### COUNTY EXECUTIVE COMMITTEE CAMPAIGN FINANCE REPORT

# FORM CEC COVER SHEET PG 1

Tł	ne CEC Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00023943	2 Total pages filed: 19			
3	COMMITTEE NAME			OFFICE USE ONLY			
1	Webb County Den	nocratic Party (CEC)		Date Received			
	0011117755			ELECTRONICALLY FILED 10/28/2024			
4	COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CIT 1802 Houston St.	Y; STATE; ZIP CODE				
		1002 HOUSION St.		Date Hand-delivered or Date Postmarked			
	Change of Address	Laredo, TX 78040		Desciret "			
				Receipt # Amount			
				Date Processed			
				Date Imaged			
5	CAMPAIGN TREASURER	MS / MRS / MR FIRST		MI			
	NAME	Amber A.					
		NICKNAME LAST		SUFFIX			
		Avis					
L							
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY;	STATE; ZIP CODE			
	STREET	1802 Houston St.					
	ADDRESS						
	(Residence or Business)	Laredo, TX 78040					
7	CAMPAIGN TREASURER	STREET OR PO BOX;	APT / SUITE #; CITY	(; STATE; ZIP CODE			
	MAILING	1802 Houston St.					
	ADDRESS						
	Change of Address	Laredo, TX 78040					
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION				
	TREASURER PHONE	(956) 693-9906					
	FHORE						
9	REPORT	January 15 30	Oth day before election	Final Report			
	TYPE		h day before election	10th day after campaign treasurer			
		July 15	Ľ	termination			
			unoff				
10	PERIOD	Month Day Year	Month Day	Year			
	COVERED	09/27/2024 TH	HROUGH 10/26/202	4			
		ļ					
11	. ELECTION	ELECTION DATE		Other			
		Month Day Year	Primary Runoff	Other			
			Seneral Special				
		GO 1	TO PAGE 2				
Fo	rms provided by Te	xas Ethics Commission www.et	hics.state.tx.us	Version V4.1.0.48da51f7			

### COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC COVER SHEET PG 2

12 COMMITTEE NAME				13 File	r ID	(Ethics Commission Filers)
Webb County Democrat	tic Party (CEC)			000	23943	
14 COMMITTEE ACTIVITY	1. 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				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
15 CONTRIBUTION TOTALS	PLEDGES, LOAN	S, OR GUARAN MADE ELECTE	CONTRIBUTIONS (OTHER TEES OF LOANS, OR RONICALLY) higher itemization threshold	THAN	\$	0.00
	2. TOTAL POLITIC (OTHER THAN P		SUTIONS IS, OR GUARANTEES OF L	OANS)	\$	5,872.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ED POLITICAL	EXPENDITURES		\$	0.00
	4. TOTAL POLITIC	CAL EXPENDI	TURES		\$	15,415.09
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT		ONS MAINTAINED AS OF T	HE LAST DAY	\$	16,437.21
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPA LAST DAY OF TH		ALL OUTSTANDING LOAN PERIOD	S AS OF THE	\$	0.00
16 AFFIDAVIT						
			I swear, or affirm, under per true and correct and include under Title 15, Election Coc	es all information		
				Amber A. Av	ic	
			Signa	ture of Campaign		er
	STAMP / SEAL ABOV					
						day
of	, 20, to certi	y which, witness	my hand and seal of office.			
Signature of officer ad	ministering oath	Printed name	of officer administering oath	n Title	e of office	er administering oath
Forms provided by Texas E	thics Commission	www	.ethics.state.tx.us			Version V4.1.0.48da51f7

SUBTOTALS - CEC	СС	FORM CEC OVER SHEET PG 3 3 of 19	
17 COMMITTEE NAME Webb County Democratic Party (CEC)	18 Filer ID 00023943	(Ethics Commission Filers)	
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 5,872.0	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 CONTRIBUTIONS	;	<b>\$</b> 15,415.0	09
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO	INS	\$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	INS	\$	
10. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	RETURNED	<b>\$</b> 10,456.1	11

