FORM CEC COUNTY EXECUTIVE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The CEC Instruction Guide explains how to complete this form. 35 00023943 3 COMMITTEE NAME **OFFICE USE ONLY** Webb County Democratic Party (CEC) Date Received **ELECTRONICALLY FILED** 10/07/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1802 Houston St. Date Hand-delivered or Date Postmarked Change of Address Laredo, TX 78040 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Amber A. NAME NICKNAME LAST **SUFFIX** Avis STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1802 Houston St. STREET **ADDRESS** (Residence or Business) Laredo, TX 78040 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1802 Houston St. MAILING **ADDRESS** Laredo, TX 78040 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 693-9906 PHONE REPORT January 15 30th day before election Final Report X **TYPE** 10th day after campaign treasurer 8th day before election 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 Runoff Other Primary 11/05/2024 χ General Special **GO TO PAGE 2**

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Webb County Democra	atic Party (CEC)		00023943	3
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Democrat		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOAN CONTRIBUTIONS	CED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR S MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold	\$	0.00
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	18,188.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITIO	CAL EXPENDITURES	\$	20,768.41
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	L CONTRIBUTIONS MAINTAINED AS OF THE LAST ING PERIOD	DAY \$	15,524.19
OUTSTANDING LOAN TOTALS		L AMOUNT OF ALL OUTSTANDING LOANS AS OF T E REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Amber	A. Avis	
		Signature of Car	mpaign Treas	urer
AFFIX NOTARY	STAMP / SEAL ABOV	E		
Sworn to and subscribed	I before me, by the said	, th	nis the	day
of	_, 20, to certi	fy which, witness my hand and seal of office.		
Signature of officer ac	lministering oath	Printed name of officer administering oath	Title of off	icer administering oath

SUBTOTALS - CEC

FORM CEC COVER SHEET PG 3

					3 of 35
		EE NAME unty Democratic Party (CEC)	18 Filer ID 00023943	(Ethics Comr	nission Filers)
		E SUBTOTALS SCHEDULE		SUBTO	TAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	18,188.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	20,768.41
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
10	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	10,000.00

	MONET	ARY POLITICAL CONTRIBU	UTION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 1/10 Rpt: 4/35	
2	FILER NAME Webb Count	/ Democratic Party (CEC)			3	Filer ID (Ethics Commission 00023943	r Filers)
4	Date 07/28/2024	 Full name of contributor out-of-state PA Bruni, Sylvia Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
_	Deireitade	Laredo, TX 78045	la.	Fundamental (October 1984)			
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 09/06/2024	Full name of contributor out-of-state PA Bruni, Sylvia Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occur	Laredo, TX 78045 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	Retired	valion 7 300 title (See instructions)		Retired	·)		
	Date 09/20/2024	Full name of contributor out-of-state PA Bruni, Sylvia Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$20.00
		Laredo, TX 78045					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 09/20/2024	Full name of contributor out-of-state PA Bruni, Sylvia Contributor address; City; State; Zip Code Laredo, TX 78045	,)		Amount of Contribution (\$)	\$60.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u>		
	Date 07/02/2024	Full name of contributor out-of-state PA Bruni, Sylvia Contributor address; City; State; Zip Code Laredo, TX 78045				Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			•				

	MONET	NETARY POLITICAL CONTRIBUTIONS					SCHEDUI	LE A1
	The Instruc	ction Guide explains how	to complete this fo	orm.		1	Total pages Schedule A1: Sch: 2/10 Rpt: 5/35	
2	FILER NAME Webb Count	y Democratic Party (CEC)				3	Filer ID (Ethics Commission 00023943	on Filers)
4	Date 09/21/2024	5 Full name of contributor Chapa , Luz Elena6 Contributor address; City; St	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$2,000.00
		San Antonio, TX 78205						
8	Principal occu Judge	pation / Job title (See Instructions	5)	9 Employer (S	See Instructions	5)		
	Date 07/28/2024	Full name of contributor Cigarroa, Melissa Contributor address; City; St)		Amount of Contribution (\$)	\$60.00
	Principal occu	Laredo, TX 78040 pation / Job title (See Instructions	.)	Employer (S	See Instructions	·/		
	Office Administrator Cigarroa Heart Clinic			,				
	Date 09/06/2024	Full name of contributor Cigarroa, Melissa Contributor address; City; St	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$60.00
		Laredo, TX 78040						
	Principal occu Office Admin	pation / Job title (See Instructions histrator	s) 	Employer (S Cigarroa H	ee Instructions eart Clinic	5)		
	Date 09/12/2024	Full name of contributor Cisneros, Jessica Contributor address; City; St Laredo, TX 78041	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$5,000.00
	Principal occu Attorney	pation / Job title (See Instructions	5)		Gee Instructions Grande Lega		id	
	Date 09/15/2024	Full name of contributor Cruz , Brenda Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$40.00
	Principal occu Self Employe	pation / Job title (See Instructions ed	s)	Employer (S	See Instructions	5)		

