
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
08/21/2024	OfficeMax
Amount (\$)	Payee address; City; State; Zip Code
\$234.68	255 E Basse Rd
,	Ste 1510
Expenditure from	
corporate funds	San Antonio, TX 78209
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel subside of Taxon Complete Schedule T
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Office Supplies
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
08/26/2024	OfficeMax
Amount (\$)	Payee address; City; State; Zip Code
\$9.63	255 E Basse Rd
Ψ3.03	
Expenditure from	Ste 1510
corporate funds	San Antonio, TX 78209
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Office Supplies
	555 55pp.155
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	o

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling 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: 37/58 Rpt: 48/70	2 FILER NAME Bexar County Democrats PAC 3 Filer ID (Ethics Commission Filers) 00088772
4 Date	5 Payee name
08/26/2024	OfficeMax
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$22.73	255 E Basse Rd
	Ste 1510
Expenditure from corporate funds	San Antonio, TX 78209
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Office Supplies
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/27/2024	OfficeMax
Amount (\$)	Payee address; City; State; Zip Code
\$137.66	255 E Basse Rd
	Ste 1510
Expenditure from	
corporate funds	San Antonio, TX 78209
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Office Supplies
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Dayaa nama
09/05/2024	Payee name OfficeMax
Amount (\$)	Payee address; City; State; Zip Code
\$60.23	255 E Basse Rd
Expenditure from	Ste 1510
corporate funds	San Antonio, TX 78209
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense
	Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to beliefft G/O	•

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	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: 38/58 Rpt: 49/70	Bexar County Democrats PAC 00088772
4 Date	5 Payee name
09/06/2024	OfficeMax
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.88	255 E Basse Rd
	Ste 1510
Expenditure from corporate funds	San Antonio, TX 78209
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Office Supplies
	Office Supplies
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Power name
09/09/2024	Payee name OfficeMax
Amount (\$)	Payee address; City; State; Zip Code
\$2.51	255 E Basse Rd
Expenditure from	Ste 1510
corporate funds	San Antonio, TX 78209
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
_//	Check if Austin, TX, officeholder living expense
	Office Supplies
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Dete	
Date	Payee name
09/23/2024	OfficeMax
Amount (\$)	Payee address; City; State; Zip Code
\$78.85	255 E Basse Rd
Expenditure from	Ste 1510
corporate funds	San Antonio, TX 78209
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.
LAI LINDITURE	Check if Austin, TX, officeholder living expense
	Office Supplies
Complete ONLY & direct	Condidate/Officeholder name Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political 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 compl	ete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 39/58 Rpt: 50/70	Bexar County Democrats PAC	00088772
4 Date	5 Payee name	
09/25/2024	OfficeMax	
6 Amount (\$) \$134.22	7 Payee address; City; State; Zip Code 255 E Basse Rd	
¥=0 ::==	Ste 1510	
Expenditure from corporate funds	San Antonio, TX 78209	
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
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
experialiture to beliefit C/OI		
Date	Payee name	
07/12/2024	Ost, Lisi	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,909.76	1150 N. Loop 1604 West	
Expenditure from	Ste 108-230	
corporate funds	San Antonio, TX 78248	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Salaries/wages/contract Labor	Check if Austin, TX, officeholder living expense
		Campaign Staff Salaries
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	9	Office field
Date	Payee name	
07/31/2024	Ost, Lisi	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,691.42	1150 N. Loop 1604 West	
	Ste 108-230	
Expenditure from corporate funds	San Antonio, TX 78248	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Staff Salaries
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Tatal manua Cabadula E4.	
1 Total pages Schedule F1: Sch: 40/58 Rpt: 51/70	2 FILER NAME Bexar County Democrats PAC 3 Filer ID (Ethics Commission Filers) 00088772
4 Date	5 Payee name
08/15/2024	Ost, Lisi
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,909.76	1150 N. Loop 1604 West
	Ste 108-230
Expenditure from corporate funds	San Antonio, TX 78248
	1
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Staff Salaries
	Campaigh Stan Salanes
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/29/2024	Ost, Lisi
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$1,691.42	1150 N. Loop 1604 West
Expenditure from	Ste 108-230
corporate funds	San Antonio, TX 78248
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Campaign Staff Salaries
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Dayge name
07/26/2024	Payee name PDFfiller
Amount (\$)	Payee address; City; State; Zip Code
\$1.25	17 Station St
Funanditure from	
Expenditure from corporate funds	Brookline, MA 02445
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Software Subscription Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Software Subscription
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

