#### 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) 00088769 3 COMMITTEE NAME **OFFICE USE ONLY** Cameron County Democrats PAC Date Received **ELECTRONICALLY FILED** 10/07/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1150 N. Loope 1604 West Date Hand-delivered or Date Postmarked Suite 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. Loope 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. Loope 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)
Cameron County Democrats PAC			00088769	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed		
		B. Opposed		
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICAL (OTHER THAN PLE	IL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	400,678.70
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	203,022.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	172,895.90
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	•		<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	mpaign Treasu	ırer
AFFIX NOTARY	/ STAMP / SEAL ABOVE			
		, th	nis the	day
of	_, 20, to certify	which, witness my hand and seal of office.		
Signature of officer ad	dministering oath	Printed name of officer administering oath	Title of office	cer administering oath

## **SUBTOTALS - GPAC**

## FORM GPAC COVER SHEET PG 3

			3 of 34	
17 COMMITTEE NAME  18 Filer ID (Ethics Commission Filers)				
	County Democrats PAC  E SUBTOTALS	00088769	T	
	SCHEDULE		SUBTOTAL AMOUNT	
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 320,000.00	
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 70,678.70	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. X	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	)R	\$ 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. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION			\$	
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			\$	
9. SCHEDULE E: LOANS \$			\$	
10. X	10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 203,022			
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	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 CONTRIBUTIONS \$			\$	
15. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 3,609.99		
·				

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/34
2	FILER NAME Cameron County Democrats PAC	3 Filer ID (Ethics Commission Filers) 00088769
4	Date  08/30/2024  5 Full name of contributor out-of-state PAC (ID#:)  Texas Majority PAC  6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$200,000.00
	Washington, DC 20003	
8	Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)	ons)
	Date Full name of contributor out-of-state PAC (ID#:)  09/26/2024 Texas Majority PAC  Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$120,000.00
	Washington, DC 20003  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2: Sch: 1/3 Rpt: 5/34	
2 FILER NAME Cameron County Democrats PAC			3 Filer ID (Ethics Commission Filers) 00088769	
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$	
5 Date 09/05/2024 6 Full name of contributor out-of-state PAC (ID#:) Texas Majority PAC 7 Contributor address; City; State; Zip Code		8 Amount of 9 In-kind contribution contribution (\$) description \$1,178.69   Texting Services		
10 Principal occu	Washington, DC 20003  upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	L-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 contributo	or's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	l		
Date Full name of contributor out-of-state PAC (ID#: 08/01/2024 Texas Majority PAC Contributor address; City; State; Zip Code		)	Amount of In-kind contribution contribution (\$) description \$550.01   Texting Services	
	Washington, DC 20003			
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)  Employer (FOR NON-JUDICIAL) (See instructions)				
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)	l		
Date 09/24/2024	Full name of contributor out-of-state PAC (ID#: Texas Majority PAC Contributor address; City; State; Zip Code	)	Amount of In-kind contribution contribution (\$) description \$21,150.00   Field Consulting	
Washington, DC 20003			I I Check if travel outside of Texas. Complete Schedule T.	
Principal occu	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions)			
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		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2: Sch: 2/3 Rpt: 6/34	
2 FILER NAME Cameron County Democrats PAC			3 Filer ID (Ethics Commission Filers) 00088769	
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$	
5 Date 09/05/2024 6 Full name of contributor out-of-state PAC (ID#:) Texas Majority PAC 7 Contributor address; City; State; Zip Code		8 Amount of contribution (\$) description s45,000.00   Field Consulting		
10 Principal occu	Washington, DC 20003  upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T.  I-JUDICIAL) (See instructions)	
100	(500 1000)			
12 Contributors	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 contributo	or's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date Full name of contributor out-of-state PAC (ID#:)  Texas Majority PAC  Contributor address; City; State; Zip Code  Washington, DC 20003		)	Amount of In-kind contribution contribution (\$) description \$1,000.00   Staff Time	
			Check if travel outside of Texas. Complete Schedule T.	
Principal occu	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions)			
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)	•		
Date 08/30/2024	Full name of contributor out-of-state PAC (ID#: Texas Majority PAC Contributor address; City; State; Zip Code		Amount of In-kind contribution contribution (\$) description \$450.00   Staff Time	
Washington, DC 20003			Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)  Employer (FOR NON-JUDICIAL) (See instructions)				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)  Law firm of cont			or's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2: Sch: 3/3 Rpt: 7/34		
2 FILER NAME Cameron County Democrats PAC			<b>3</b> Filer ID (Ethics Commission Filers) 00088769		
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5 Date 08/15/2024 6 Full name of contributor out-of-state PAC (ID#:) Texas Majority PAC 7 Contributor address; City; State; Zip Code		8 Amount of 9 In-kind contribution contribution (\$) description \$450.00   Staff Time			
10 Principal occu	Washington, DC 20003  upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T.  J-JUDICIAL) (See instructions)		
20 Timospar ooo	apparation, cost une (i en vien costienal) (cost en vien cost	III Employer (Ferritor)	(		
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)				
10 ii contributor	is a sima, law min or parent(s) (if any) (i six obsidence)				
Date Full name of contributor out-of-state PAC (ID#:)  77/31/2024 Texas Majority PAC  Contributor address; City; State; Zip Code  Washington, DC 20003			Amount of In-kind contribution contribution (\$) description  \$450.00   Staff Time		
			I I Check if travel outside of Texas. Complete Schedule T.		
Principal occu	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions)				
Contributor's	Contributor's principal occupation (FOR JUDICIAL)  Contributor's job title (FOR JUDICIAL) (See instructions)				
Contributor's employer/law firm (FOR JUDICIAL)  Law firm of contributor's spouse (if any) (FOR JUDICIAL)			or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 07/15/2024	Full name of contributor out-of-state PAC (ID#: Texas Majority PAC  Contributor address; City; State; Zip Code		Amount of In-kind contribution contribution (\$) description  \$450.00   Staff Time		
	Washington, DC 20003		I I Check if travel outside of Texas. Complete Schedule T.		
Principal occu	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions)				
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)	I			

