### 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) 00015946	<ul><li>2 Total pages filed:</li><li>40</li></ul>			
3	COMMITTEE NAME			OFFICE USE ONLY			
	Nueces County De	emocratic Executive Committee (CEC)		Date Received ELECTRONICALLY FILED 10/28/2024			
4	COMMITTEE ADDRESS		TY; STATE; ZIP CODE				
	ADDRE33	6102 Ayers Ste. 107		Date Hand-delivered or Date Postmarked			
	Change of Address	Corpus Christi, TX 78415		Receipt # Amount			
				Receipt# Amount			
				Date Processed			
				Date Imaged			
5	CAMPAIGN	MS / MRS / MR FIRST		MI			
	TREASURER NAME	Mrs. Stephanie					
		NICKNAME LAST		SUFFIX			
		Guerrero Sae	nz				
6	CAMPAIGN TREASURER STREET ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); 6022 Sweet Gum	APT / SUITE #; CITY	; STATE; ZIP CODE			
	(Residence or Business)	Corpus Christi, TX 78415					
7	CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; 6022 Sweet Gum	APT / SUITE #; CIT	Y; STATE; ZIP CODE			
	Change of Address	Corpus Christi, TX 78415					
8	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 249-3041	EXTENSION				
9	REPORT TYPE	January 15	Oth day before election	Final Report			
		July 15	th day before election	10th day after campaign treasurer termination			
10	PERIOD COVERED	Month Day Year 09/27/2024 T	Month Day HROUGH 10/26/20	Year 24			
11	. ELECTION	11/05/2024	ELECTION TYPE Primary General Special	Other			
Eo	GO TO PAGE 2 Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.48da51f7						
10			thics.state.tx.us	Version V4.1.0.48da51f7			

### COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

### FORM CEC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer	ID	(Ethics Commission Filers)			
Nueces County Democi	ratic Executive Comr	nittee (CEC)	0001	15946				
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, LOANS	ED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold		\$	2,879.00			
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	19,290.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ED POLITICAL EXPENDITURES		\$	0.00			
	4. TOTAL POLITIC	AL EXPENDITURES		\$	30,695.84			
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	- CONTRIBUTIONS MAINTAINED AS OF THE LAS NG PERIOD	T DAY	\$	41,081.10			
OUTSTANDING LOAN TOTALS		L AMOUNT OF ALL OUTSTANDING LOANS AS OF E REPORTING PERIOD	THE	\$	0.00			
16 AFFIDAVIT	•							
		I swear, or affirm, under penalty of p true and correct and includes all info under Title 15, Election Code.						
		Mrs. Stephan	ie Guerre	aro Sae	nz			
		Signature of C						
		-						
AFFIX NOTARY	STAMP / SEAL ABOV	Ξ						
Sworn to and subscribed	before me, by the said	,	, this the _		day			
of	_, 20, to certif	y which, witness my hand and seal of office.						
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title	of office	r administering oath			
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us			Version V4.1.0.48da51f7			

### SUBTOTALS - CEC

#### FORM CEC COVER SHEET PG 3 3 of 40

5 01 40							
17 COMMITTE	(Ethics Co	ommission Filers)					
Nueces C							
19 SCHEDULE NAME OF S	SUB	TOTAL AMOUNT					
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	19,290.00			
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00			
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00			
4. X	SCHEDULE E: LOANS		\$	0.00			
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	30,695.84			
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00			
9.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
10.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$				

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 1/14 Rpt: 4/40
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	unty Democratic Executive Committee (CEC)		00015946
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
10/03/2024	Anderson, Jordan		\$65.00
	6 Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78404		
8 Principal occu Lawyer	upation / Job title (See Instructions)	9 Employer (See Instructions Self	3)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
09/28/2024	Becerra, Manuel		\$30.00
	Contributor address; City; State; Zip Code		•
	Corpus Christi, TX 78467		
	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Truck Driver		Frontier West	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/07/2024	Bowman, Patricia		\$15.00
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78418		
	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Not Employe	ed	Not Employed	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/17/2024	Briones, Walter		\$15.00
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78404		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Instructor		Del Mar College	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/07/2024	BrunkenHoefer PC		\$5,000.00
	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78401		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>,</u> 3)

The Instru	iction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 2/14 Rpt: 5/40	
2 FILER NAME			<b>3</b> F	Filer ID (Ethics Commission	n Filers)
Nueces Cou	unty Democratic Executive Committee (CEC)			00015946	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:	)	7 /	Amount of Contribution (\$)	
09/29/2024	—				\$500.00
	6 Contributor address; City; State; Zip Code		ł		
	Corpus Christi, TX 78413				
	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
Not Employ	ed	Not Employed			
Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
10/22/2024	Canales, Jennifer				\$25.00
	Contributor address; City; State; Zip Code		1		
	Corpus Christi, TX 78411				
	upation / Job title (See Instructions)	Employer (See Instructions	5)		
Planner		USG			
Date	Full name of contributor out-of-state PAC (ID#:_	)	<b>F</b>	Amount of Contribution (\$)	
10/11/2024	Canales , Yolanda				\$25.00
	Contributor address; City; State; Zip Code		1		
	Corrue Christi TV 70404				
Dringing occ	Corpus Christi, TX 78404	Employer (See Instructions	-)		
Retired	upation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
			<del>,</del>		
Date	Full name of contributor out-of-state PAC (ID#:_	)	<sup>4</sup>	Amount of Contribution (\$)	ቀናሳ ሰባ
10/26/2024	Cavazos, Perfecto				\$60.00
	Contributor address; City; State; Zip Code				
	Corpus Christi, TX 78412				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
Not Employ		Not Employed	-,		
Date	Full name of contributor out-of-state PAC (ID#:_			Amount of Contribution (\$)	
10/25/2024					\$25.00
	Contributor address; City; State; Zip Code		•		7 -
	Corpus Christi, TX 78463				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Retired		None			

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 3/14 Rpt: 6/40 FILER NAME Filer ID (Ethics Commission Filers) 2 3 00015946 Nueces County Democratic Executive Committee (CEC) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/27/2024 Coastal Bend Tejano Democrats \$250.00 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78466 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/17/2024 \$30.00 Cooper, Andrea Contributor address; City; State; Zip Code Corpus Christi, TX 78410 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Financial Services** Federal Filings LLC Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/11/2024 Dalrymple, Birgitta \$100.00 Contributor address; City; State; Zip Code Corpus Christi, TX 78404 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/02/2024 \$30.00 DeLeon, Melody Contributor address; City; State; Zip Code Corpus Christi, TX 78416 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 10/01/2024 Delgado, Mandy \$35.00 Contributor address; City; State; Zip Code Portland, TX 78374 Principal occupation / Job title (See Instructions) Employer (See Instructions) Administrator **Education Service Center**