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

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials E Legal Services The Instruction Gui	xpense Printi Salari		se s/Contract Labor		Travel Out of District OTHER (enter a category not listed about	ove)
1	Total pages Schedule F1:	2 FILER N	AME				3	Filer ID (Ethics Commissi	on Filers)
	Sch: 41/58 Rpt: 52/70	Bexar C	County Democrats PA	C				00088772	
4	Date	5 Payee na	ame						
	08/26/2024	PDFfille	r						
6	Amount (\$)	7 Payee a	ddress; City;	State; Zip	Code				
	\$32.48	17 Stati							
	Expenditure from corporate funds	Brooklir	ne, MA 02445						
8	PURPOSE	(a) Category	(See Categories listed at the	top of this schedule)	(b)	Description			
	OF		e Subscription	,		Check if travel	outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE		·			_		officeholder living expense	
						Software Sub	SCI	ription	
9	Complete ONLY if direct expenditure to benefit C/OI		/Officeholder name	Office	sought			Office held	
	Date	Payee n	ame						
	09/25/2024	PDFfille							
				Ctata: 7in	Codo				
	Amount (\$)	Payee a		State; Zip	Code				
	\$32.48	17 Stati	on St						
_	T Expenditure from								
L	corporate funds	Brooklir	ne, MA 02445						
	PURPOSE	(a) Category	(See Categories listed at the	top of this schedule)	(b)	Description			
	OF EXPENDITURE		e Subscription			_	outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE		,			Check if Austin	, TX,	officeholder living expense	
						Software Sub	SCI	ription	
	Complete ONLY if direct expenditure to benefit C/OI		/Officeholder name	Office	sought			Office held	
	Date	Daysas n							
	07/31/2024	Payee n	, Adriana						
	Amount (\$)	Payee a	•	State; Zip	Code				
	\$1,863.01	1150 N	Loop 1604 West						
		Ste 108	-230						
	Expenditure from corporate funds	San An	onio, TX 78248						
	PURPOSE	(a) Category	(See Categories listed at the	top of this schedule)	(b)	Description			
	OF		s/Wages/Contract Lal			Check if travel	outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE		•			ш		officeholder living expense	
						Campaign St	aff	Salaries	
	Complete ONLY if direct		/Officeholder name	Office	sought			Office held	
	expenditure to benefit C/OI	4							

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 com	plete this form.
1 Total pages Schedule F1: Sch: 42/58 Rpt: 53/70	FILER NAME Bexar County Democrats PAC	3 Filer ID (Ethics Commission Filers) 00088772
4 Date 08/15/2024	5 Payee name Patacsil, Adriana	
6 Amount (\$) \$1,797.01 Expenditure from corporate funds 8 PURPOSE	7 Payee address; City; State; Zip Cod 1150 N. Loop 1604 West Ste 108-230 San Antonio, TX 78248 (a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Staff Salaries
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held
Date 08/29/2024	Payee name Patacsil, Adriana	
Amount (\$) \$1,585.96 Expenditure from corporate funds	Payee address; City; State; Zip Cod 1150 N. Loop 1604 West Ste 108-230 San Antonio, TX 78248	e e
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Staff Salaries
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held
Date 09/13/2024	Payee name Patacsil, Adriana	
Amount (\$) \$1,936.50 Expenditure from corporate funds	Payee address; City; State; Zip Cod 1150 N. Loop 1604 West Ste 108-230 San Antonio, TX 78248	e
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Staff Salaries
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht 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/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: 43/58 Rpt: 54/70	Bexar County Democrats PAC 00088772	
4 Date	5 Payee name	
07/12/2024	Payroll Data Processing	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$200.48	4224 Henderson Blvd	
Expenditure from corporate funds	Tampa, FL 33629	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Payroll Fee	
	1 3,10	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
Dete		_
Date	Payee name	
07/12/2024	Payroll Data Processing	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,320.03	4224 Henderson Blvd	
Expenditure from		
corporate funds	Tampa, FL 33629	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	Payroll Taxes	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
Complete <u>ONLY</u> if direct expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	
Date	Payee name	
07/31/2024	Payroll Data Processing	
Amount (\$)	Payee address; City; State; Zip Code	
\$61.48	4224 Henderson Blvd	
Expenditure from		
corporate funds	Tampa, FL 33629	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Salaries/Wages/Contract Labor	
EXPENDITORE	Check if Austin, TX, officeholder living expense	
	Payroll Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
experience to benefit 6/0	··	