## 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: 8/34	
2	2 FILER NAME		3	Filer ID (Ethics Commission Filers)	
	Cameron County Democrats PAC			00088769	
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 Committee

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/25 Rpt: 9/34	Cameron County Democrats PAC 00088769
4 Date	5 Payee name
09/20/2024	1848 BBQ
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$537.12	5 Avalon Dr
Expenditure from corporate funds	Brownsville, TX 78520
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Solicitation/Fundraising Expense
	Catering
	Catching
9 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
09/04/2024	All Valley Media LLC
Amount (\$)	Payee address; City; State; Zip Code
\$336.00	32158 Zillock Rd
Expenditure from corporate funds	San Benito, TX 78586
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Graphic Design Services
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	4
Date	Payee name
08/27/2024	AmTrust Financial Services Inc
Amount (\$)	Payee address; City; State; Zip Code
\$352.00	59 Maiden Lane
Expenditure from corporate funds	New York, NY 10038
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
	Workers' Compensation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

#### 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:	
Sch: 2/25 Rpt: 10/34	Cameron County Democrats PAC 00088769
4 Date	5 Payee name
07/26/2024	Amalgamated Bank
6 Amount (\$) \$14.00	7 Payee address; City; State; Zip Code 275 7th Ave
X Expenditure from corporate funds	New York, NY 10001
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Bank Fees
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Dete	
Date	Payee name
07/26/2024	Amalgamated Bank
Amount (\$)	Payee address; City; State; Zip Code
\$32.00	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	Fees  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Bank Fees
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
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) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAI LIIDITURE	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	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