SCHEDULE	A1
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The Instruc	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 4/14 Rpt: 7/40	
2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
Nueces Cou	nty Democratic Executive Committee (CEC)			00015946	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
10/20/2024	Dorsey-Smart, Dawn (Dr.)				\$100.00
	6 Contributor address; City; State; Zip Code		1		
	Robstown, TX 78380				
	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
retired public	; educator	none			
Date	Full name of contributor out-of-state PAC (ID#:	)	Ē	Amount of Contribution (\$)	
10/02/2024	Engen, Erick				\$5.00
	Contributor address; City; State; Zip Code		1		
	Corpus Christi, TX 78403				
	pation / Job title (See Instructions)	Employer (See Instructions	3)		
Disaster Ass	istance Department of Homeland Security	U.S. Government			
Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
10/25/2024	Estrada, Laura				\$10.00
	Contributor address; City; State; Zip Code				
	Corpus Christi TV 70/12				
Dringing oggu	Corpus Christi , TX 78412 pation / Job title (See Instructions)				
Teacher		Employer (See Instructions Corpus Christi ISD	3)		
			<del>—</del>		
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<u>ቀ15 በበ</u>
09/28/2024	Flores, Rene				\$15.00
	Contributor address; City; State; Zip Code				
	Corpus Christi, TX 78412				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ال</u>		
attorney		self	''		
Date	Full name of contributor out-of-state PAC (ID#:		Π	Amount of Contribution (\$)	
10/26/2024	Fowler, Jarod	/		Amount of Contribution (4)	\$15.00
10,20,202	Contributor address; City; State; Zip Code		ł		*=•:-:
	Corpus Christi, TX 78411				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
Pharmacy		HCA			

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/14 Rpt: 8/40	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Nueces Cou	nty Democratic Executive Committee (CEC)			00015946	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	10/25/2024	Fuentes, Raul				\$15.00
		6 Contributor address; City; State; Zip Code		1		
		Corpus Christi, TX 78413				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Process Eng	ineer	Cheniere			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/02/2024	Galus, Christine				\$25.00
		Contributor address; City; State; Zip Code		1		
		Corpus Christi, TX 78413				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	d	None			
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/07/2024	Garza, Eusebio				\$15.00
		Contributor address; City; State; Zip Code		•		
		Corpus Christi, TX 78414				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Ι	Amount of Contribution (\$)	
	09/30/2024	Gina Benavides Campaign				\$437.50
		Contributor address; City; State; Zip Code		1		
		Corpus Christi, TX 78413				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/02/2024	Guerrero Saenz, Stephanie				\$25.00
		Contributor address; City; State; Zip Code		1		
		Corpus Christi, TX 78415				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Teacher		CCISD			

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/14 Rpt: 9/40	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Nueces Cou	nty Democratic Executive Committee (CEC)			00015946	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	10/19/2024	Hawkins, Alice				\$15.00
		6 Contributor address; City; State; Zip Code		ł		
		Corpus Christi, TX 78404				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Educator		Del Mar College			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/15/2024	Her, Lisa				\$20.00
		Contributor address; City; State; Zip Code		1		
		Corpus Christi, TX 78407				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Teacher		Retired			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Ι	Amount of Contribution (\$)	
	10/07/2024	Huerta, Carlos				\$12.00
		Contributor address; City; State; Zip Code		1		
		Corpus Christi, TX 78412				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions			
	Educator		Texas A&M University C	Cor	pus Christi	
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/15/2024	Hugley, Brantyn & Donna				\$21.00
		Contributor address; City; State; Zip Code		1		
		Corpus Christi, TX 78412				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Operations N	<i>M</i> anager	CCAR			
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/15/2024	Hugley, Brantyn & Donna				\$5.00
		Contributor address; City; State; Zip Code		1		
		San Marcus, TX 78666				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Graduate As	sisstant	Texas State University			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/14 Rpt: 10/40	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Nueces Cou	nty Democratic Executive Committee (CEC)			00015946	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	10/06/2024	James, Jessica	/	Ι.		\$35.00
l	10/00/2024					ψ00.00
l		6 Contributor address; City; State; Zip Code				
		Corpus Christi, TX 78415				
ŀ	Dringing occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
0				5)		
	Not Employe		Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	10/15/2024	Jose Manuel Martinez Campaign Fund				\$437.50
l		Contributor address; City; State; Zip Code		1		
		McAllen, TX 78503				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		•		c		
╞	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Г	Amount of Contribution (\$)	
	10/03/2024	Juan Chuy Hinojosa Campaign	)			\$2,500.00
	10/03/2024					φ <u>2</u> ,300.00
		Contributor address; City; State; Zip Code				
∟	·	Edinburg , TX 78539	1			
l	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/01/2024	Kerstetter, Mary				\$45.00
		Contributor address; City; State; Zip Code		1		
		Corpus Christi, TX 78404				
⊢	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	1 5)		
	Not Employe		Not Employed	-,		
╞				1	f Ω - πtilhutian (Φ)	
	Date	Full name of contributor out-of-state PAC (ID#:)	)		Amount of Contribution (\$)	*=> 00
	09/30/2024			]		\$50.00
		Contributor address; City; State; Zip Code				
		Corpus Christi, TX 78411				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Professor		Del Mar College			
$\vdash$			<u> </u>			