	MONET	NETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this f	orr	n.	1	Total pages Schedule A1: Sch: 3/10 Rpt: 6/35			
2	FILER NAME Webb Count	y Democratic Party (CEC)				3	Filer ID (Ethics Commission 00023943	Filers)		
4	Date 07/02/2024	5 Full name of contributorCruz , Brenda6 Contributor address; City; S	out-of-state PAC (ID#:_ ate; Zip Code)	7	Amount of Contribution (\$)	\$15.00		
		Laredo, TX 78045		_						
8	Principal occu Self Employe	pation / Job title (See Instructions ed	s)	9	Employer (See Instructions Self	5)				
	Date 09/20/2024	Full name of contributor Dominguez, Arturo Contributor address; City; S	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$25.00		
	Deinsinal	Helotes , TX 78023			Franks on (Cook bathwetic no					
	Real Estate	pation / Job title (See Instructions Agent	5)		Employer (See Instructions	5)				
	Date 09/20/2024	Full name of contributor Figueroa, Frida Contributor address; City; S				•	Amount of Contribution (\$)	\$20.00		
		Laredo , TX 78043								
	Principal occu Student	pation / Job title (See Instructions	5)		Employer (See Instructions	5)				
	Date 08/04/2024	Full name of contributor Flores, Dora Contributor address; City; S Laredo, TX 78043	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$25.00		
	Principal occu Teacher	pation / Job title (See Instructions	s)		Employer (See Instructions UISD	5)				
	Date 09/20/2024	Full name of contributor Flores, Dora Contributor address; City; St	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$25.00		
	Principal occu Teacher	pation / Job title (See Instructions	s)		Employer (See Instructions UISD	s)				

	MONET	ARY POLITICAL CONTRIBU	JTIONS	SCHEDULE A1
	The Instru	etion Guide explains how to complete	this form.	1 Total pages Schedule A1: Sch: 4/10 Rpt: 7/35
2	FILER NAME Webb Count	/ Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00023943
4	Date 08/19/2024	 Full name of contributor		7 Amount of Contribution (\$) \$618.00
_		Laredo, TX 78040		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	15)
	Date 08/23/2024	Full name of contributor out-of-state PAGE Friends of WCDP Contributor address; City; State; Zip Code	C (ID#:)	Amount of Contribution (\$) \$300.00
		Laredo, TX 78040		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)
	Date 08/23/2024	Full name of contributor out-of-state PAGE Friends of WCDP Contributor address; City; State; Zip Code	C (ID#:)	Amount of Contribution (\$) \$410.00
		Laredo, TX 78040		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)
	Date 08/28/2024	Full name of contributor out-of-state PAGE Friends of WCDP Contributor address; City; State; Zip Code Laredo, TX 78040	C (ID#:)	Amount of Contribution (\$) \$1,293.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)
	Date 09/03/2024	Full name of contributor out-of-state PAGE out-o	C (ID#:)	Amount of Contribution (\$) \$925.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)
			1	

	MONET	ARY POLITICAL C	DNS	SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/10 Rpt: 8/35	
2	FILER NAME Webb Count	y Democratic Party (CEC)			3	Filer ID (Ethics Commission 00023943	n Filers)
4	Date 09/09/2024	5 Full name of contributor Friends of WCDP6 Contributor address; City; St	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$923.00
8	Principal occu	Laredo, TX 78040 pation / Job title (See Instructions		9 Employer (See Instructions	;) 		
_	Date 09/11/2024	Full name of contributor Friends of WCDP	out-of-state PAC (ID#:_)	<u></u>	Amount of Contribution (\$)	\$495.00
	03/11/2024	Contributor address; City; St	ate; Zip Code				Ψ433.00
	Dringinal occu	Laredo, TX 78040 pation / Job title (See Instructions	1	Employer (See Instructions	·/_		
	Principal occu	pation / Job title (See Instructions)	Employer (See instructions	·)		
	Date 09/16/2024	Full name of contributor Friends of WCDP Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$311.00
		Laredo, TX 78040					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/21/2024	Full name of contributor Friends of WCDP Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Laredo, TX 78040 pation / Job title (See Instructions)	Employer (See Instructions) 5)		
	Date 07/29/2024	Full name of contributor Friends of WCDP	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$176.00
		Contributor address; City; St Laredo, TX 78040	ate; Zip Code				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>.</u> ;)		