_							
	The Instru	ction Guide explains how to comple	1	Total pages Schedule A1: Sch: 1/4 Rpt: 4/19			
2	FILER NAME		3	Filer ID (Ethics Commissio	on Filers)		
		ty Democratic Party (CEC)				00023943	
4	Date	5 Full name of contributor out-of-state	)	7	Amount of Contribution (\$)		
	10/15/2024	Bruni, Sylvia					\$25.00
	I	6 Contributor address; City; State; Zip Code					
	I						
		Laredo, TX 78045					
8		pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Retired			Retired			
	Date	Full name of contributor 🔲 out-of-state	• PAC (ID#:	)		Amount of Contribution (\$)	
	10/07/2024	Carmona, Kay					\$250.00
		Contributor address; City; State; Zip Code					
	I						
	I						
		Laredo, TX 78041					
	Principal occu	pation / Job title (See Instructions)	5)				
	Retired			Retired			
	Date	Full name of contributor out-of-state	)		Amount of Contribution (\$)		
	10/03/2024	Chapa, Cynthia					\$500.00
	Contributor address; City; State; Zip Code						
	I						
	I						
		San Antonio, TX 78268					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Judge		L	State of Texas			
	Date		9 PAC (ID#:	)		Amount of Contribution (\$)	
	10/15/2024	Fasken Oil & Ranch					\$1,000.00
	I	Contributor address; City; State; Zip Code					
	I						
		Laredo, TX 78045					
⊢	Principal occu	I Ipation / Job title (See Instructions)		Employer (See Instructions	I;)		
	-	· -					
⊢	Date	Full name of contributor Out-of-state	e PAC (ID#:	)		Amount of Contribution (\$)	
	10/10/2024	Flores, Dora		,		· · · · · · · · · · · · · · · · · · ·	\$25.00
	I	Contributor address; City; State; Zip Code					
	I						
	I						
	I	Laredo, TX 78043					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Teacher			UISD			
⊢			I				

	The Instru	ction Guide explains how to con	nplete this fo	orm.	1	Total pages Schedule A1: Sch: 2/4 Rpt: 5/19	
2	FILER NAME		3	Filer ID (Ethics Commission	n Filers)		
	Webb Count	y Democratic Party (CEC)		00023943	,		
4	Date	5 Full name of contributor out-of	-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	10/01/2024	Friends of WCDP					\$942.00
		6 Contributor address; City; State; Zip C	code				
		Laredo, TX 78040					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	)		
	Date	Full name of contributor out-of	-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/07/2024	Friends of WCDP				\$780.00	
		Contributor address; City; State; Zip C					
		Laredo, TX 78040	Employer (See Instructions				
	Principal occu	pation / Job title (See Instructions)	)				
	Date	Full name of contributor		Amount of Contribution (\$)			
	10/21/2024 Friends of WCDP						\$805.00
		Contributor address; City; State; Zip C					
		Laredo, TX 78040					
-	Principal occu	pation / Job title (See Instructions)	I	Employer (See Instructions	<u> </u>		
	i incipal occu				)		
⊨	Date	Full name of contributor Out-of		)		Amount of Contribution (\$)	
	10/15/2024	Friends of WCDP	-state PAC (ID#:	)			\$530.00
	10/10/2024	Contributor address; City; State; Zip C	`odo				\$330.00
			Jule				
		Laredo, TX 78040					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
⊨	Date	Full name of contributor Out-of	-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/15/2024						\$25.00
	Contributor address; City; State; Zip Code						
		Laredo, TX 78045					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Attorney			Self Employed			

	The Instru	ction Guide explains how to complete this	s form.		1	Total pages Schedule A1: Sch: 3/4 Rpt: 6/19	
2	FILER NAME		3	Filer ID (Ethics Commission	n Filers)		
		ty Democratic Party (CEC)		00023943			
4	Date	5 Full name of contributor out-of-state PAC (ID#	#:	)	7	Amount of Contribution (\$)	
	10/21/2024	Gonzalez, Rodrigo					\$100.00
		6 Contributor address; City; State; Zip Code					
		Laredo, TX 78041					
8	Principal occu	pation / Job title (See Instructions)	9 E	mployer (See Instructions	)		
	Self		S	Self			
F	Date	Full name of contributor Out-of-state PAC (ID#	#:	)		Amount of Contribution (\$)	
	10/15/2024 Hinojosa , Susana						\$20.00
		Contributor address; City; State; Zip Code					
		Laredo , TX 78045					
	Principal occu	pation / Job title (See Instructions)	)				
	Teacher		ι	JISD			
⊨	Date	Full name of contributor out-of-state PAC (ID#	)		Amount of Contribution (\$)		
	Date     Full name of contributor     out-of-state PAC (ID#:)       10/07/2024     King, Tracy					/ uncunt of Contribution (+)	\$500.00
	20/01/2021	Contributor address; City; State; Zip Code				+000.00	
	Contributor address, City, State, Zip Code						
		Laredo, TX 78046					
	Principal occu	I Ipation / Job title (See Instructions)	E	mployer (See Instructions	)		
	State Repre	sentative	s	state of Texas			
⊨	Date	Full name of contributor out-of-state PAC (ID#	#·	)		Amount of Contribution (\$)	
	10/15/2024	Martinez, Sylvia	<i></i>	)		/ uncunt of Contribution (+)	\$250.00
	20/20/2021	Contributor address; City; State; Zip Code					+_00.00
		Pearland, TX 77584					
⊢	Principal occu	I Ipation / Job title (See Instructions)	E	mployer (See Instructions	)		
	Retired			Retired	,		
⊨	Date	Full name of contributor out-of-state PAC (ID#		)		Amount of Contribution (\$)	
	10/21/2024	Ramirez, Anna Laura	π	)			\$50.00
	10/21/2024	Contributor address; City; State; Zip Code					<b>\$00.00</b>
		Contributor address, City, State, Zip Code					
		Laredo, TX 78045					
⊢	Principal occu	pation / Job title (See Instructions)	F	mployer (See Instructions	)		
	Attorney		,				
⊢				Retired			