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 8/14 Rpt: 11/40	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Nueces Cou	nty Democratic Executive Committee (CEC)			00015946	ŕ
4	Date	5 Full name of contributor Out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
Ľ	10/15/2024	Koivula, Carolyn	)	Ľ	/ incant of Contribution (+)	\$10.00
	10/10/2021	6 Contributor address; City; State; Zip Code				<b>\$10.00</b>
		Contributor address, City, State, Zip Code				
		Corpus Christi, TX 78411				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u>		
ľ	Retired		None	5)		
╘				-		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/22/2024	Krueger, Maria				\$30.00
		Contributor address; City; State; Zip Code				
		Corpus Christi, TX 78413				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe	d	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/17/2024	Larkin, Patrick (Mr.)				\$150.00
		Contributor address; City; State; Zip Code		1		
		Corpus Christi, TX 78404				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Professor		Texas A&M University-0	Cor	pus Christi	
F	Date	Full name of contributor Out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/14/2024	Leal, Irma	,			\$15.00
		Contributor address; City; State; Zip Code		1		
		Corpus Christi, TX 78415				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Not Employe		Not Employed	,		
⊢	Date			Т	Amount of Contribution (\$)	
			)		Amount of Contribution (\$)	\$15.00
	10/21/2024 Lopez, Irene		-		φ13.00	
		Contributor address; City; State; Zip Code				
1		Corpus Christi, TX 78417				
⊢	Drinoinal assu		Employor (Soc Instruction			
I	Office Staff	pation / Job title (See Instructions)	Employer (See Instructions	5)		
L	Unice Stalf		Home Depot			

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/14 Rpt: 12/40	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Nueces Cou	inty Democratic Executive Committee (CEC)			00015946	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	10/04/2024	Mahaffey, Christa				\$100.00
	1	6 Contributor address; City; State; Zip Code		1		
		Corpus Christi, TX 78404				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Vacation Re	ntal Owner	Self			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/11/2024	McAuliffe, Cathleen (Dr.)				\$250.00
	I	Contributor address; City; State; Zip Code		1		
		Rockport, TX 78382				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Professor		Not Employed			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/22/2024	McDonough, Sylvia				\$35.00
	I	Contributor address; City; State; Zip Code		1		
		Corpus Christi, TX 78414				
		ipation / Job title (See Instructions)	Employer (See Instructions	;)		
	Not Employe	;d	Not Employed			
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/04/2024	Mitchell, Hannah				\$5.00
	I	Contributor address; City; State; Zip Code		1		
		Corpus Chrisit, TX 78412	· · · · ·	L		
		ipation / Job title (See Instructions)	Employer (See Instructions	;)		
	Grants Spec	alist	TAMUCC	_		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/17/2024	Morales, Rosie				\$15.00
	I	Contributor address; City; State; Zip Code				
		Corpus Christi, TX 78404	<u> </u>	Ļ		
		pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Paralegal		Oliva			

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 10/14 Rpt: 13/40		
2 FILER NAME		3 Filer ID (Ethics Commission File	ers)	
	inty Democratic Executive Committee (CEC)	00015946	/	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
10/02/2024	Nora Longoria Campaign		\$4	437.50
	6 Contributor address; City; State; Zip Code			
	McAllen, TX 78504			
C Dringing occu	upation / Job title (See Instructions)	Employer (See Instructions)		
		9 Employer (See Instructions)	)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
09/30/2024	Nueces County Tejano Democrats		\$5	500.00
	Contributor address; City; State; Zip Code			
	Robstown, TX 78380			
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions)		
			, 	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/07/2024	Pace, Jack		\$	\$30.00
	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78414			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Not Employe	ed	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
09/28/2024	Pierce, Craig		\$	\$30.00
	Contributor address; City; State; Zip Code			
	- · ·			
	Corpus Christi, TX 78412			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	.)	
Wealth Advis	sor	Morgan Stanley		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
09/30/2024	Quijas, Ernestina			\$15.00
	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78415			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>	
None	, , , , , , , , , , , , , , , , , , ,	,		
		None		
1				

	The Instru	ction Guide explains how to compl	1	Total pages Schedule A1: Sch: 11/14 Rpt: 14/40			
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
L		nty Democratic Executive Committee (CE	C)			00015946	,
4	Date	5 Full name of contributor out-of-sta	e PAC (ID#:	)	7	Amount of Contribution (\$)	
	10/24/2024	Ramirez, Arnulfo					\$15.00
		6 Contributor address; City; State; Zip Code					
		Corpus Christi, TX 78411					
8	Principal occu	pation / Job title (See Instructions)	<b>9</b> Emp	loyer (See Instructions	)		
	Service Coo		-	coll Health Plan	,		
⊢	Date	Full name of contributor out-of-sta	e PAC (ID#:	)		Amount of Contribution (\$)	
	10/08/2024	Ramirez, Chris	.e FAC (ID#	)			\$25.00
	10/00/2024						\$20.00
		Contributor address, City, State, Zip Cour	-				
		Corpus Christi, TX 78417					
	Principal occu	pation / Job title (See Instructions)	Emp	loyer (See Instructions	)		
	Not Employe	d	Employed				
	Date Full name of contributor out-of-state PAC (ID#:)					Amount of Contribution (\$)	
	09/30/2024 Regina Compian Richardson Campaign						\$437.50
	Contributor address; City; State; Zip Code						
		Edinburg , TX 78539					
	Principal occu	pation / Job title (See Instructions)	Emp	loyer (See Instructions	)		
	Date		e PAC (ID#:	)		Amount of Contribution (\$)	
	10/05/2024	Rene C. Flores Campaign Fund					\$400.00
		Contributor address; City; State; Zip Code	9				
		Correcto Christic TV 70401					
	Deinsinglasse	Corpus Christi, TX 78401		laura (O a a la structiona			
	Principal occu	pation / Job title (See Instructions)	Emt	oloyer (See Instructions	)		
╞							
	Date		te PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
	10/25/2024 Rose, Amanda (Mrs.)						\$10.00
		Contributor address; City; State; Zip Code					
		Corpus Christi, TX 78404					
$\vdash$	Principal occu	pation / Job title (See Instructions)	Emr	loyer (See Instructions	)		
	Program Co		, isti				
$\vdash$			I				

The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 12/14 Rpt: 15/40		
2 FILER NAME		3 Filer ID (Ethics Commission F	-ilers)	
	unty Democratic Executive Committee (CEC)		00015946	-
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
10/02/2024	—			2,500.00
	6 Contributor address; City; State; Zip Code			
<u>.                                </u>	Corpus Christi, TX 78401			
-	upation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Attorney		Self		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/15/2024	Sanchez , Dolores			\$55.00
	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78412			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Nursing	,	Reliable Source Travel N		
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
09/30/2024	Santos M.D., Juan			\$250.00
	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78418			
	upation / Job title (See Instructions)	Employer (See Instructions	\$)	
Physician		Self		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
09/28/2024	Smith, Paul			\$100.00
	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78414			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Health Care		HCA	7	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	
10/12/2024				\$25.00
	Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78404			
-	upation / Job title (See Instructions)	Employer (See Instructions	»)	
Retired		None		