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		t Labor OTHER (enter a category not listed above)
Credit Card F dyment	The Instruction Guide explains how to complete this	form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 44/58 Rpt: 55/70	Bexar County Democrats PAC	00088772
4 Date	5 Payee name	
07/31/2024	Payroll Data Processing	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$3,762.78	4224 Henderson Blvd	
Expenditure from corporate funds	Tampa, FL 33629	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descr	iption
OF		eck if travel outside of Texas. Complete Schedule T.
EXPENDITURE		eck if Austin, TX, officeholder living expense
	Payro	oll Taxes
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	H	
Date	Payee name	
08/14/2024	Payroll Data Processing	
Amount (\$)	Payee address; City; State; Zip Code	
\$55.98	4224 Henderson Blvd	
Expenditure from corporate funds	Tampa, FL 33629	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descr	iption
OF		eck if travel outside of Texas. Complete Schedule T.
EXPENDITURE		eck if Austin, TX, officeholder living expense
	Payro	oll Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	H	
Date	Payee name	
08/14/2024	Payroll Data Processing	
Amount (\$)	Payee address; City; State; Zip Code	
\$3,884.42	4224 Henderson Blvd	
Expenditure from corporate funds	Tampa, FL 33629	
•	· ·	·
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descr	IPTION eck if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Jaianes/Wages/Contract Labor	eck if Austin, TX, officeholder living expense
	Payro	oll Taxes
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		

SCHEDULE F1

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

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/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: 45/58 Rpt: 56/70	Bexar County Democrats PAC 00088772
4 Date	5 Payee name
08/29/2024	Payroll Data Processing
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$53.23	4224 Henderson Blvd
- Funanditura from	
Expenditure from corporate funds	Tampa, FL 33629
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
	Check if Austin, TX, officeholder living expense Payroll Fee
	Payroll Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
<u> </u>	
Date	Payee name
08/29/2024	Payroll Data Processing
Amount (\$)	Payee address; City; State; Zip Code
\$2,692.16	4224 Henderson Blvd
Expenditure from	
corporate funds	Tampa, FL 33629
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
	Check if Austin, TX, officeholder living expense
	Payroll Taxes
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
<u> </u>	
Date	Payee name
09/12/2024	Payroll Data Processing
Amount (\$)	Payee address; City; State; Zip Code
\$66.98	4224 Henderson Blvd
Expenditure from	
corporate funds	Tampa, FL 33629
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Payroll Fee
Complete CALL V if direct	Candidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
·	