The Instru	iction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 4/4 Rpt: 7/19		
2 FILER NAME		3	Filer ID (Ethics Commission	Filers)	
	ty Democratic Party (CEC)		00023943		
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
10/21/2024	Saenz, Ana				\$25.00
	6 Contributor address; City; State; Zip Code				
	Laredo, TX 78043				
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Retired		Retired			
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
10/15/2024		,			\$10.00
	Contributor address; City; State; Zip Code		·		
	Laredo, TX 78045				
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
Bartender		The Tack Room	-)		
			<u> </u>	Amount of Contribution (ft)	
Date		)		Amount of Contribution (\$)	¢25.00
10/07/2024	-				\$35.00
	Contributor address; City; State; Zip Code				
	Laredo, TX 78045				
Dringinglago		Employer (Cool Instructions			
Retired	upation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
Retileu		Relieu			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission I	Filers)
	Sch: 1/11 Rpt: 8/19		Webb County I	Democratic Par	ty (CEC)				00023943		
4	Date	5	Payee name								
	10/03/2024		ActBlue Techn	cal Services							
6	Amount (\$)	7	Payee address;	City;	State <sup>.</sup>	Zip Co	de				
ľ	\$19.75	ľ	366 Summer S		oluic,	210 00					
	\$10.10										
			Somerville, MA	02144 2122							
_				02144-3132			<i>"</i>				
8	PURPOSE OF	(a)		ategories listed at the to	op of this sche	edule)	(b) Description		side of Toylog, Con	nplete Schedule T.	
	EXPENDITURE		Fees						K, officeholder livin		
							ActBlue				
9	Complete ONLY if direct	(	Candidate/Officeh	older name	C	Office sou	ght		Office h	eld	
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	10/15/2024		ActBlue Techn	cal Services							
					Stato:	Zip Co	do				
	Amount (\$) \$13.05		Payee address; 366 Summer S	City; +	Sidle,	Zip Cu	ue				
	Φ13.05		Soo Summer S	ι.							
				001110000							
			Somerville, MA								
	PURPOSE OF	(a)	Category (See Ca	ategories listed at the to	op of this sche	edule)	(b) Description	ial auto	ide of Toylog Con	anlata Cabadula T	
	EXPENDITURE		Fees						K, officeholder livin	nplete Schedule T. g expense	
							ActBlue		,		
	Complete ONLY if direct	(	Candidate/Officeh	older name	C	Office sou	ght		Office h	eld	
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	10/10/2024		ActBlue Techni	cal Services							
-	Amount (\$)		Payee address;	City;	State <sup>.</sup>	Zip Co	de				
	\$0.99		366 Summer S	-	oluic,	210 00					
	\$0.00										
			Somerville, MA	02144-2122							
	5055005						<u> </u>				
	PURPOSE OF	(a)	Category (See Ca	ategories listed at the to	op of this sche	edule)	(b) Description		side of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Fees						K, officeholder livin		
							ActBlue				
	Complete ONLY if direct		Candidate/Officeh	older name	C	Office sou	ght		Office h	eld	
	expenditure to benefit C/OI	Н				·					
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense         Loan Repayment/Reimbursement           Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           Gift/Awards/Memorials Expense         Printing Expense           Legal Services         Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)					
	Sch: 2/11 Rpt: 9/19	Webb County Democratic Party (CEC)	00023943					
4	Date 10/21/2024	Payee name ActBlue Technical Services						
6	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer St. Somerville, MA 02144-3132						
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ActBlue							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/16/2024	Guerra Communications						
	Amount (\$) \$2,691.00	Payee address;     City;     State;     Zip Code       6402 N Bartlett Ave Ste. #1						
		Laredo, TX 78041						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense ising					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/21/2024	Guerra, Encarnacion						
	Amount (\$) \$1,200.00	Payee address;City;State;Zip Code6402 N Bartlett						
		Laredo, TX 78041						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	· · · · · ·	3 Filer ID (Ethics Commission Filers)					
L.	Sch: 3/11 Rpt: 10/19	Webb County Democratic Party (CEC)	00023943					
4	Date 10/16/2024	5 Payee name Hinojosa, Susana						
_								
6	Amount (\$) \$50.00	<ul> <li>Payee address; City; State; Zip Code</li> <li>9563 Ashton Loop</li> <li>Laredo, TX 78045</li> </ul>						
8	PURPOSE	(a) Cotogon (h) Description						
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Post Card Stamps								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	09/30/2024	International Bank of Commerce						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$39.86	1200 San Bernardo Laredo, TX 78040						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/18/2024	Jackson, Gloria						
-	Amount (\$)	Payee address; City; State; Zip Code						
	\$50.00	505 Brighton Road						
		Laredo, TX 78045						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense MPS					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2				2	Filer ID (Ethics Commission Filers)	
-	Sch: 4/11 Rpt: 11/19		Webb County Democratic Party (CEC)				00023943	
4	Date	5	Payee name					
	10/01/2024		Lamberton, Rosie					
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	de			
	\$22.02		3001 Falcon Ridge Cove					
			Laredo, TX 78045					
8	PURPOSE	(a)			(h) Description			
ľ	OF	(a)	Category (See Categories listed at the top of this sch Travel Out of District	edule)	(b) Description Check if travel	outs	side of Texas. Complete Schedule T.	
	EXPENDITURE		Have out of District				, officeholder living expense	
					Gas Stipend			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held	
	Date		Payee name					
	10/04/2024		Las Palmas Food Truck					
_	Amount (\$)		Payee address; City; State;	Zip Co	de			
	\$250.00		4210 S Zapata Hwy					
	\$200.00		-210 0 Zapata Miy					
			Laredo, TX 78046					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Event Expense	edule)			side of Texas. Complete Schedule T. K, officeholder living expense	
					Town Hall Ev	/en	ıt	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ght		Office held	
	Date		Payee name					
	09/27/2024		Patty Signs					
	Amount (\$)		Payee address; City; State;	; Zip Co	de			
	\$321.11		3008 Trinity Plaza					
			-					
			Laredo, TX 78046					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description			
	EXPENDITURE		Advertising Expense				side of Texas. Complete Schedule T. K, officeholder living expense	
					Signs	I, I A	, oncenduer wing expense	
					Cigilo			
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name C	Office sou	aht		Office held	
	expenditure to benefit C/Oł			500 SUL	Jur			