	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 13/14 Rpt: 16/40		
2	FILER NAME		3	Filer ID (Ethics Commission	n Filers)	
		inty Democratic Executive Committee (CEC)			00015946	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	10/14/2024	Stockman, Christen				\$3.00
	ł	6 Contributor address; City; State; Zip Code		1		
	ļ					
	ļ	Corpus Christi, TX 78413				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<b>ل</b> ے 5)		
	Domestic En	igineer	Self			
⊢	Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u>	Γ	Amount of Contribution (\$)	
	09/27/2024	Tanya Lloyd Campaign	/		/ inounit of continuation (+)	\$750.00
	00,21,202			ł		<i><b><i>w</i></b>, <i>oc</i>.<i>cc</i></i>
		Contributor address; City; State; Zip Code				
	ļ					
		Lockhart, TX 78644				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	上 5)		
	F	,		.,		
╞	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	10/11/2024	Trevino, Arden	/			\$45.00
	10/11/2024					Φ <del>4</del> 0.00
	Contributor address; City; State; Zip Code					
	ļ	Sanford, NC 27330				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ר</u>		
	Not Employe		Not Employed	<i>'</i>		
╞				—		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>*</b> 4 E 00
	10/15/2024	Valdez, Patricia				\$15.00
		Contributor address; City; State; Zip Code				
		Comus Christi TV 70415				
		Corpus Christi, TX 78415		ŕ		
	•	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	;d 	Not Employed	_		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	_
	10/14/2024	Villagran, Denise			\$15.00	
	ļ	Contributor address; City; State; Zip Code	1			
		Corpus Christi, TX 78411				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Sales		90 Degree Benefit			

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The Instrue	tion Quide curlains how to complete this f	1	Total pages Schedule A1:		
i në instruc	tion Guide explains how to complete this fo		Sch: 14/14 Rpt: 17/40		
2 FILER NAME		3	Filer ID (Ethics Commission	n Filers)	
Nueces Coun	nty Democratic Executive Committee (CEC)		00015946		
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
10/04/2024	Webb, Ann				\$100.00
	6 Contributor address; City; State; Zip Code		1		
	Corpus Christi, TX 78414				
		9 Employer (See Instructions	5)		
Not employed	t	Not employed			
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
10/25/2024	Westergen, Kathy				\$5.00
ľ	Contributor address; City; State; Zip Code		1		
	Corpus Christi, TX 78416				
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Academic Ad	visor	Del Mar College			
Date	Date Full name of contributor out-of-state PAC (ID#:)				
10/17/2024	Zamora, Santiago				\$15.00
l i	Contributor address; City; State; Zip Code		1		
	Robstown, TX 78380				
	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Not Employed	t	Not Employed			

### PLEDGED CONTRIBUTIONS

### SCHEDULE **B**

The Instruction Guide explains how	1 Total pages Schedule B: Sch: 1/1 Rpt: 18/40			
2 FILER NAME	3 Filer ID	(Ethics Commission Filers)		
Nueces County Democratic Executive Committe	ee (CEC)	00015946		
<sup>4</sup> TOTAL OF UNITEMIZED PLEDGES	\$		0.00	
5 Date 6 Full name of pledgorout-c	of-state PAC (ID#:)	8 Amount of pledge (\$)	9 In-kind description (If applicable)	
7 Pledgor Address; City; Si	tate; Zip Code	Check if trav	I I I vel outside of Texas. Complete Sche	edule T.
<b>10</b> Principal occupation / Job title (See Instructions)	11 Employer (See Instr		· · · · · · · · · · · · · · · · · · ·	