	MONET	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/10 Rpt: 9/35	
2	FILER NAME Webb Count	y Democratic Party (CEC)		3	Filer ID (Ethics Commission 00023943	ı Filers)
4	Date 08/19/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$77.00
8	Principal occu	Laredo, TX 78040 pation / Job title (See Instructions)	9 Employer (See Instructions)	<u> </u>		
	Date 09/16/2024	Full name of contributor out-of-state PAC (ID#:_ Friends of WCDP Contributor address; City; State; Zip Code Laredo, TX 78040			Amount of Contribution (\$)	\$755.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 08/04/2024	Full name of contributor out-of-state PAC (ID#:_Garcia, Jaime Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Laredo, TX 78045 pation / Job title (See Instructions)	Employer (See Instructions) Self Employed)		
	Date 09/20/2024	Full name of contributor out-of-state PAC (ID#:_ Garcia, Jaime Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu Attorney	Laredo, TX 78045 pation / Job title (See Instructions)	Employer (See Instructions) Self Employed)		
	Date 07/28/2024	Full name of contributor out-of-state PAC (ID#:_ Hinojosa , Susana Contributor address; City; State; Zip Code Laredo , TX 78045			Amount of Contribution (\$)	\$20.00
	Principal occu Teacher	pation / Job title (See Instructions)	Employer (See Instructions) UISD)		
		•				

	MONET	ARY POLITICAL (S		SCHEDUI	LE A1		
	The Instru	ction Guide explains how	v to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 7/10 Rpt: 10/35	
2	FILER NAME Webb Count	y Democratic Party (CEC)				3	Filer ID (Ethics Commission 00023943	on Filers)
4	Date 09/06/2024	5 Full name of contributor Hinojosa , Susana	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$20.00
_		Laredo , TX 78045		_		_		
8	Teacher	pation / Job title (See Instruction	5)	9	Employer (See Instructions UISD	5)		
	Date 07/29/2024	Full name of contributor Jackson, Gloria Contributor address; City; S)		Amount of Contribution (\$)	\$50.00
	Dringinal occu	Laredo, TX 78045	2)		Employer (See Instructions	<u>''</u>		
	Retired	pation / Job title (See Instruction	5)		Employer (See Instructions Retired	·)		
	Date 09/23/2024	Full name of contributor Jones , Susana Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1,000.00
		Laredo , TX 78041						
	Principal occu Retired	pation / Job title (See Instruction	5)		Employer (See Instructions Retired	5)		
	Date 09/05/2024	Full name of contributor Medina & Medina LLC Contributor address; City; S Laredo, TX 78040)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instruction	s)		Employer (See Instructions	5)		
	Date 08/19/2024	Full name of contributor Pappas, Josie Contributor address; City; S Laredo, TX 78041	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instruction	s)		Employer (See Instructions Retired	s)		
			•					

	MONET	ARY POLITICAL (CONTRIBUTIO	IS		SCHEDUL	E A1	
	The Instru	ction Guide explains hov	to complete this fo	orı	n.	1	Total pages Schedule A1: Sch: 8/10 Rpt: 11/35	
2	FILER NAME Webb Count	y Democratic Party (CEC)				3	Filer ID (Ethics Commission 00023943	n Filers)
4	Date 07/21/2024	5 Full name of contributor Perez, Maria6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$10.00
		Laredo, TX 78040						
8	Principal occu School Cour	pation / Job title (See Instructions nselor	s)	9	Employer (See Instructions UISD	5)		
	Date 07/02/2024	Full name of contributor Perez, Maria Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$10.00
	Dringinal occu	Laredo, TX 78040 pation / Job title (See Instructions	.)		Employer (See Instructions	-, 		
	School Cour		,,		UISD UISD	P)		
	Date 09/25/2024	Full name of contributor Rodriguez, Liza Contributor address; City; S)		Amount of Contribution (\$)	\$500.00
		San Antonio, TX 78250						
	Principal occu Fourth Court	pation / Job title (See Instructions t of Appeals	s)		Employer (See Instructions State of Texas	s)		
	Date 07/07/2024	Full name of contributor Saenz, Ana Contributor address; City; S Laredo, TX 78043	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions	s)		Employer (See Instructions Retired	5)		
	Date 08/04/2024	Full name of contributor Saenz, Ana Contributor address; City; S Laredo, TX 78043	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions	s)		Employer (See Instructions Retired	s)		