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           Gift/Awards/Memorials Expense         Printing Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
			•	s now to co	omple	ete this form.	-	
1	Total pages Schedule F1:	2					3	Filer ID (Ethics Commission Filers)
	Sch: 5/11 Rpt: 12/19		Webb County Democratic Party (CEC	.)				00023943
4	Date	5	Payee name					
	10/15/2024		Patty Signs					
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	ode			
	\$894.12		3008 Trinity Plaza					
			Laredo, TX 78046					
8	PURPOSE	(a)	Category (See Categories listed at the top of this so	hedule)	(b)	Description		
	OF EXPENDITURE		Printing Expense	inouulo)			outsi	de of Texas. Complete Schedule T.
	EXPENDITORE						, TX,	officeholder living expense
						Signs		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office held
	Date		Payee name					
	10/18/2024		Patty Signs					
	Amount (\$)		Payee address; City; State	e; Zip Co	ode			
	\$894.12		3008 Trinity Plaza					
			-					
			Laredo, TX 78046		1			
	PURPOSE OF	(a)	Category (See Categories listed at the top of this so	hedule)	(b)	Description	outoi	de ef Teuros, Complete Celedule T
	EXPENDITURE		Advertising Expense					de of Texas. Complete Schedule T. officeholder living expense
						L Signs		
						-		
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ught			Office held
	expenditure to benefit C/OF	H						
-	Date		Payee name					
	10/21/2024		Patty Signs					
	Amount (\$)			e; Zip Co	odo			
	\$894.12		3008 Trinity Plaza	з, zip сс	Jue			
	\$004.1Z							
			Laredo, TX 78046					
	PURPOSE	(a)	Category (See Categories listed at the top of this so		(b)	Description		
	OF	(,	Advertising Expense	neuule)	()		outsi	de of Texas. Complete Schedule T.
	EXPENDITURE					Check if Austin	, TX,	officeholder living expense
						Signs		
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ught			Office held
	expenditure to benefit C/OF	4						