LOANS							SC	HEDULE E	
The Instructio	The Instruction Guide explains how to complete this form.       1 Total page         Sch: 1/1								
2 FILER NAME Nueces County	Democratic Executive	Committee (CE	EC)			3 Filer ID 000159		mission Filers)	
<sup>4</sup> TOTAL OF UN	IITEMIZED LOANS						\$	0.0	)0
5 Date of loan	7 Name of lender	0	ut-of-state PA	C (ID#:		)	9 Loan Amo	ount (\$)	
6 Is lender a financial institution?	8 Lender address;	City;	State;	Zip Code			10 Interest R		
							<b>11</b> Maturity E	Jate	
12 Principal occupation	on / Job title (See Instruc	ions)		13 Employer (See Instr	ructions	)			
14 Description of Col	lateral			15 Check if personal fu	ınds we	re deposited	l into political a (See Instr		
16 GUARANTOR INFORMATION	<b>17</b> Name of guarantor						19 Amount G	Guaranteed (\$)	
not applicable	<b>18</b> Guarantor address;	City;	State;	Zip Code					
20 Principal occupation	on			21 Employer (See Instr	ructions	)			
				<u> </u>					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ommittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	kpense	Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/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 N				·	<b>3</b> Filer ID (Ethics Commission Filers)	
-	Sch: 1/21 Rpt: 20/40		s County Democratic E	Executive C	Committe	e (CEC)	00015946	
4	Date 09/29/2024	Payee r ActBlue						
6	Amount (\$) \$622.98		ddress; City; mmer Street erville, MA 02144	State;	Zip Cod	e		
8	PURPOSE OF EXPENDITURE	a) Categor Fees	Y (See Categories listed at the	top of this schec	dule) (		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense App	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate	e/Officeholder name	Of	ffice soug	ht	Office held	
	Date	Payee r	ame					
	09/30/2024	ActBlue	9					
	Amount (\$) \$2.58		ddress; City; mmer Street erville, MA 02144	State;	Zip Cod	e		
	PURPOSE OF EXPENDITURE	a) Categor Fees	Y (See Categories listed at the	top of this schec	dule) (		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense App	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	e/Officeholder name	Of	ffice soug	ht	Office held	
	Date	Payee r	ame					
	10/06/2024	ActBlue						
	Amount (\$) \$28.48	Payee a 366 Su	ddress; City; mmer Street	State;	Zip Cod	e		
		Somme	erville, MA 02144					
	PURPOSE OF EXPENDITURE	a) Categor Fees	Y (See Categories listed at the	top of this sched	dule) (		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense App	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate	e/Officeholder name	Of	ffice 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	, _ I Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	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	· · ·			2	Filer ID (Ethics Commission Filers)
1	Sch: 2/21 Rpt: 21/40	2	Nueces County Democratic Executive	Committ	ee (CEC)	3	00015946
4	Date	5	Payee name				
	10/13/2024		ActBlue				
6	Amount (\$)	7		Zip Co	de		
	\$21.45		366 Summer Street				
			Sommerville, MA 02144				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description		
	OF	. ,	Fees	cuuic)		outsi	de of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austin	, тх	officeholder living expense
					Fundraising A	\pp	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held
	Date		Payee name				
	10/20/2024		ActBlue				
_	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$19.79		366 Summer Street	210 00			
	Ψ13.75		Stor Summer Street				
			Sommerville, MA 02144				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Fees	edule)		, тх	de of Texas. Complete Schedule T. officeholder living expense
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	aht		Office held
	expenditure to benefit C/OF				5		
	Date		Payee name				
	10/05/2024		Arreola, Veronica				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$743.76		629 Collingswood	•			
			<u> </u>				
			Corpus Christi, TX 78412				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description		
	EXPENDITURE		Salaries/Wages/Contract Labor				de of Texas. Complete Schedule T.
					Phone Banke		officeholder living expense
					i none banke	.1	
L		Ļ	Condidate/Officeholder name	Office car	abt		Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name C	Office sou	JIIL		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:	· · · · ·	<b>3</b> Filer ID (Ethics Commission Filers)					
-	Sch: 3/21 Rpt: 22/40	Nueces County Democratic Executive Committee (CEC)	00015946					
4	Date 10/19/2024	5 Payee name Arreola, Veronica						
6	Amount (\$) \$175.00	7 Payee address; City; State; Zip Code 629 Collingswood Corpus Christi, TX 78412						
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Salaries/Wages/Contract Labor</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>Phone Banker</li> </ul>						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/19/2024	Arreola, Veronica						
	Amount (\$) \$936.00	Payee address; City; State; Zip Code 629 Collingswood						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense Br					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/05/2024	Beltran, Jo Ann						
	Amount (\$) \$83.33	Payee address;City;State;Zip Code4613 Bluebell Lane						
		Corpus Christi, TX 78416						
	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 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 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)				
1	Sch: 4/21 Rpt: 23/40	Nueces County Democratic Executive Committee (CEC)	00015946				
4	Date	Payee name					
	10/08/2024	Beltran, Jo Ann					
6	Amount (\$) \$631.40	Payee address; City; State; Zip Code 4613 Bluebell Lane					
		Corpus Christi, TX 78416					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Canvasser					
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	10/19/2024	Beltran, Jo Ann					
	Amount (\$) \$83.33	Payee address;City;State;Zip Code4613 Bluebell Lane					
		Corpus Christi, TX 78416					
	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				
	Date	Payee name					
	10/19/2024	Beltran, Jo Ann					
	Amount (\$) \$586.25	Payee address; City; State; Zip Code 4613 Bluebell Lane					
		Corpus Christi, TX 78416					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 5/21 Rpt: 24/40 Nueces County Democratic Executive Committee (CEC) 00015946 4 Date 5 Payee name 10/16/2024 Christus Health Memorial Quick Care 6 Amount (\$) Payee address; City; State; Zip Code 7 \$133.05 2606 Hospital Blvd. Suite F Corpus Christi, TX 78406 8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **GOTV** Program EXPENDITURE Check if Austin, TX, officeholder living expense Emergency Room Visit for dog bite Complete ONLY if direct Candidate/Officeholder name Office sought Office held 9 expenditure to benefit C/OH Date Payee name 10/07/2024 **Churches Chicken** Amount (\$) Payee address; City; State; Zip Code \$43.29 5149 Weber Rd. Corpus Christi, TX 78411 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense EXPENDITURE Check if Austin, TX, officeholder living expense **Dinner for Phone Banker** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/24/2024 **Constant Contact** Amount (\$) Payee address: City; State; Zip Code \$87.41 **Reservoir Place** 1601 Trapelo Road Waltham, MA 02451 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense Email Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Ex Fees Food/Bev Gift/Awar nittee Legal Se	oense rerage Expense ds/Memorials Expense	Loan Repayr Office Overh Polling Expe Printing Expe Salaries/Wag	nent/Reimbursement ead/Rental Expense nse ense ges/Contract Labor	Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:					3 Filer ID	(Ethics Commission Filers)
-	Sch: 6/21 Rpt: 25/40		emocratic Executive	Committe	e (CEC)	00015946	(
4	Date	ayee name				•	
	10/08/2024	Cotton Broadcasti	ng				
6	Amount (\$)	Payee address;	City; State	; Zip Code	9		
	\$2,000.00	209 NPID					
		Corpus Christi, TX	78408				
8	PURPOSE	Category (See Catego	ries listed at the top of this sch	nedule) (k	) Description		
	OF EXPENDITURE	Advertising Expen	se			outside of Texas. Comp	
						n, TX, officeholder living	expense
					GOTV		
9	Complete ONLY if direct	andidate/Officeholde	r name (	Office sough	nt	Office he	ld
	expenditure to benefit C/OF			Onice Sough	it.	Ollice he	
	Date	ayee name					
	09/30/2024	Cricket Wireless -7	7352				
-	Amount (\$)	Payee address;	City; State	; Zip Code	2		
	\$145.00	222 Ayers st	City, State	, zip cout			
	Φ145.00	AZZZ AYEIS SI					
		Corpus Christi, TX	78415-5317				
	PURPOSE	Category (See Catego	ries listed at the top of this sch	nedule) (k	) Description		
	OF EXPENDITURE	hone Lines				outside of Texas. Comp	
						n, TX, officeholder living	expense
					GOTV		
				0.6		0#544	
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholde	i name d	Office sough	IL	Office he	10
	Date	ayee name					
	10/15/2024	Explosive Advertis	ing				
-	Amount (\$)	•		; Zip Code	2		
	\$200.00	i350 S. Staples S <sup>-</sup>		, zip cout			
	φ200.00	000 0. Staples 0					
		Corpus Christi, TX	78411				
⊢	PURPOSE		ries listed at the top of this sch		) Description		
	OF	Event Expense	ries listed at the top of this sch	nedule)		outside of Texas. Comp	plete Schedule T.
	EXPENDITURE					, n, TX, officeholder living	
					Big Screen		
⊢	Complete ONLY if direct	andidate/Officeholde	er name (	Office sough	nt	Office he	ld
	expenditure to benefit C/Oł				-		-
⊢							