	MONET	ARY POLITICAL CON	S		SCHEDULE A1		
	The Instru	ction Guide explains how to c	complete this form	n.	1	Total pages Schedule A1: Sch: 9/10 Rpt: 12/35	
2	FILER NAME Webb Count	y Democratic Party (CEC)			3	Filer ID (Ethics Commission 00023943	n Filers)
4	Date 09/23/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$25.00
_		Laredo, TX 78043	T _a				
8	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 07/16/2024	Saenz, Ana Contributor address; City; State; Z	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu	Laredo, TX 78043 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Retired			Retired			
	Date 07/28/2024	Full name of contributor	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Laredo, TX 78045					
	Principal occu Bartender	pation / Job title (See Instructions)		Employer (See Instructions The Tack Room	5)		
	Date 09/06/2024	Shrout , Will Contributor address; City; State; Z				Amount of Contribution (\$)	\$10.00
	Principal occu Bartender	Laredo, TX 78045 pation / Job title (See Instructions)		Employer (See Instructions The Tack Room	<u>;</u>)		
	Date 07/28/2024	Full name of contributor ovaldez, Alicia Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Educator	pation / Job title (See Instructions)		Employer (See Instructions Gateway Academy	5)		
			I				

MONET	TARY POLITICAL CONTRIBUTION	IS		SCHEDULE A1	
The Instru	uction Guide explains how to complete this f	forr	n.	1	Total pages Schedule A1: Sch: 10/10 Rpt: 13/35
2 FILER NAME Webb Coun	Enty Democratic Party (CEC)			3	Filer ID (Ethics Commission Filers) 00023943
4 Date 09/16/2024	 5 Full name of contributor out-of-state PAC (ID#: Zaffirini, Judy 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$) \$1,000.00
8 Principal occi	Laredo, TX 78042 upation / Job title (See Instructions)	9	Employer (See Instructions State of Texas	s)	

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: 1/21 Rpt: 14/35	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
	07/02/2024	ActBlue Technical Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.39	366 Summer St.
		Somerville, MA 02144-3132
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Merchant Fee
		Metonalit 1 ee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Payee name
	07/16/2024	ActBlue Technical Services
_	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer St.
	40.00	
		Somerville, MA 02144-3132
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Merchant Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
	Date	Payee name
	07/23/2024	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	366 Summer St.
		Somerville, MA 02144-3132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Merchant Fee
		WOOTHER F CC
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oh	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services	s Expense	Salaries/M		e /Contract Labor		OTHER (enter	a category not liste	d above)
	Credit Card Payment			The Instruction G	Guide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comn	nission Filers)
	Sch: 2/21 Rpt: 15/35		Webb Coun	ty Democratic	Party (CEC)					00023943	1	
4	Date	5	Payee name									
	07/29/2024	ı		hnical Service	S							
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de					
	\$0.40		366 Summe	r St.								
			Somerville	MA 02144-313	2							
8	PURPOSE	┝					(h)	Description				
ľ	OF		Accounting/	e Categories listed at	the top of this sch	iedule)	(5)		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		Accounting/	Darking				Check if Austin,			•	
								Merchant Fee	Э			
9	Complete ONLY if direct		Candidate/Offic	ceholder name	(Office sou	ght			Office	held	
	expenditure to benefit C/OI	4										
	Date		Payee name									
	08/21/2024		ActBlue Tec	hnical Service	S							
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$2.97		366 Summe	r St.								
			Somerville.	MA 02144-313	2							
_	PURPOSE	┝		e Categories listed at			(b)	Description				
	OF	ı	Accounting/		the top of this sch	ledule)	(~)	_ `	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		7.000ammig/	Darming				Check if Austin,	, TX,	officeholder livi	ng expense	
								Merchant Fee	9			
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	(Office sou	ght			Office	held	
	experialiture to benefit C/OI											
	Date		Payee name									
	09/03/2024		ActBlue Tec	hnical Service	S							
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$8.50		366 Summe	r St.								
			Somerville,	MA 02144-313	2							
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Accounting/I		·	,		Check if travel of	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITORE							Check if Austin,		officeholder livi	ng expense	
								Merchant Fee	9			
_	Operation ONE V. C. P					D#:	and a st			C.".	1 - 1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Offic	ceholder name	(Office sou	gnt			Office	neid	
	,											