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp nmittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
_		-		now to con	ipiete this form.	1.					
1	Total pages Schedule F1: Sch: 6/11 Rpt: 13/19	2	FILER NAME3 Filer ID(Ethics CommissionWebb County Democratic Party (CEC)00023943								
4	Date	5		-, ()							
4	10/22/2024	5	Payee name Patty Signs								
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le					
	\$111.50	50 3008 Trinity Plaza									
			Laredo, TX 78046								
8	PURPOSE	(a)				(b) Decorintion					
°	OF	(a)	Category (See Categories listed at the t	op of this sch	edule)	b) Description	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Advertising Expense					, officeholder living expense			
						Signs					
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice soug	ht		Office held			
	Date		Payee name								
	10/10/2024		Pla Mor								
	Amount (\$)		Payee address; City;	State:	; Zip Co						
	\$374.34			State,	, zip cot						
	φ <b>374.3</b> 4		2819 Bob Bullock Loop								
			Laredo, TX 78045								
PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Event Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Event Expense											
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sought Office held								
	Date		Payee name								
	09/30/2024		Ramirez, Rafael								
-	Amount (\$)		Payee address; City;	State:	; Zip Coo						
	\$100.00		3407 N Buena Vista Ave	State,	, zip cot						
	\$100.00		5407 N Duena visia Ave								
			Laredo, TX 78043								
	PURPOSE	(a)	Category (See Categories listed at the t	op of this sch	iedule)	<b>b)</b> Description					
	OF EXPENDITURE		Travel Out of District					ide of Texas. Complete Schedule T.			
							ι, TΧ,	, officeholder living expense			
						Gas Stipend					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name	C	Office soug	ht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           Gift/Awards/Memorials Expense         Printing Expense						
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 7/11 Rpt: 14/19		Webb County Democratic Party (CEC)	00023943						
4	Date 10/03/2024		Payee name Ramirez, Rafael							
6	Amount (\$) \$100.00		Payee address; City; State; 3407 N Buena Vista Ave Laredo, TX 78043	Zip Coo	de					
8	PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Travel Out of District       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gas Stipend									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice sou	yht		Office held			
	Date		Payee name							
	10/09/2024		Ruiz, Jonathan							
	Amount (\$) \$200.00									
			Laredo, TX 78041							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schere Advertising Expense	dule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H								
	Date		Payee name							
	10/11/2024		Sam's Club							
	Amount (\$) \$190.74		Payee address; City; State; 4810 San Bernardo Ave	Zip Co	de					
			Laredo, TX 78041							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schere Food/Beverage Expense	dule)			de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice souç	jht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Co Credit Card Payment			nittee Legal Service	e Expense emorials Expense s	Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/Contract Labor					
_	Tatal years Oak adula E1		The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1: Sch: 8/11 Rpt: 15/19	I	2       FILER NAME       3       Filer ID       (Ethics C         Webb County Democratic Party (CEC)       00023943								
4	Date	5	Payee name								
	10/18/2024		Spectrum								
6	Amount (\$)       7       Payee address;       City;       State;       Zip Code         \$250.21       400 Atlantic St. Floor 10       Stamford , CT 06901										
8	PURPOSE	(a) (	Category (See Categories	isted at the ten of this sch	odulo)	b) Description					
	OF EXPENDITURE		Office Overhead/Ren		edule)	Check if travel		ide of Texas. Complete Schedule T. , officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder n	ame C	Office soug	ht		Office held			
	Date	F	Payee name								
	09/27/2024	-	Text By Choice								
Amount (\$) Payee address; City; State; Zip Code											
	\$303.00		503 East Jackson St. Fampa, FL 33602								
	PURPOSE OF EXPENDITURE		<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Advertising Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Text Campaign</li> </ul>								
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought COH							Office held				
	Date	I	Payee name								
	10/04/2024	-	Text By Choice								
	Amount (\$) \$12.00		Payee address; City 503 East Jackson St	r; State;	Zip Cod	e					
		-	Гатра , FL 33602								
	PURPOSE OF EXPENDITURE		Category (See Categories Advertising Expense	isted at the top of this sch	edule)		ı, TX,	ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder n	ame C	Dffice soug	ht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)								