	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:		<b>3</b> Filer ID (Ethics Commission Filers)		
-	Sch: 7/21 Rpt: 26/40	Nueces County Democratic Executive Committee (CEC)	00015946		
4	Date 10/12/2024	5 Payee name			
		Flores, Rene			
6	Amount (\$) \$130.00	<ul> <li>7 Payee address; City; State; Zip Code</li> <li>737 Bloomington</li> <li>Corpus Christi, TX 78416</li> </ul>			
	DUDDOCE				
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense VASSEIS		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	10/05/2024	Foster, Michelle			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$429.96	6809 New York Ave. Corpus Christi, TX 78414			
	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			
	10/19/2024	Foster, Michelle			
-	Amount (\$)	Payee address; City; State; Zip Code			
	\$582.00	6809 New York Ave.			
		Corpus Christi, TX 78414			
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	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     Loan Repayment/Reinbursement       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:	FILER NAME	<b>B</b> Filer ID (Ethics Commission Filers)			
	Sch: 8/21 Rpt: 27/40	Nueces County Democratic Executive Committee (CEC)	00015946			
4	Date	Payee name				
	10/15/2024	Garcia, Rolando				
6	Amount (\$) \$825.30	Payee address; City; State; Zip Code 2240 North Padre Island Dr.				
		Corpus Christi, TX 78408				
8	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. TX, officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	10/05/2024	Garza, Robert				
⊢	Amount (\$)	Payee address; City; State; Zip Code				
	\$244.84	537 Scott Dr. Corpus Christi, TX 78408				
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. IX, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	10/05/2024	Garza, Sally				
	Amount (\$) \$97.92	Payee address;City;State;Zip Code629 Vera Cruz				
		Corpus Christi, TX 78405				
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. TX, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	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)			
	Sch: 9/21 Rpt: 28/40	Nueces County Democratic Executive Committee (CEC)	00015946			
4	Date 10/19/2024	5 Payee name Garza, Sally				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
J	\$723.00	629 Vera Cruz				
		Corpus Christi, TX 78405				
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense r			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	10/05/2024	Garza, Steve				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$765.45	2606 Montgomery St. Corpus Christi, TX 78405				
	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				
	10/19/2024	Garza, Steve				
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 2606 Montgomery St.				
		Corpus Christi, TX 78405				
	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			

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	kpense /ages/Contract Labor	t	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: 10/21 Rpt: 29/40		Nueces County Democratic Executive	Committ	ee (CEC)		00015946
4	Date		Payee name		. ,		
-	10/05/2024		Guerrero Saenz, Diego				
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	de		
	\$1,451.80		6022 Sweet Gum St				
			Corpus Christi, TX 78415				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	odulo)	(b) Description		
-	OF		Salaries/Wages/Contract Labor	ieuuie)		el outs	ide of Texas. Complete Schedule T.
	EXPENDITURE				Check if Au	tin, TX	a, officeholder living expense
					Canvasser		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name C	Office sou	ght		Office held
	Date		Payee name				
	10/19/2024		Guerrero Saenz, Diego				
	Amount (\$)			; Zip Co	de		
	\$1,246.88		6022 Sweet Gum St	, <u>Lip</u> 00			
	Ψ1,240.00						
			Corpus Christi, TX 78415				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Salaries/Wages/Contract Labor	iedule)	Check if Au		ide of Texas. Complete Schedule T. , officeholder living expense
					Canvasser		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght		Office held
	Date		Payee name				
	09/27/2024		HEB #139				
	Amount (\$)		Payee address; City; State;	; Zip Co	de		
	\$16.08		5801 Weber Rd.				
			Corpus Christi, TX 78415				
	PURPOSE OF		Category (See Categories listed at the top of this sch	edule)	(b) Description		
	EXPENDITURE		Food/Beverage Expense				side of Texas. Complete Schedule T.
					Water	stin, i x	, officeholder living expense
					walci		
		Ľ	rendidete/Officeholder		abt		Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	gnt		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 Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	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			• • • • • •	3	Filer ID (Ethics Commission Filers)
ľ	Sch: 11/21 Rpt: 30/40	2	Nueces County Democratic Executive (	Committ	ee (CEC)	ľ	00015946
4	Date	5	Payee name				
	10/08/2024		HEB #139				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$36.63		5801 Weber Rd.				
			Corpus Christi, TX 78415				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T.
						, TX	, officeholder living expense
					Water		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office soug	int		Office held
╘							
	Date		Payee name				
	10/15/2024		HEB #139				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$200.00		5801 Weber Rd.				
			Corpus Christi, TX 78415				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Gift/Awards/Memorials Expense				ide of Texas. Complete Schedule T.
					Gift Cards	, IX	, officeholder living expense
					Gilt Calus		
⊢	Complete ONLY if direct		Candidate/Officeholder name O	)ffice sou	nht		Office held
	expenditure to benefit C/OI				,		
⊨	Date		Pavee name				
	10/15/2024		HEB #139				
-	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$22.58		5801 Weber Rd.				
	+==:00						
			Corpus Christi, TX 78415				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	(aluba	(b) Description		
	OF	ľ	Food/Beverage Expense	cuuic)		outs	ide of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austin	, ТХ	, officeholder living expense
					Water		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	jht		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 Git/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing E Salaries/V	erhea cpense xpens Vages	se s/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 NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 12/21 Rpt: 31/40	_	Nueces County Democratic Executive	e Commit	tee	(CEC)		00015946
4	Date	5	Payee name				•	
	10/22/2024		Harland Clarke					
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	ode			
	\$37.56		10931 Laureate Drive					
			San Antonio, TX 78249					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b)	Description		
	OF EXPENDITURE		Accounting/Banking					de of Texas. Complete Schedule T.
							, TX,	officeholder living expense
						checks		
9	Complete ONLY if direct	L	Candidate/Officeholder name	Office sou	l Iaht			Office held
Ĵ	expenditure to benefit C/OF			onice sou	igint			
	Date		Payee name					
	10/19/2024		Henry, Cory					
	Amount (\$)		Payee address; City; State	e; Zip Co	ode			
	\$437.50		5525 S. Alameda Apt. 221	ы, <u>—</u> р ос				
	φ+07.30		5525 5. Mameda Apt. 221					
			Corpus Christi, TX 78412					
	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b)	Description		
	OF EXPENDITURE		Salaries/Wages/Contract Labor			Check if travel	outsi	de of Texas. Complete Schedule T.
							, TX,	officeholder living expense
						Canvasser		
				0				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ignt			Office held
⊨	Date		Payee name					
	10/21/2024		Home Depot #6584					
-	Amount (\$)		Payee address; City; State	e; Zip Co	ode			
	\$47.50		5041 S. Padre Island Dr	.,				
	+							
			Corpus Christi, TX 78411					
	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b)	Description		
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T.
							, TX,	officeholder living expense
						Water		
	0 1 1 0 1 1 1 1			<u> </u>				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Office Overhe Polling Exper Printing Expe			Solicitation/Fundraising Expense Transportation Equipment & Related Exp Travel in District Travel Out of District OTHER (enter a category not listed abov	
	oreal our rayment	The Instruction Guide explains	how to comp	plete this form.			
1	Total pages Schedule F1:	2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Sch: 13/21 Rpt: 32/40	Nueces County Democratic Executive	Committee	e (CEC)		00015946	
4	Date	5 Payee name					
	10/11/2024	KIII TV					
6	Amount (\$) \$1,380.00	5002 SPID Dr.	; Zip Code	2			
		Corpus Christi, TX 78411					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Advertising Expense	nedule) (k		n, TX	side of Texas. Complete Schedule T. K, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Office sough	t		Office held	
	Date	Payee name					
	10/02/2024	Lamar Advertising					
	Amount (\$)	Payee address; City; State;	; Zip Code	)			
	\$38.50	133 N Padre Island Drive Corpus Christi, TX 78406					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Advertising Expense	nedule) (k			side of Texas. Complete Schedule T. K, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Office sough	t		Office held	
	Date	Payee name					
	10/15/2024	Lamar Advertising					
	Amount (\$) \$1,500.00	Payee address; City; State; 133 N Padre Island Drive	; Zip Code	2			
		Corpus Christi, TX 78406					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Advertising Expense	nedule) (k			side of Texas. Complete Schedule T. K, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Dffice sough	t		Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)