ng Expense Event Expense Loan Repayment/Reimbu

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	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: 3/25 Rpt: 11/34	Cameron County Democrats PAC 00088769
4 Date	5 Payee name
08/29/2024	Amalgamated Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$14.00	275 7th Ave
X 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
	Ballit 666
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payros namo
09/26/2024	Payee name Amalgamated Bank
	-
Amount (\$)	Payee address; City; State; Zip Code
\$14.00	275 7th Ave
Expenditure from	
x 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
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/26/2024	Amalgamated Bank
Amount (\$)	Payee address; City; State; Zip Code
\$48.25	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.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Bank Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
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#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cr 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	
1 Total pages Schedule F1:	
1 Total pages Schedule F1: Sch: 4/25 Rpt: 12/34	2 FILER NAME Cameron County Democrats PAC 3 Filer ID (Ethics Commission Filers) 00088769
4 Date	5 Payee name
08/28/2024	Amazon
6 Amount (\$) \$15.49	7 Payee address; City; State; Zip Code 410 Terry Ave N
410.10	120 Tony / We IV
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 Austin, TX, officeholder living expense
	Office Supplies
O Commission ONLY if dispose	Condidate/Office helder name Office accords
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/28/2024	Amazon
Amount (\$)	Payee address; City; State; Zip Code
\$156.94	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 Austin, TX, officeholder living expense
	Office Supplies
Operation ONE Wife discout	Our didn't lotter had a grant of the second to
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/28/2024	Amazon
Amount (\$)	Payee address; City; State; Zip Code
\$173.18	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
Complete <u>ONLY</u> 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 Committee

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

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

Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 5/25 Rpt: 13/34	Cameron County Democrats PAC	00088769
4 Date	5 Payee name	
08/05/2024	Best Buy	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2,319.76	7601 Penn Ave S	
- Evnanditura from		
Expenditure from corporate funds	Richfield, MN 55423	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
E/11 E1191. C.1.		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		Cines neid
Date	Payee name	
08/07/2024	Blue Dog Ink	
Amount (\$)	Payee address; City; State; Zip Code	
\$3,741.98	20533 Biscayne Blvd	
ΨΟ, / +1.50	Suite 4-1136	
Expenditure from		
corporate funds	Aventura, FL 33180	
PURPOSE OF	, (	Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Printing Expense	Check if Austin, TX, officeholder living expense
		Printing
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	1	
Date	Payee name	
09/04/2024	Blue Dog Ink	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,933.24	20533 Biscayne Blvd	
	Suite 4-1136	
Expenditure from corporate funds	Aventura, FL 33180	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Printing
0 1: 0:11:4:4:1		
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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	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: 6/25 Rpt: 14/34	Cameron County Democrats PAC	00088769
4 Date	5 Payee name	•
09/06/2024	Blue Dog Ink	
6 Amount (\$) \$1,459.00  Expenditure from corporate funds  8 PURPOSE OF EXPENDITURE	7 Payee address; City; State; Zip Code 20533 Biscayne Blvd Suite 4-1136 Aventura, FL 33180  (a) Category (See Categories listed at the top of this schedule) Printing Expense	b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Printing
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht Office held
Date	Payee name	
07/15/2024	Brownsville Public Utilities	
Amount (\$)	Payee address; City; State; Zip Code	e
\$82.32	1425 Robinhood Dr	
Expenditure from corporate funds	Brownsville, TX 78521	
PURPOSE OF EXPENDITURE	(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.  Check if Austin, TX, officeholder living expense  Utilities
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	nt Office held
Date	Payee name	
08/14/2024	Brownsville Public Utilities	
Amount (\$) \$94.31	Payee address; City; State; Zip Code 1425 Robinhood Dr	e
Expenditure from corporate funds	Brownsville, TX 78521	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Utilities
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sough	nt Office held

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/25 Rpt: 15/34	Cameron County Democrats PAC 00088769
4 Date	5 Payee name
09/13/2024	Brownsville Public Utilities
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$77.54	1425 Robinhood Dr
Expenditure from	Brownsville, TX 78521
corporate funds	
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
	Utilities
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payon namo
07/31/2024	Payee name
	Chavez, Oziel
Amount (\$)	Payee address; City; State; Zip Code
\$5,270.50	1150 N. Loop 1604 West
- Cynanditura fram	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 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
experientare to serious eye.	
Date	Payee name
08/15/2024	Chavez, Oziel
Amount (\$)	Payee address; City; State; Zip Code
\$1,385.25	1150 N. Loop 1604 West
	Ste 108-230
Expenditure from corporate funds	San Antonio, TX 78248
<u> </u>	1
PURPOSE 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 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/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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
oroun out a ymon	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/25 Rpt: 16/34	Cameron County Democrats PAC 00088769
4 Date	5 Payee name
08/30/2024	Chavez, Oziel
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,385.25	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	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 ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientale to beliefft C/OI	•
Date	Payee name
09/13/2024	Chavez, Oziel
Amount (\$)	Payee address; City; State; Zip Code
\$1,385.25	1150 N. Loop 1604 West
	Ste 108-230
Expenditure from corporate funds	San Antonio, TX 78248
<u>'</u>	
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
	Campaign Calarios
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
07/05/2024	GoDaddy
	-
Amount (\$)	Payee address; City; State; Zip Code
\$44.34	2155 E. GoDaddy Way
Expenditure from	
corporate funds	Tempe, AZ 85284
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 CNU V Station	Condidate/Officeholder name Office county
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)** 