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	al Committee Legal Services Salaries/Wa	ges/Contract Labor OTHER (enter a category not listed above)
orodit odra i dymoni	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 46/58 Rpt: 57/70	Bexar County Democrats PAC	00088772
4 Date	5 Payee name	
09/12/2024	Payroll Data Processing	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	e
\$3,955.98	4224 Henderson Blvd	
Expenditure from corporate funds	Tampa, FL 33629	
8 PURPOSE	 	b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Salaries/Wages/Contract Labor	Check if Austin, TX, officeholder living expense
		Payroll Taxes
		•
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI		
Data		
Date	Payee name	
08/01/2024	QuickStuff	
Amount (\$)	Payee address; City; State; Zip Cod	e
\$2.48	7150 San Pedro Ave	
	Ate 101	
Expenditure from corporate funds	San Antonio, TX 78216	
•	<u> </u>	h) =
PURPOSE OF	g y (con amagenes mane ap an ama constant)	b) Description Check if traval outside of Tayon, Complete Schedule T
EXPENDITURE	Transportation Equipment And Related Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Expense	Travel
		Travel
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI		onice neid
,		
Date	Payee name	
09/13/2024	Rivera, Leslie	
Amount (\$)	Payee address; City; State; Zip Cod	e
\$1,832.03	1150 N. Loop 1604 West	
	Ste 108-230	
Expenditure from		
corporate funds	San Antonio, TX 78248	
PURPOSE OF	, ,	b) Description
EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign Staff Salaries
		200
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held
experialities to beliefft G/OI	··	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 47/58 Rpt: 58/70	Bexar County Democrats PAC 00088772
4 Date	5 Payee name
07/18/2024	Sam's Club
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$48.78	5055 Northwest Loop 410
Expenditure from corporate funds	San Antonio, TX 78229
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Office Supplies
	Office Supplies
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
08/06/2024	Sam's Club
Amount (\$)	Payee address; City; State; Zip Code
\$114.35	5055 Northwest Loop 410
Expenditure from corporate funds	San Antonio, TX 78229
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense
	Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
'	
Date	Payee name
08/05/2024	Slack
Amount (\$)	Payee address; City; State; Zip Code
\$48.14	500 Howard Street
Expenditure from corporate funds	San Francisco, CA 94105
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Software Subscription Check if travel outside of Texas. Complete Schedule T.
D. LIBITORE	Check if Austin, TX, officeholder living expense
	Software Subscription
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3.,50	

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/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 48/58 Rpt: 59/70	Bexar County Democrats PAC 00088772
4 Date	5 Payee name
08/06/2024	Slack
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$27.35	500 Howard Street
, , ,	
Expenditure from corporate funds	San Francisco, CA 94105
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Software Subscription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Software Subscription
	F
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
09/03/2024	Slack
Amount (\$)	Payee address; City; State; Zip Code
\$12.94	500 Howard Street
Expenditure from	
corporate funds	San Francisco, CA 94105
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Software Subscription Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Software Subscription
	Sultware Subscription
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	Davis come
Date	Payee name
08/12/2024	SmallPDF
Amount (\$)	Payee address; City; State; Zip Code
\$12.00	Steinstrasse 21
Expenditure from corporate funds	Zurich 8003 Switzerland
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Software Subscription Check if travel outside of Texas. Complete Schedule T.
LAI LIBITOIL	Check if Austin, TX, officeholder living expense
	Software Subscription
Complete CNII V if direct	Candidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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 Salaries (Contract Labor

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	<u> </u>
Sch: 49/58 Rpt: 60/70	Bexar County Democrats PAC 00088772
4 Date	5 Payee name
08/29/2024	SmallPDF
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3.09	Steinstrasse 21
Expenditure from corporate funds	Zurich 8003 Switzerland
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Software Subscription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Software Subscription
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<u> </u>
Date	Payee name
09/10/2024	SmallPDF
Amount (\$)	Payee address; City; State; Zip Code
\$20.00	Steinstrasse 21
= 10. 2	
Expenditure from corporate funds	Zurich 8003 Switzerland
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Software Subscription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Software Subscription
	·
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	-1
Date	Payee name
09/12/2024	SmallPDF
Amount (\$)	Payee address; City; State; Zip Code
\$9.35	Steinstrasse 21
, -	
Expenditure from corporate funds	Zurich 8003 Switzerland
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Software Subscription Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Software Subscription
	Software Subscription
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	o