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

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

	Contributions/ Donations Made By 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: 3/21 Rpt: 16/35	Webb County Democratic Party (CEC) 00023943	
4	Date	5 Payee name	
	09/06/2024	ActBlue Technical Services	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$4.55	366 Summer St.	
		Somerville, MA 02144-3132	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Merchant Fee	
_	0 1: 0.11.7.7.1.		_
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
			_
	Date	Payee name	
	09/20/2024	ActBlue Technical Services	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$6.92	366 Summer St.	
		Somerville, MA 02144-3132	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Merchant Fee	
	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:		_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
			_
	Date	Payee name	
	09/23/2024	ActBlue Technical Services	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$40.49	366 Summer St.	
		Somerville, MA 02144-3132	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	LAI LINDITORL	Check if Austin, TX, officeholder living expense	
		Merchant Fee	
	Complete ONLY if dies -t	Condidate/Officeholder name Office county	_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
			_

SCHEDULE F1

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

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

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

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

	Candidate/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: 4/21 Rpt: 17/35	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
	09/24/2024	ActBlue Technical Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.58	366 Summer St.
		Somerville, MA 02144-3132
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Merchant Fee
		Welchart
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/02/2024	ActBlue Technical Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.60	366 Summer St.
	40.00	
		Somerville, MA 02144-3132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Merchant Fees
	Commission ONLL V if alignet	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	Data	
	Date 09/09/2024	Payee name Bruni, Sylvia
	Amount (\$)	Payee address; City; State; Zip Code 7404 Lake Victoria
	\$2,618.65	7404 Lake Victoria
		Laredo, TX 78045
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Signs
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorale to belieff C/OI	'

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Ex Legal Services The Instruction Guid		-	es/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM		•	r	-	3	Filer ID	(Ethics Commission Filers)	
-	Sch: 5/21 Rpt: 18/35	1	nty Democratic Pa	rty (CEC)			ľ	00023943	(2000)	
4	Date	5 Payee name	e							
	09/09/2024	Danny's R								
6	Amount (\$)	7 Payee addr	ess; City;	State;	Zip Code					
	\$95.52	4320 McPl								
		Laredo, T	< 78041							
8	PURPOSE OF	(a) Category (See Categories listed at the	top of this sched	dule) (b)	Description				
	EXPENDITURE	Food/Beve	erage Expense					ide of Texas. Com , officeholder living		
						Volunteer Me			expense	
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Of	fice sought			Office he	eld	
	Date	Payee name								
	09/06/2024	Frontera B	eer Garden							
	Amount (\$)	Payee addr	ess; City;	State;	Zip Code					
	\$250.00	3301 San	Bernardo							
		Laredo, T	< 78040							
	PURPOSE	(a) Category (See Categories listed at the	top of this sched	dule) (b)	Description				
	OF EXPENDITURE	Event Exp	ense			=		ide of Texas. Com		
						Event Expen		, officeholder living	expense	
						LVCIII LXpcII	130			
_	Complete ONLY if direct	Candidate/Of	ficeholder name	Of	fice sought			Office he	7ld	
	expenditure to benefit C/O		noonolael name	O.	noo ooagin			Omoo m	, i	
-	Date	Dayso name								_
	09/16/2024	Payee name	eer Garden							
				Ctata	Zin Cada					
	Amount (\$)	Payee addr 3301 San		State;	Zip Code					
	\$250.00	3301 3411	Demaruo							
			· 700 40							
		Laredo, T			·					
	PURPOSE OF	I	See Categories listed at the	top of this sched	dule) (b)	Description				
	EXPENDITURE	Event Exp	ense					ide of Texas. Com , officeholder living		
						Event Expen		, sinceriolaei iiviiili	, σ.,μοτίσο	
						1	-			
-	Complete ONLY if direct	L Candidate/Of	ficeholder name	Of	fice sought			Office he	eld	
	expenditure to benefit C/O			J.						