	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 Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	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 NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	Sch: 14/21 Rpt: 33/40		Nueces County Democratic Executive	Committ	ee (CEC)	00015946
4	Date	5	Payee name			1
	10/18/2024		Lamar Advertising			
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	de	
	\$3,000.00		133 N Padre Island Drive			
			Corpus Christi, TX 78406			
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description	
	OF EXPENDITURE		Advertising Expense	icuaic)		outside of Texas. Complete Schedule T.
	EXPENDITORE					n, TX, officeholder living expense
					Billboards	
9	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ht	Office held
9	expenditure to benefit C/OF			Juice Soui	jin	Unice heid
	Date		Payee name			
	10/05/2024		Lorenzi, Lydia			
	Amount (\$)		Payee address; City; State;	; Zip Co	de	
	\$318.00	\$318.00 3401 Jamaica Dr.				
			Corpus Christi, TX 78418			
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Salaries/Wages/Contract Labor	iedule)		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense <b>er</b>
						-
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name C	Dffice sou	ght	Office held
_	Date		Payee name			
	10/05/2024		Martinez, Jesse			
	Amount (\$)		Payee address; City; State;	; Zip Co	de	
	\$725.00		702 S. Clarkwood Rd. Trlr 248	•		
			Corpus Christi, TX 78406			
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Salaries/Wages/Contract Labor	edule)		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght	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/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense 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: 15/21 Rpt: 34/40	Nueces County Democratic Executive Committee (CEC)	00015946			
4	Date 10/19/2024	Payee name Martinez, Jesse				
6	Amount (\$) \$542.50	<ul> <li>Payee address; City; State; Zip Code</li> <li>702 S. Clarkwood Rd. Trlr 248</li> <li>Corpus Christi, TX 78406</li> </ul>				
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense I <b>T</b>			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	10/05/2024	Martinez, Rosemary				
	Amount (\$) \$280.92	Payee address; City; State; Zip Code 2230 Bolivar				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense I <b>T</b>			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	10/19/2024	Martinez, Rosemary				
	Amount (\$) \$693.00	Payee address; City; State; Zip Code 2230 Bolivar				
		Corpus Christi, TX 78406				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense Ng			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	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)			
1	Sch: 16/21 Rpt: 35/40	Nueces County Democratic Executive Committee (CEC)	00015946			
4	Date 10/15/2024	5 Payee name Mi Casita				
6	Amount (\$) \$89.41	<ul> <li>Payee address; City; State; Zip Code</li> <li>2033 Airline Rd</li> <li>Corpus Christi, TX 78412</li> </ul>				
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ANVAS			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	10/05/2024	Miles, Curtis				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$463.75	1110 Lum Ave Corpus Christi, TX 78412				
	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				
	10/09/2024	Miles, Curtis				
	Amount (\$) \$717.50	Payee address; City; State; Zip Code 1110 Lum Ave				
		Corpus Christi, TX 78412				
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	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:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)				
-	Sch: 17/21 Rpt: 36/40	Nueces County Democratic Executive Committee (CEC)	00015946				
4	Date 10/18/2024	5 Payee name Papa Johns #4855					
6	Amount (\$) \$76.78	<ul> <li>Payee address; City; State; Zip Code</li> <li>4037 Saratoga Blvd.</li> <li>Corpus Christi, TX 78413</li> </ul>					
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	10/05/2024	Parga Guerrero, Samuel					
	Amount (\$) \$308.00	Payee address; City; State; Zip Code 6022 Sweet Gum					
	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				
	Date	Payee name					
	10/19/2024	Parga Guerrero, Samuel					
	Amount (\$) \$428.75	Payee address; City; State; Zip Code 6022 Sweet Gum					
		Corpus Christi, TX 78415					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	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/Political Credit Card Payment			Fees Of Food/Beverage Expense Pc - Gift/Awards/Memorials Expense Pr Committee Legal Services Sa		ayment/Reimbursement rhead/Rental Expense sense (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)	
	Tatal names Cabadula E1.		The Instruction Guide explains	now to cor	inplete this form.	2	Filer ID (Ethics Commission Filers)	
<b>1</b>	Total pages Schedule F1: Sch: 18/21 Rpt: 37/40			Committ		3	Filer ID (Ethics Commission Filers) 00015946	
			Nueces County Democratic Executive	Commu	ee (CEC)		00015946	
4	Date 10/11/2024	5	5 Payee name Reliant Energy					
6	Amount (\$)	7	7 Payee address; City; State; Zip Code					
	\$194.53		PO Box 650475					
			Dallas, TX 75265-0475					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	odulo)	(b) Description			
	OF		Office Overhead/Rental Expense	ieuuie)		outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE				Check if Austin	, тх,	officeholder living expense	
					Electric			
9	Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office held         expenditure to benefit C/OH       Office held       Office held       Office held						Office held	
	Date		Payee name					
	10/01/2024		Sam's Club					
⊢								
	\$102.35							
	ψ102.33							
			Corpus Christi, TX 78411					
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.         Check if Austin, TX, officeholder living expense								
	GOTV							
Complete <u>ONLY</u> if direct C expenditure to benefit C/OH			Candidate/Officeholder name C	Office sou	ght		Office held	
	Date Payee name							
10/25/2024 Sam's Club								
Amount (\$) Payee address; City; State; Zip Code								
	\$58.44 4833 South Padre Island Drive							
	Corpus Christi, TX 78411							
	PURPOSE     (a) Category (See Categories listed at the top of this schedule)     (b) Description       OF     Officer Oversity and Uppented Forenees     Officer Oversity and Uppented Forenees							
	EXPENDITURE		Office Overhead/Rental Expense				de of Texas. Complete Schedule T. officeholder living expense	
					Office Suppli			
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name C		aht		Office held	
Complete ONLY if direct         Candidate/Officeholder name         Office sought         Office held           expenditure to benefit C/OH         Office name         Office sought         Office held								
-								