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Office Of Polling Elense Printing Salaries	Expense Wages/Contract Labor	Travel in District Travel Out of Dis	quipment & Related Expense
1 Total manage Cabadula F1.	2 FUED NAME		- CAPIGING NOTE TO C		a Filer ID	(Ethica Commission Filoro)
1 Total pages Schedule F1: Sch: 9/25 Rpt: 17/34	Cameron County Democrats PAC				3 Filer ID 00088769	(Ethics Commission Filers)
4 Date	5 Payee name				•	
07/05/2024	GoDaddy					
6 Amount (\$) \$63.68	7 Payee addre	ss; City; Daddy Way	State; Zip C	ode		
Expenditure from corporate funds	Tempe, AZ	85284				
8 PURPOSE OF EXPENDITURE	(a) Category (S Software S	ee Categories listed at the to ubscription	op of this schedule)		outside of Texas. Comp n, TX, officeholder living OSCription	
Complete ONLY if direct expenditure to benefit C/Oh		iceholder name	Office so	ught	Office he	eld
Date	Payee name					
07/16/2024	GoDaddy					
Amount (\$)	Payee addre	ss; City;	State; Zip C	ode		
\$99.99	2155 E. Go	Daddy Way				
Expenditure from corporate funds	Tempe, AZ	85284				
PURPOSE OF EXPENDITURE	(a) Category (S Software S	ee Categories listed at the to ubscription	op of this schedule)	_ <u></u>	outside of Texas. Comp n, TX, officeholder living OSCription	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		iceholder name	Office so	ught	Office he	eld
Date 09/09/2024	Payee name GoDaddy					
			Ot			
Amount (\$) \$60.67	Payee addre 2155 E. Go	ss; City; Daddy Way	State; Zip C	ode		
Expenditure from corporate funds	Tempe, AZ	85284				
PURPOSE OF EXPENDITURE	(a) Category (s Software S	ee Categories listed at the to ubscription	op of this schedule)	l <b>—</b>	outside of Texas. Comp n, TX, officeholder living DSCription	
Complete ONLY if direct expenditure to benefit C/Oh		iceholder name	Office so	ught	Office he	eld
Forms provided by Tayas F			, athics state tv			Varsian V// 1 0 /19da51f7

#### 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 c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 10/25 Rpt: 18/34	Cameron County Democrats PAC	00088769
4 Date	5 Payee name	·
09/09/2024	GoDaddy	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$255.46	2155 E. GoDaddy Way	
- Funanditura from		
Expenditure from corporate funds	Tempe, AZ 85284	
8 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
9 Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held
expenditure to benefit C/OI		
Date	Payee name	
07/11/2024	H-E-B	
Amount (\$)	Payee address; City; State; Zip C	nde
\$99.23	646 S Flores St	
400.20	0.10.00.10.100.00	
Expenditure from corporate funds	San Antonio, TX 78204	
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	ught Office held
expenditure to benefit C/OI	1	
Date	Payee name	
08/30/2024	Longhorn Organizing Strategies	
Amount (\$)	Payee address; City; State; Zip C	ode
\$150,000.00	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) Description
OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	<b>.</b>	Check if Austin, TX, officeholder living expense
		Field Consulting
2 1 2 2 2 2 2 2 2		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught Office held
,		