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 complete	this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 6/21 Rpt: 19/35	Webb County Democratic Party (CEC)	00023943
4	Date	5 Payee name	·
	08/13/2024	Guajardo, Cesiah	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$39.78	5119 Shark Bay	
		Laredo, TX 78041	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Do	escription
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
	LAPENDITORE		Check if Austin, TX, officeholder living expense
		K	itchen Supplies
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	09/10/2024	Guerra Communications	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,200.00	6402 N Bartlett Ave Ste. #1	
		Laredo, TX 78041	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Do	escription
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Check if Austin, TX, officeholder living expense
			ent
	Complete ONLY if direct	Condidate/Officeholder regree	Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	09/10/2024	Guerra Communications	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,200.00	6402 N Bartlett Ave Ste. #1	
		Laredo, TX 78041	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Do	escription
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense
			ent
_	Complete ONII V !f =I!	Condidate Office holder recent	Office held
	Complete ONLY if direct expenditure to benefit C/Ol	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 complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/21 Rpt: 20/35	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
	09/19/2024	Guerra Communications
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	6402 N Bartlett Ave Ste. #1
		Laredo, TX 78041
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense Live Remote
		Live Nemote
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/O	
	Date	Payee name
	08/15/2024	Guerra, Encarnacion
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,200.00	6402 N Bartlett
	Ψ1,200.00	0402 N Bartiett
		Larada TV 70041
	DUDD005	Laredo, TX 78041
	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
		Rent
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/15/2024	Guerra, Encarnacion
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,200.00	6402 N Bartlett
		Laredo, TX 78041
	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
		TXCIIL
	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 -

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: 8/21 Rpt: 21/35	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
	09/26/2024	Hinojosa, Susana
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$25.00	9563 Ashton Loop
		Laredo, TX 78045
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Rally SA
		Tally 5A
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	
	Date	Payee name
L	07/31/2024	International Bank of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.03	1200 San Bernardo
		Laredo, TX 78040
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank Fees
		Dalik Fees
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	
	Date	Payee name
	08/31/2024	International Bank of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.40	1200 San Bernardo
		Laredo, TX 78040
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank Fees
		Dalik Fees
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

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

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

Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printin Legal Services Salarie

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

	Credit Card Payment	The Instruction Guide explains how to c	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 9/21 Rpt: 22/35	Webb County Democratic Party (CEC)		00023943
4	Date	5 Payee name		-
	08/08/2024	La Paletera		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$35.71	315 Calle Del Norte		
		Laredo, TX 78041		
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.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Open House Refreshments
_	0 1: 0.11.4.7.1.	0 11 10 10 11 11	<u> </u>	0"
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held
	Date	Payee name		
	08/19/2024	Lamberton, Rosie		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$97.44	3001 Falcon Ridge Cove		
		Laredo, TX 78045		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Convention Parking
				Som Sincer Fairning
	Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> uaht	Office held
	expenditure to benefit C/OI		5	
	Date	Payee name		
	09/03/2024	Lamberton, Rosie		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$22.72	3001 Falcon Ridge Cove	oue	
	ΨΖΖ.17	3001 Falcon Mage Cove		
		Larodo TV 70045		
		Laredo, TX 78045	1	
	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	Event Expense		Check if Austin, TX, officeholder living expense
				Letter Writting Event
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	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

	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: 10/21 Rpt: 23/35	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
	07/31/2024	Laredo Area Retired School Employees Associtaion
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$125.00	8614 Northridge
		Laredo, TX 78045
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		GOTV Ad
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	08/30/2024	Laredo Kitchen
┢	Amount (\$)	Payee address; City; State; Zip Code
	\$80.00	1302 Covent
		Laredo, TX 78040
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense Kitchen Supplies
		Ritchen Supplies
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
H	Date	Payee name
	09/16/2024	Loncheria El Popo
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$68.50	9109 McPherson Rd Ste. 7
l		
		Laredo, TX 78041
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Volunteer Meals
\vdash	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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/21 Rpt: 24/35	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
	09/03/2024	Marenco, Rosario
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$195.12	107 Castellanos Ct
		Laredo, TX 78045
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 HQ Supplies
		πζ συμμιίες
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	09/20/2024	Maxey, Glen
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,375.00	PO Box 2505
		Austin, TX 78768
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Yard Signs
		rara Signs
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	09/09/2024	NRG Energy
	Amount (\$)	Payee address; City; State; Zip Code
	\$511.67	910 Lousianna St.
		Houston, TX 77002
	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 Utilities
		Otilities
\vdash	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 Commit

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	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/21 Rpt: 25/35	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
	08/22/2024	Office Depot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$137.25	5718 San Bernardo Ave
		Laredo, TX 78041
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Supplies Check if travel outside of Texas. Complete Schedule T. 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 H
F	Date	Payee name
	09/23/2024	Patty Signs
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,254.34	3008 Trinity Plaza
	,	
		Laredo, TX 78046
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Signs
		J. S.go
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
	Date	Payee name
	07/18/2024	Pla Mor
H	Amount (\$)	Payee address; City; State; Zip Code
	\$318.09	2819 Bob Bullock Loop
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Laredo, TX 78045
	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 Pal Mor Event
		Pai Moi Everil
\vdash	Complete ONI V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	
dash		
L		