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment		Event Expense Loan Repayment/Reimbursem Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gft/Awards/Memorials Expense Salaries/Wages/Contract Labo The Instruction Guide explains how to complete this form.	Se Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:						
1	Sch: 19/21 Rpt: 38/40						
4	Date 09/28/2024	5 Payee name Stellar Point					
6	Amount (\$) \$1,100.00	7 Payee address; City; State; Zip Code 6102 Ayers Suite 106 Corpus Christi, TX 78415					
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 Rent					
9	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
	Date	Payee name					
	09/30/2024	Tasby, Eric					
	Amount (\$)Payee address;City;State;Zip Code\$669.305938 Parkland Dr.						
		Corpus Christi, TX 78413					
	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense				
Complete ONLY if direct         Candidate/Officeholder name         Office sought         Office held           expenditure to benefit C/OH         Office name         Office sought         Office held							
	Date	Payee name					
	10/19/2024	Tasby, Eric					
	Amount (\$)Payee address;City;State;Zip Code\$245.005938 Parkland Dr.						
	Corpus Christi, TX 78413						
	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. ustin, 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	-	ense Office Ov ense Polling Ex als Expense Printing E	xpense Vages/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:			-	<b>3</b> Filer ID (Ethics Commission Filers)		
-	Sch: 20/21 Rpt: 39/40 Nueces County Democratic Executive Committee				00015946		
4	Date	ayee name					
	10/05/2024	asby, Eric					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$418.96	938 Parkland Dr.					
		Corpus Christi, TX 78413					
8	PURPOSE	ategory (See Categories listed a	at the top of this schedule)	(b) Description			
	OF	alaries/Wages/Contract			outside of Texas. Complete Schedule T.		
	EXPENDITURE	0		Check if Austin	n, TX, officeholder living expense		
				Canvasser			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ght	Office held		
	Date	ayee name					
	10/07/2024	he Print Shop					
	Amount (\$)	ayee address; City;	State; Zip Co	de			
	\$811.88	\$811.88 3906 S. Jackson Rd					
		dingburg, TX 78539					
	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.						
	Check if Austin, TX, officeholder living expense Signs						
	Sigirs						
Complete ONLY if direct         Candidate/Officeholder name         Office sought         Office held							
expenditure to benefit C/OH					Once held		
	Date	ayee name					
	10/10/2024	ravis County Democration	Party				
	Amount (\$) Payee address; City; State; Zip Code \$363.01 1311 E 6th Street						
	\$303.01						
	Austin, TX 78702						
	PURPOSE OF		at the top of this schedule)	(b) Description			
	EXPENDITURE	GOTV			outside of Texas. Complete Schedule T. n, TX, officeholder living expense		
				Signs	, rx, oncentrate hving expense		
-	Complete ONLY if direct	ndidate/Officeholder name	Office sou	aht	Office held		
expenditure to benefit C/OH							
$\vdash$							
1							

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage B Gift/Awards/Men Legal Services	Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense				Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule E1	2 FI	I FR NAME				3	Filer ID	(Ethics Commission Filers)
-	Total pages Schedule F1:2FILER NAME3Filer ID(Ethics CommissSch: 21/21 Rpt:40/40Nueces County Democratic Executive Committee (CEC)00015946						(		
4	Date	5 Pa	avee name						
	10/05/2024	5 Payee name Wickham, Ian							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$1,141.53								
		Corpus Christi, TX 78412							
8	PURPOSE	<b>(a)</b> Ca	ategory (See Categories liste	ed at the top of this sche	edule)	(b) Description			
	OF	Salaries/Wages/Contract Labor						ide of Texas. Com	plete Schedule T.
	EXPENDITURE		Ū			Check if Austin	I, TX	, officeholder living	expense
						Canvasser			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ndidate/Officeholder nam	ne C	)ffice sou	jht		Office he	ld
	Date	Pa	ayee name						
	10/19/2024	1	ickham, Ian						
	Amount (\$)		ayee address; City;	Stato:	Zip Co				
				Sidle,		le			
	\$940.63	35	57 Palmetto St.						
		C	orpus Christi, TX 784	12					
	PURPOSE	<b>(a)</b> Ca	ategory (See Categories liste	ed at the top of this sche	edule)	(b) Description			
OF Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Sch									
		Check if Austin, TX, officeholder living expense						expense	
						Canvasser			
	Complete ONLY if direct		ndidate/Officeholder nam	ie C	office sou	jht		Office he	ld
	expenditure to benefit C/OI	Н							