#### 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing 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: 11/25 Rpt: 19/34	Cameron County Democrats PAC 00088769
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
	1
8 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 ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/05/2024	MBA Consulting Group
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	611 Pennsylvania Ave SE
<del>+</del> =,000.00	# 143
Expenditure from	
corporate funds	Washington, DC 20003
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense
LAFENDITORE	Check if Austin, TX, officeholder living expense
	Compliance Services
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/08/2024	Mailchimp
Amount (\$)	Payee address; City; State; Zip Code
\$28.25	405 N Angier Ave NE
Φ20.25	405 N Aligiei Ave NE
Expenditure from corporate funds	Atlanta, GA 30308
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
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	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

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

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

Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 12/25 Rpt: 20/34	Cameron County Democrats PAC 00088769	
4 Date	5 Payee name	
08/09/2024	Mailchimp	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$28.25	405 N Angier Ave NE	
Expenditure from corporate funds	Atlanta, GA 30308	
8 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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experialitate to belieff of of	<u>'</u>	
Date	Payee name	
09/09/2024	Mailchimp	
Amount (\$)	Payee address; City; State; Zip Code	_
\$28.25	405 N Angier Ave NE	
Expenditure from	Atlanta CA 20209	
corporate funds	Atlanta, GA 30308	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	
EXPENDITURE	Software Subscription  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Software Subscription	
	Contrare cuses i puori	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
		_
Date	Payee name	
07/01/2024	O'Leary's Bar and Grille	
Amount (\$)	Payee address; City; State; Zip Code	
\$88.50	600 Springmart Blvd #8	
Expenditure from corporate funds	Brownsville, TX 78526	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Meals	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	1	
		_
Forms provided by Texas F	thics Commission was athics state type Version V// 1.0.49da51	

#### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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: 13/25 Rpt: 21/34	Cameron County Democrats PAC 00088769
4 Date	5 Payee name
07/15/2024	Payroll Data Processing
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$62.73	4224 Henderson Blvd
- "	
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
LAFENDITORE	Check if Austin, TX, officeholder living expense
	Payroll Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
07/31/2024	Payroll Data Processing
Amount (\$)	Payee address; City; State; Zip Code
\$68.23	4224 Henderson Blvd
Expenditure from	
corporate funds	Tampa, FL 33629
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
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
08/14/2024	Payroll Data Processing
Amount (\$)	Payee address; City; State; Zip Code
\$50.48	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	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Payroll Fee
0 1. 6	
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 Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Finding Expense
Salarise/Mange/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 14/25 Rpt: 22/34	Cameron County Democrats PAC 00088769
4 Date	5 Payee name
08/29/2024	Payroll Data Processing
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$50.48	4224 Henderson Blvd
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 travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Payroll Fee
	T dyfoli i CC
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
09/12/2024	Payroll Data Processing
Amount (\$)	Payee address; City; State; Zip Code
\$50.48	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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin TX officeholder living expenses.
	Check if Austin, TX, officeholder living expense Payroll Fee
	T ayron 1 cc
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Davies name
07/15/2024	Payee name Payroll Data Processing
Amount (\$)	Payee address; City; State; Zip Code
\$580.09	4224 Henderson Blvd
Expenditure from	
corporate funds	Tampa, FL 33629
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 Taxes
	1 dyron ruxes
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: 15/25 Rpt: 23/34	Cameron County Democrats PAC 00088769
4 Date	5 Payee name
07/31/2024	Payroll Data Processing
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,919.58	4224 Henderson Blvd
- "	
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 travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Payroll Taxes
	T dyfoli Tuxes
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	David and the second se
Date	Payee name
08/14/2024	Payroll Data Processing
Amount (\$)	Payee address; City; State; Zip Code
\$805.40	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
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
08/29/2024	Payroll Data Processing
Amount (\$)	Payee address; City; State; Zip Code
\$799.40	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 Taxes
Commission Chill V II alling	Condidate/Officeholder name Office county
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