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Exp
Contributions/ Donations Made By - Glift/Awards/Memor

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

	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: 13/21 Rpt: 26/35	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
	08/26/2024	Pla Mor
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$82.08	2819 Bob Bullock Loop
		Laredo, TX 78045
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event Expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/6	<u> </u>
	Date	Payee name
	09/12/2024	Pla Mor
	Amount (\$)	Payee address; City; State; Zip Code
	\$477.60	2819 Bob Bullock Loop
		Laredo, TX 78045
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event Expense
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
⊨	Data	Davies same
	Date 07/25/2024	Payee name Ouarter Mile Inc.
		Quarter Mile Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$211.31	6420 Polario Dr #4
		Laredo, TX 78041
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Advertising
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this	s form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 14/21 Rpt: 27/35	Webb County Democratic Party (CEC)	00023943
4	Date	5 Payee name	•
	07/31/2024	Quarter Mile Inc	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$209.15	6420 Polario Dr #4	
		Laredo, TX 78041	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		check if Austin, TX, officeholder living expense ertising
		Adv	erusing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
Ĭ	expenditure to benefit C/O		Since field
_	Date	Davies wares	
	08/01/2024	Payee name Quarter Mile Inc	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$133.73	6420 Polario Dr #4	
	Ψ133.73	0420 F GIATIO DI #4	
		Laredo, TX 78041	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Cription Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
		Adv	ertising
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	08/23/2024	Quarter Mile Inc	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$539.56	6420 Polario Dr #4	
		Laredo, TX 78041	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE		Check if Austin, TX, officeholder living expense
		Advi	ertising
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	Office netu

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
l	Sch: 15/21 Rpt: 28/35	Webb County Democratic Party (CEC) 00023943	
4	Date	5 Payee name	_
l	08/02/2024	Sam's Club	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
l	\$237.39	4810 San Bernardo Ave	
l			
l		Laredo, TX 78041	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
l		Check if Austin, TX, officeholder living expense HQ Expense	
l		Τις Εχρόπος	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
⊨	Date	Payee name	=
l	09/16/2024	Sam's Club	
⊢	Amount (\$)	Payee address; City; State; Zip Code	_
l	\$223.62	4810 San Bernardo Ave	
l	4220.02	1010 Gall Bellial de 7 tve	
l		Laredo, TX 78041	
┝	PURPOSE		_
l	OF	(a) Category (See Categories listed at the top of this schedule) Office Supplies (b) Description Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Office Supplies	
L			_
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
┡			_
l	Date	Payee name	
L	07/26/2024	Spectrum	_
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$349.19	400 Atlantic St. Floor 10	
l			
L		Stamford , CT 06901	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Pental Expanse (b) Description Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		Internet	
Г	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 -

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	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: 16/21 Rpt: 29/35	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
	09/09/2024	Spectrum
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$120.63	400 Atlantic St. Floor 10
		Stamford , CT 06901
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 Internet
		internet
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	07/19/2024	T Strategies
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	7019 W Village Blvd Suite 205
		Laredo, TX 78041
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Marketing Consultant
		manoung consumati
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	08/19/2024	Texas Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,670.00	P.O. Box 15707
	·	
		Austin, TX 78761
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Yard Sign
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