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/Politic Credit Card Payment	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 F	-ilers)
Sch: 50/58 Rpt: 61/70	Bexar County Democrats PAC 00088772	
4 Date	5 Payee name	
09/19/2024	SmallPDF	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$7.02	Steinstrasse 21	
Expenditure from corporate funds	Zurich 8003 Switzerland	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Software Subscription Check if travel outside of Texas. Complete Schedule T. Check if Austin TV, officeholder living Augusta	
	Check if Austin, TX, officeholder living expense Software Subscription	
	Software Subscription	
O Commisto ONII V if divest	Condidate/Officeholder name Office sought Office hold	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
,		
Date	Payee name	
07/01/2024	Target	
Amount (\$)	Payee address; City; State; Zip Code	
\$32.45	746 Northwest Loop 410	
Expenditure from corporate funds	San Antonio, TX 78216	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Office Supplies	
	Office Supplies	
Operation ONE V Maliana	Overlights 10ff on holder years	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
<u>'</u>		
Date	Payee name	
07/12/2024	Target	
Amount (\$)	Payee address; City; State; Zip Code	
\$43.29	746 Northwest Loop 410	
Expenditure from corporate funds	San Antonio, TX 78216	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	
LAI LINDITORL	Check if Austin, TX, officeholder living expense	
	Office Supplies	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
experientare to beliefit 6/0	~·	
L		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	,
1 Total pages Schedule F1:	
Sch: 51/58 Rpt: 62/70	Bexar County Democrats PAC 00088772
4 Date	5 Payee name
07/16/2024	Target
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$25.57	746 Northwest Loop 410
420.0.	1 10 110 III III
Expenditure from	Car Astaria TV 70010
corporate funds	San Antonio, TX 78216
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Office Supplies
	Office Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/61	'
Date	Payee name
08/02/2024	Target
Amount (\$)	Payee address; City; State; Zip Code
\$4.17	746 Northwest Loop 410
¥ <u>-</u> .	1 10 110 III 100 II
Expenditure from	Car Astonia TV 70010
corporate funds	San Antonio, TX 78216
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Office Supplies
	Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•
Date	Payee name
08/02/2024	Target
Amount (\$)	Payee address; City; State; Zip Code
\$39.47	746 Northwest Loop 410
400141	
Expenditure from	Can Antonia TV 7001C
corporate funds	San Antonio, TX 78216
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Office Supplies
	Office Supplies
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
SAPORAREIO TO BOTTOTIC O/OI	•

SCHEDULE F1

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Legal S	ards/Memorials Exp ervices estruction Guide			Vages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed a	above)
_	Tatal manage Calculated F1	a =1 =5 N		Struction Guide	expiairis i	iow to co	ilibic	te tills form.	٦,	Ell ID	(Ethina Cammin	-i Fil\
1	Total pages Schedule F1:			. 546					3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 52/58 Rpt: 63/70	Bexar C	County De	mocrats PAC	;					00088772		
4	Date	5 Payee n	ame									
	07/23/2024	Thai La	o Market									
6	Amount (\$)	7 Payee a	ddress;	City;	State:	Zip Co	de					
	\$27.28	23535 I		•								
	,,	Ste 110	-									
Г	Expenditure from			70057								
_	corporate funds	San An	tonio, TX	18231								
8	PURPOSE OF	(a) Categor	y (See Categ	ories listed at the to	op of this sche	edule)	(b)	Description				
	EXPENDITURE	Food/B	everage E	xpense				=		de of Texas. Com		
								Meals	I, IX,	officeholder living	expense	
								Meais				
9	Complete ONLY if direct expenditure to benefit C/O		e/Officehold	er name	0	ffice sou	ght			Office he	eld	
	Date	Payee n	ame									
	08/06/2024	The Pit	Room									
	Amount (\$)	Payee a	ddress:	City;	State:	Zip Co	de					
	\$30.75	l	ichmond <i>A</i>	•	Otato,	Z.p 00	uo					
	Ψ30.13	IZOTIK	icilinona 7	WC								
	Expenditure from corporate funds	Housto	n, TX 7700	06								
	PURPOSE	(a) Categor	y (See Categ	ories listed at the to	op of this sche	edule)	(b)	Description				
	OF EXPENDITURE		everage E					=		de of Texas. Com		
								ш.	ı, TX,	officeholder living	expense	
								Meals				
	Complete ONLY if direct expenditure to benefit C/O		e/Officehold	er name	0	ffice sou	ght			Office he	eld	
	Date	Payee n	ame									
	07/12/2024	Thomas	s, Kelly									
	Amount (\$)	Payee a	ddress:	City;	State:	Zip Co	nde					
	\$2,439.33	l	. Loop 16(Otato,	Z.p 00	uo					
	Ψ2,403.00		•	74 VVC31								
_	Expenditure from	Ste 108										
	corporate funds	San An	tonio, TX	78248								
	PURPOSE	(a) Categor	y (See Categ	ories listed at the to	op of this sche	edule)	(b)	Description				
	OF EXPENDITURE			Contract Labo				<u></u>		de of Texas. Com		
	LA LIBITORE									officeholder living	expense	
								Campaign St	att	Salaries		
	Complete ONLY if direct		e/Officehold	er name	0	ffice sou	ght			Office he	eld	
	expenditure to benefit C/O	1										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 53/58 Rpt: 64/70	Bexar County Democrats PAC 00088772
4 Date	5 Payee name
07/31/2024	Thomas, Kelly
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,439.33	1150 N. Loop 1604 West
- "	Ste 108-230
Expenditure from corporate funds	San Antonio, TX 78248
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor
	Campaign Staff Salaries
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/15/2024	Thomas, Kelly
Amount (\$)	Payee address; City; State; Zip Code
\$2,439.33	1150 N. Loop 1604 West
Expenditure from	Ste 108-230
corporate funds	San Antonio, TX 78248
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
	Campaign Staff Salaries
	Campaign Stan Salanes
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
08/29/2024	Thomas, Kelly
	-
Amount (\$) \$2,439.33	Payee address; City; State; Zip Code 1150 N. Loop 1604 West
Ψ2,439.33	·
Expenditure from	Ste 108-230
corporate funds	San Antonio, TX 78248
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Salarias/Magas/Contract Labor Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign Staff Salaries
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