1	Total pages Schedule F1:		<b>3</b> Filer ID (Ethics Commission Filers)								
	Sch: 9/11 Rpt: 16/19	Vebb County Democratic Party (CEC)	00023943								
4	Date	Payee name									
_	10/04/2024	Text By Choice									
6	Amount (\$)	Payee address; City; State; Zip Code									
	\$4,000.00	\$4,000.00 503 East Jackson St									
		Fampa , FL 33602									
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description									
	OF EXPENDITURE		el outside of Texas. Complete Schedule T.								
	EXPENDITORE	Check if Aust	in, TX, officeholder living expense								
		Text Campa	aign								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Office sought	Office held								
⊨	Date	Payee name									
	10/11/2024	Fext By Choice									
_		-									
	Amount (\$)										
	\$1,401.15	03 East Jackson									
		<sup>-</sup> ampa , FL 33602									
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description									
	OF Advertising Expense Check if travel outside of Texas. Complete Schedule T.										
	Check if Austin, TX, officeholder living expense										
	Text Campaign										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	10/03/2024	rejo , Letticia									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$68.63	.212 St. Patrick Drive									
	\$00,00										
	Laredo, TX 78045										
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description									
	OF EXPENDITURE		el outside of Texas. Complete Schedule T.								
			in, TX, officeholder living expense								
		Flags									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 10/11 Rpt: 17/19	Webb County Democratic Party (CEC)	00023943							
4	Date 10/03/2024	Payee name Trejo , Letticia								
6	Amount (\$) \$288.39	<sup>7</sup> Payee address; City; State; Zip Code 1212 St. Patrick Drive Laredo, TX 78045								
8	8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Advertising Expense       (b) Description         Image: Check if Austin, TX, officeholder living expense Merchandise       Check if Austin, TX, officeholder living expense Merchandise									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	10/08/2024	Vargas, John								
	Amount (\$)     Payee address;     City;     State;     Zip Code       \$300.82     325 Wyoming									
		Laredo, TX 78041								
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Advertising Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>T-shirts</li> </ul>								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	10/18/2024	Vargas, John								
	Amount (\$) \$288.00	Payee address;City;State; Zip Code325 Wyoming								
		Laredo, TX 78041								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense By - Gift/Awards/Memorials Expense cal Committee Legal Services The Instruction Guide explai			nse s Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	ayment/Reimbursement rhead/Rental Expense pense pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)	
	Sch: 11/11 Rpt: 18/19		Webb Cou	nty Democratic	00023943						
4	Date	5	Payee name	9							
	10/18/2024		Vargas, Ro	osina							
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Co	de				
	\$50.00										
			Laredo, TX	( 78041							
8	PURPOSE	(a)	Category (	See Categories listed at	the ten of this sch	odulo)	(b) Description				
	OF	Ľ		rhead/Rental Ex		edule)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE								officeholder living	expense	
							Post Card St	am	ps		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Of	ficeholder name	C	office sou	ght		Office he	eld	
	Date		Payee name	9							
	10/01/2024 WordPress										
	Amount (\$) Payee address; City; State; Zip Code										
	\$35.18 60 29th St. #343										
			San Franc	sco , CA 94110	-4929						
	PURPOSE OF	(a)		See Categories listed at	the top of this sche	edule)	(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/Of	ficeholder name	C	office sou	ght		Office he	eld	
	expenditure to benefit C/OI	Н									

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	ages Schedule K: ./1 Rpt: 19/19							
2	FILER NAME	(Ethics Commission Filers)							
	Webb Count	943							
4	Date	5	Name of person from whom amount is received			8 Amount (\$)			
	09/27/2024		Webb Co. Democratic Party Primary Account			\$1,873.66			
		6	Address of person from whom amount is received; City; State; Zip Code						
		Ŀ	Laredo, TX 78040						
		7		if politi	cal cont	ribution returned to filer			
			2022 Primary Cost Reimb as per SOS						
	Date		Name of person from whom amount is received			Amount (\$)			
	10/23/2024		Webb Co. Democratic Party Primary Account			\$8,582.45			
			Address of person from whom amount is received; City; State; Zip Code						
			Laredo, TX 78040						
				if politi	ool oont	ribution returned to filer			
			2024 Primary Cost Reimb as per SOS	ii politi	cai com				