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: 17/21 Rpt: 30/35	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
	09/12/2024	Texas Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$305.00	P.O. Box 15707
		Austin, TX 78761
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bumper Stickers
		Bumper Suckers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	08/28/2024	United States Postal Service
H	Amount (\$)	Payee address; City; State; Zip Code
	\$9.24	2395 E Del Mar Blvd
		Laredo, TX 78041
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Postage & Shipping
		Some of the property of the pr
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	09/09/2024	United States Postal Service
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$28.46	2395 E Del Mar Blvd
		Laredo, TX 78041
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI ENDITORE	Check if Austin, TX, officeholder living expense
		Postage & Shipping
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal 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: 18/21 Rpt: 31/35	Webb County Democratic Party (CEC) 00023943
4	Date	5 Payee name
	08/13/2024	Vargas, John
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.27	325 Wyoming
		Laredo, TX 78041
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 Setup
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davos nama
	09/05/2024	Payee name Vargas, John
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,040.00	325 Wyoming
		Laredo, TX 78041
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		T-shirts
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davida nama
	09/05/2024	Payee name Vargas, John
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$413.69	325 Wyoming
		Laredo, TX 78041
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Signs
		Signs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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		Legal Services The Instruction Guide	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed abo	ve)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission	n Filers)
	Sch: 19/21 Rpt: 32/35	Webb Cou	nty Democratic Part	ty (CEC)				00023943		
4	Date	5 Payee name	е							
	09/13/2024	Vargas, Jo	hn							
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip C	ode					
	\$376.00	325 Wyom	ning							
		Laredo, T	< 78041							
8	PURPOSE	(a) Category (See Categories listed at the to	pp of this schedule)	(b)	Description				
	OF EXPENDITURE	Advertisino	g Expense			=			plete Schedule T.	
						Merch	, 1,	, officeholder living	g expense	
9	Complete ONLY if direct	L Candidate/Of	ficeholder name	Office so	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/O	H			Ü					
	Date	Payee name	e							
	09/13/2024	Vargas, Jo	hn							
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$38.95	325 Wyom	ning							
		Laredo, T	< 78041							
	PURPOSE	(a) Category (See Categories listed at the to	pp of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Ove	rhead/Rental Expen	ise		_		ide of Texas. Com , officeholder living	plete Schedule T.	
						HQ Supplies	, 17	, onicendaei iivinį	у ехрепзе	
						C				
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/O	H								
	Date	Payee name	e							
	09/24/2024	Vargas, Jo	hn							
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$624.00	325 Wyom	ing							
		Laredo, T	< 78041							
	PURPOSE	(a) Category	See Categories listed at the to	pp of this schedule)	(b)	Description				
	OF EXPENDITURE	Advertisin	g Expense						plete Schedule T.	
						T-Shirts	, TX	, officeholder living	g expense	
						1-Onnto				
\vdash	Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/O			255 500	9			200 11		
\vdash										
ᆫ										10 515

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to cor	-	ete this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
	Sch: 20/21 Rpt: 33/35	Webb County Democratic Party (CEC)		00023943	
4	Date	5 Payee name		<u>'</u>	
	09/26/2024	Vargas, John			
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de		
	\$39.40	325 Wyoming			
		Laredo, TX 78041			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
OF EXPENDITURE Travel Out of District Travel Out of District					
	EXPENDITORE			Check if Austin, TX, officeholder living expense	
				SA Rally	
_				200	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ght	Office held	
	Date	Payee name			
	08/19/2024	Wood Man of the World			
	Amount (\$)	Payee address; City; State; Zip Coo	de		
	\$50.00	100 Laredo			
		Laredo, TX 78041			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	
	OF EXPENDITURE	Donation		Check if travel outside of Texas. Complete Schedule T.	
	_/			Check if Austin, TX, officeholder living expense Donation	
				Donation	
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held	
	expenditure to benefit C/OI		giit	Office field	
	Data	Davis and the second			
	Date 07/02/2024	Payee name WordPress			
	Amount (\$)	Payee address; City; State; Zip Cod	de		
	\$35.18	60 29th St. #343			
		San Francisco , CA 94110-4929			
	PURPOSE OF	, , ,	(b)	Description	
	EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
				Website	
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	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 Com 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		nmittee I	Gift/Awards/Memorials E egal Services The Instruction Gu			ages.	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1: Sch: 21/21 Rpt: 34/35	ı		y Democratic P	arty (CEC)					Filer ID 00023943	(Ethics Commission Filers)
4	Date 08/01/2024	5	Payee name WordPress	,				l			
6	Amount (\$) \$35.18	ı	7 Payee address; City; State; Zip Code 60 29th St. #343								
L			San Francis	co , CA 94110-4	929						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertising									
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	0	office sou	ght			Office he	eld
Г	Date		Payee name								
	09/03/2024		WordPress								
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de				
	\$35.18		60 29th St. #	343							
				co , CA 94110-4							
	PURPOSE OF EXPENDITURE		Category (Sei Advertising I	e Categories listed at th Expense	e top of this sche	edule)		\Box		de of Texas. Com officeholder living	plete Schedule T. g expense
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	0	Office sou	ght			Office he	eld

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: 35/35 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Webb County Democratic Party (CEC) 00023943 5 Name of person from whom amount is received 8 Amount (\$) Date 07/25/2024 \$10,000.00 Raymond, Richard 6 Address of person from whom amount is received; City; State; Zip Code Laredo, TX 78042 Purpose for which amount is received Check if political contribution returned to filer Bank Error - IBC deposited contribution twice