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

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/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	\neg
Sch: 54/58 Rpt: 65/70	Bexar County Democrats PAC 00088772	
4 Date	5 Payee name	
09/13/2024	Thomas, Kelly	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2,576.03	1150 N. Loop 1604 West	
Expenditure from	Ste 108-230	
corporate funds	San Antonio, TX 78248	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Campaign Staff Salaries	
	Campaign Stail Salanes	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	H	
Date	Payee name	
08/01/2024	USPS	
Amount (\$)	Payee address; City; State; Zip Code	
\$398.55	615 E Houston St	
Expenditure from corporate funds	San Antonio, TX 78205	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Postage	
	r Ustage	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	H	
Date	Payee name	
07/15/2024	Uber Eats	
Amount (\$)	Payee address; City; State; Zip Code	
\$70.34	1455 Market St	
- Evpanditura from		
Expenditure from corporate funds	San Francisco, CA 94103	
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.	
	Check if Austin, TX, officeholder living expense Meals	
	IVICAIS	
Complete <u>ONLY</u> 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
Credit Card Payment

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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.	•	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 55/58 Rpt: 66/70	Bexar County Democrats PAC		00088772	
4 Date	5 Payee name			
07/29/2024	Uber Eats			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$18.40	1455 Market St			
Expenditure from corporate funds	San Francisco, CA 94103			
8 PURPOSE		(b) Description	<u> </u>	
OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	_	ravel outside of Texas. Cor	nplete Schedule T.
EXPENDITURE	. coa/2010.ago 2/.poi/loo	Check if A	Austin, TX, officeholder livin	g expense
		Meals		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office h	eld
experialiture to benefit C/O	1			
Date	Payee name			
08/09/2024	Uber Eats			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$107.30	1455 Market St			
Expenditure from corporate funds	San Francisco, CA 94103			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	า	
OF EXPENDITURE	Food/Beverage Expense	Check if tr	ravel outside of Texas. Cor	
EXPENDITORE	·		Austin, TX, officeholder livin	g expense
		Meals		
		1.	O	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	gnt	Office h	ela
<u>'</u>				
Date	Payee name			
08/06/2024	Uber			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$17.81	1455 Market St			
Expenditure from				
corporate funds	San Francisco, CA 94103			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	1	
OF EXPENDITURE	Transportation Equipment And Related		ravel outside of Texas. Cor	
	Expense	Check if A	Austin, TX, officeholder livin	g expense
		iiavei		
Complete CNI V if direct	Candidata/Officahaldar nama	aht	Office la	ald
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	yııı	Office h	eiu