### SCHEDULE F1

Solicitation/Fundraising Expense

Advertising Expense

Event Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/- F0	ees pod/Beverage Expense ift/Awards/Memorials Expense egal Services	Polling Exp Printing Ex	pense opens			Travel in Distric		
Credit Card Payment	Т	he Instruction Guide explair	ns how to co	mple	te this form.				
1 Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission	Filers)
Sch: 16/25 Rpt: 24/34	Cameron Co	unty Democrats PAC					00088769		
4 Date	5 Payee name					_			
09/12/2024	Payroll Data	Processing							
6 Amount (\$)	<b>7</b> Payee address	; City; Sta	te; Zip Co	de					
\$758.90	4224 Hender		, <u></u> p	uo					
Expenditure from corporate funds	Tampa, FL 33	3629							
8 PURPOSE	(a) Category (See	Categories listed at the top of this	schedule)	(b)	Description				
OF EXPENDITURE	Salaries/Wag	es/Contract Labor			=			nplete Schedule T.	
					_		officeholder livin	g expense	
					Payroll Taxes	5			
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Office	cholder name	Office sou	ght			Office h	eld	
Date	Payee name								
08/29/2024	Printplace								
Amount (\$)	Payee address	; City; Sta	te; Zip Co	de					
\$9,820.55	8000 Haskell		.tc, 2ip 00	uc					
ψ9,020.33	0000 Haskell	AVC							
Expenditure from corporate funds	Van Nuys, C	A 91406							
PURPOSE	(a) Category (See	Categories listed at the top of this	schedule)	(b)	Description				
OF EXPENDITURE	Printing Expe				Check if travel	outsi	de of Texas. Con	nplete Schedule T.	
EXI ENDITORE						ı, TX,	officeholder livin	g expense	
					Printing				
Complete ONLY if direct	Candidate/Office	eholder name	Office sou	ght			Office h	eld	
expenditure to benefit C/OI	-1								
Date	Payee name								
09/10/2024	Sam's Club								
Amount (\$)	Payee address	; City; Sta	te; Zip Co	de					
\$136.27	· ·	ple Savings Dr	,,						
<b>4100.2</b> 1	2202 02 0	pio Gavingo Di							
Expenditure from corporate funds	Bentonville, A	AR 72712							
PURPOSE	(a) Category (See	Categories listed at the top of this	schedule)	(b)	Description				
OF	1	ead/Rental Expense	,		Check if travel	outsi	de of Texas. Con	nplete Schedule T.	
EXPENDITURE		•			_		officeholder livin	g expense	
					Office Supplie	es			
Complete ONLY if direct	Candidate/Office	eholder name	Office sou	ght			Office h	eld	
expenditure to benefit C/OI	H								
,									

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 Fi	lers)
Sch: 17/25 Rpt: 25/34	Cameron County Democrats PAC 00088769	
4 Date	5 Payee name	
07/03/2024	Scale to Win	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$846.39	13742 Harper St	
- "		
Expenditure from corporate funds	Santa Ana, CA 92703	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Consulting Expense	
LAFENDITORE	Check if Austin, TX, officeholder living expense	
	Texting Services	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Data		
Date 07/10/2024	Payee name Spectrum	
	Spectrum	
Amount (\$)	Payee address; City; State; Zip Code	
\$90.32	400 Washington Blvd	
Expenditure from		
corporate funds	Stamford, CT 06902	
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	
	Internet Services	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	DH	
Date	Payee name	
08/12/2024	Spectrum	
Amount (\$)	Payee address; City; State; Zip Code	
\$85.29	400 Washington Blvd	
Expenditure from corporate funds	Stamford, CT 06902	
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	
	Internet Services	
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)** 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		nmittee	Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	xpense		xpens Wages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
L	Sch: 18/25 Rpt: 26/34		Cameron C	ounty Democrats	PAC				L	00088769	
4	Date	5	Payee name								
	08/13/2024		Spectrum								
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode				
	\$130.48		400 Washin	gton Blvd							
	Expenditure from corporate funds		Stamford, C	T 06902							
8	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE			head/Rental Expe				<b>=</b>		de of Texas. Com	
	-							Internet Servi		officeholder living	expense
										•	
9	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	Ω	office sou	l Jaht			Office he	eld
Ĺ	expenditure to benefit C/O						9'''L				
	Date		Payee name								
	09/10/2024		Spectrum								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode				
	\$85.30		400 Washin	gton Blvd							
_	T Expenditure from										
L	corporate funds		Stamford, C	T 06902							
	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE			head/Rental Expe				<b>=</b>		de of Texas. Com	
								Internet Servi		officeholder living	j experise
										-	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	0	office sou	<u>I</u> ught			Office he	eld
	Date		Payee name								
	08/21/2024		Staples								
	Amount (\$)		Payee addres	ss; City;	State:	Zip Co	ode				
	\$414.55		500 Staples		<b>-</b> ,		-				
	Expenditure from corporate funds		Framinghar	n, MA 01702							
	PURPOSE OF	(a)		ee Categories listed at the		edule)	(b)	Description			whate Oak adul. T
	EXPENDITURE		Office Over	head/Rental Expe	ense					de of Texas. Comp officeholder living	
								Office Supplie			, - <sub> </sub>
								• • •			
	Complete ONLY if direct		Candidate/Offi	ceholder name	0	office sou	ught			Office he	eld
	expenditure to benefit C/O	Н									

### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 19/25 Rpt: 27/34	Cameron County Democrats PAC	00088769			
4 Date	5 Payee name				
07/18/2024	Star AC & Electric				
6 Amount (\$)	7 Payee address; City; State; Zip Co	de .			
\$975.33	2320 Nannete Ave				
Expenditure from					
corporate funds	Brownsville, TX 78526				
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.			
EXPENDITORE		Check if Austin, TX, officeholder living expense			
		Utilities			
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held			
expenditure to benefit C/O	H				
Date	Payee name				
07/15/2024	State Farm				
Amount (\$)	Payee address; City; State; Zip Co	dh			
\$52.00	1 State Farm Plaza	uc			
φ32.00	1 State Faith Flaza				
Expenditure from					
corporate funds	Bloomington, IL 61710				
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			
		Insurance			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght Office held			
experialitate to beliefit 6/6					
Date	Payee name				
07/03/2024	Textedly				
Amount (\$)	Payee address; City; State; Zip Co	de			
\$26.60	1901 Avenue of the Stars				
,==:-	Ste 200				
Expenditure from					
corporate funds	Los Angeles, CA 90067				
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 sou	ght Office held			
expenditure to benefit C/O		gnit Onice Held			
I					

#### 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: 20/25 Rpt: 28/34	Cameron County Democrats PAC 00088769
4 Date	5 Payee name
07/08/2024	Textedly
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$59.58	1901 Avenue of the Stars
	Ste 200
Expenditure from corporate funds	Los Angeles, CA 90067
8 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
	Contract Cubestipaton
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
07/29/2024	Textedly
Amount (\$)	Payee address; City; State; Zip Code
\$26.60	1901 Avenue of the Stars
\$20.00	
Expenditure from	Ste 200
corporate funds	Los Angeles, CA 90067
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
	Contract Cubestipaton
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
08/07/2024	Textedly
	,
Amount (\$)	Payee address; City; State; Zip Code
\$59.58	1901 Avenue of the Stars
Expenditure from	Ste 200
corporate funds	Los Angeles, CA 90067
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	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Salaries/\	Nages/Contract Labor	OTHER (enter a	category not listed above)
		on Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
Sch: 21/25 Rpt: 29/34	Cameron County Dem	ocrats PAC		00088769	
4 Date	5 Payee name				
08/30/2024	Textedly				
6 Amount (\$)	7 Payee address; City;	State; Zip Co	ode		
\$26.60	1901 Avenue of the Sta	ars			
	Ste 200				
Expenditure from corporate funds	Los Angeles, CA 9006	7			
8 PURPOSE	(a) Category (See Categories list	ed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Software Subscription	ou at the top of the confedency	_ `	outside of Texas. Com	plete Schedule T.
EXPENDITURE	·			, TX, officeholder living	g expense
			Software Sub	oscription	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder nar	ne Office sou	ıght	Office he	eld
experientare to benefit 6/01					
Date	Payee name				
08/30/2024	Textedly				
Amount (\$)	Payee address; City;	State; Zip Co	ode		
\$26.60	1901 Avenue of the Sta	ars			
	Ste 200				
Expenditure from corporate funds	Los Angeles, CA 9006	7			
PURPOSE	(a) Category (See Categories list	ed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Software Subscription		. <u>–</u>	outside of Texas. Com	
			Software Sub	, TX, officeholder living	g expense
			Soltware Sur	oscription	
Complete ONLY if direct	Candidate/Officeholder nar	ne Office sou	<u> </u>  aht	Office he	eld
expenditure to benefit C/OI			<b>5</b> -		
Date	Payee name				
09/09/2024	Textedly				
		State: 7in Co	ndo.		
Amount (\$) \$59.58	Payee address; City;	State; Zip Co	oue		
φ39.30	1901 Avenue of the Sta	XI S			
Expenditure from	Ste 200				
corporate funds	Los Angeles, CA 9006	7			
PURPOSE OF	(a) Category (See Categories list	ed at the top of this schedule)	(b) Description		
EXPENDITURE	Software Subscription			outside of Texas. Com , TX, officeholder living	
			Software Sub		) expense
				e a serie arait	
Complete ONLY if direct	Candidate/Officeholder nar	ne Office sou	<u>l</u> ıght	Office he	eld
expenditure to benefit C/OI		233 000	<i>5</i> .	Z33 III	