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/Officenolder/Politica Credit Card Payment	The Instruction Guide explains how to co	omplete this form. OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 56/58 Rpt: 67/70	Bexar County Democrats PAC	00088772
4 Date	5 Payee name	·
09/05/2024	Uber	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$89.62	1455 Market St	
- "		
Expenditure from corporate funds	San Francisco, CA 94103	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Transportation Equipment And Related	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Expense	Travel
		That of
Complete ONLY if direct	Candidate/Officeholder name Office sou	lught Office held
expenditure to benefit C/OI		
Date	Payee name	
09/16/2024	Uber	
Amount (\$)	Payee address; City; State; Zip Co	nda
\$48.06	1455 Market St	oue.
Ψ+0.00	1400 Market St	
Expenditure from	San Francisco, CA 04102	
corporate funds	San Francisco, CA 94103	Lax
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Transportation Equipment And Related Expense	Check if Austin, TX, officeholder living expense
	Travel	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught Office held
expenditure to benefit C/O	4	
Date	Payee name	
09/18/2024	Uber	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$29.42	1455 Market St	
- "		
Expenditure from corporate funds	San Francisco, CA 94103	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Transportation Equipment And Related	Check if travel outside of Texas. Complete Schedule T.
	Expense	Check if Austin, TX, officeholder living expense Travel
Complete ONLY if direct	Candidate/Officeholder name Office sou	Lught Office held
expenditure to benefit C/OI		5 · · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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: 57/58 Rpt: 68/70	Bexar County Democrats PAC 00088772
4 Date	5 Payee name
08/06/2024	Vinny Pizza
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$11.66	1201 St Emanuel St
Expenditure from corporate funds	Houston, TX 77003
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.
	Check if Austin, TX, officeholder living expense Meals
	Medio
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Power name
08/19/2024	Payee name Ziprecruiter
Amount (\$)	Payee address; City; State; Zip Code
\$25.59	604 Arizona Ave
Expenditure from	
corporate funds	Santa Monica, CA 90401
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Software Subscription Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Software Subscription
	Software Subscription
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	David and the second se
Date 08/21/2024	Payee name Ziprecruiter
	· ·
Amount (\$)	Payee address; City; State; Zip Code
\$25.59	604 Arizona Ave
Expenditure from	
corporate funds	Santa Monica, CA 90401
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Software Subscription Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Software Subscription
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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee	Gift/Awards/Memorials E. Legal Services The Instruction Guid	xpense Printing Salarie	Expense Expense s/Wages/Contract Labor complete this form.	Travel III District Travel Out of District OTHER (enter a category not listed abov	e)
1	Total pages Schedule F1:	2 FILER NAI	ME			3 Filer ID (Ethics Commission	n Filers)
L	Sch: 58/58 Rpt: 69/70		unty Democrats PA	.C		00088772	
4	Date	5 Payee nan	ne				
	08/29/2024	Ziprecruit	er				
6	Amount (\$)	7 Payee add	lress; City;	State; Zip (Code		
l	\$307.00	604 Arizo	na Ave				
l	,						
	Expenditure from corporate funds	Santa Mo	onica, CA 90401				
8	PURPOSE	(a) Category	(See Categories listed at the	top of this schedule)	(b) Description		
l	OF EXPENDITURE		Subscription			outside of Texas. Complete Schedule T.	
l	LAFENDITORE				, <u> </u>	n, TX, officeholder living expense	
l					Software Su	bscription	
l							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/C H	Officeholder name	Office so	ought	Office held	

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 70/70 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Bexar County Democrats PAC 00088772 8 Amount (\$) Date 5 Name of person from whom amount is received 08/29/2024 **PDFfiller** \$1.25 6 Address of person from whom amount is received; City; State; Zip Code Brookline, MA 02445 Purpose for which amount is received Check if political contribution returned to filer Refund from Vendor Name of person from whom amount is received Amount (\$) Date 08/19/2024 \$12.04 Address of person from whom amount is received; City; State; Zip Code San Francisco, CA 94105 Purpose for which amount is received Check if political contribution returned to filer Refund from Vendor Date Name of person from whom amount is received Amount (\$) 09/09/2024 Slack \$3.24 Address of person from whom amount is received; City; State; Zip Code San Francisco, CA 94105 Purpose for which amount is received Check if political contribution returned to filer Refund from Vendor