#### 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 By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 22/25 Rpt: 30/34	Cameron County Democrats PAC 00088769
4 Date	5 Payee name
09/16/2024	Textedly
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$26.60	1901 Avenue of the Stars
	Ste 200
Expenditure from corporate funds	Los Angeles, CA 90067
	1
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 expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/21/2024	Uber
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$45.93	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	Transportation Equipment And Related  Check if travel outside of Texas. Complete Schedule T.
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	
Date	Payee name
08/21/2024	Uber
Amount (\$)	Payee address; City; State; Zip Code
\$46.92	1455 Market St
\$40.92	1400 Warket St
Expenditure from	
corporate funds	San Francisco, CA 94103
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Transportation Equipment And Related  Check if travel outside of Texas. Complete Schedule T.
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	

#### SCHEDULE F1

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

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: 23/25 Rpt: 31/34	Cameron County Democrats PAC 00088769
4 Date	5 Payee name
07/03/2024	Vistaprint
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$356.12	75 Wyman Street
	Ste 100
Expenditure from corporate funds	Waltham, MA 02451
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Printing
	Filliding
O Commission Chill V if all a	Condidate/Officeholder name
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	Vistaprint
Amount (\$)	Payee address; City; State; Zip Code
\$396.44	75 Wyman Street
	Ste 100
Expenditure from corporate funds	Waltham, MA 02451
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Printing Expense  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Printing
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
07/15/2024	Whitman, Ben
Amount (\$)	Payee address; City; State; Zip Code
\$1,489.04	1150 N. Loop 1604 West
	Ste 108-230
Expenditure from corporate funds	San Antonio, TX 78248
PURPOSE	
OF	(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.
EXPENDITURE	Salaries/wages/contract Labor
	Campaign Staff Salaries
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<del>1</del>

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

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

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: 24/25 Rpt: 32/34	Cameron County Democrats PAC	00088769
4 Date	5 Payee name	<u> </u>
07/31/2024	Whitman, Ben	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$1,489.04	1150 N. Loop 1604 West	
<del>+-,</del>	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	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Staff Salaries
		Campaigh Stan Salanes
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/Ol		grit Office field
Date	Payee name	
08/15/2024	Whitman, Ben	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$1,489.04	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	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	<b>3</b>	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 sou H	ght Office held
'		
Date	Payee name	
08/30/2024	Whitman, Ben	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$1,489.04	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	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 ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI	1	

### 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:	
Sch: 25/25 Rpt: 33/34	Cameron County Democrats PAC 00088769
4 Date	5 Payee name
09/13/2024	Whitman, Ben
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,489.04	1150 N. Loop 1604 West
Expenditure from	Ste 108-230
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  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/OF	Candidate/Officeholder name Office sought 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: 34/34 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Cameron County Democrats PAC 00088769 8 Amount (\$) Date 5 Name of person from whom amount is received 09/04/2024 \$3,609.99 Blue Dog Ink 6 Address of person from whom amount is received; City; State; Zip Code Aventura, FL 33180 7 Purpose for which amount is received Check if political contribution returned to filer Refund from Vendor