FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00015992 3 COMMITTEE NAME **OFFICE USE ONLY** Deputy Sheriff's Association of Bexar County Political Action Committee Date Received **ELECTRONICALLY FILED** 10/28/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 9200 Broadway, Ste. 106 Change of Address San Antonio, TX 78217 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Reginald NAME Date Processed **NICKNAME SUFFIX** LAST Worlds Date Imaged CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 9200 Broadway STREET **ADDRESS** Suite 106 (Residence or Business) San Antonio, TX 78217 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 9200 Broadway MAILING **ADDRESS** Suite 106 Change of Address San Antonio, TX 78217 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (210) 223-2213 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 09/26/2024 10/25/2024

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 (COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
[Deputy Sheriff's Associa	ation of Bexar County F	Political Action Committee	0001599	2
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
p	Attach lists on plain aper to complete this eport 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.)	Grant Moody Bexar County C	ommissione	er Precinct 3
	CONTRIBUTION FOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
		2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	9,580.00
	EXPENDITURE FOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
		4. TOTAL POLITICA	L EXPENDITURES	\$	7,885.17
	CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	15,930.93
	OUTSTANDING OAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 /	AFFIDAVIT			•	
			I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.	rjury, that the nation require	accompanying report is ed to be reported by me
			Reginal	d Worlds	
			Signature of Car	mpaign Treas	surer
	AFFIX NOTARY	STAMP / SEAL ABOVE			
	Sworn to and subscribed	nis the	day		
	of	, 20, to certify v	which, witness my hand and seal of office.		
	Signature of officer add	ministering oath	Printed name of officer administering oath	Title of off	ficer administering oath

FORM MPAC MONTHLY FILING GPAC REPORT: PURPOSE **ADDENDUM** Page 3 of 16 12 COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) Deputy Sheriff's Association of Bexar County Political Action Committee 00015992 14 COMMITTEE ACTIVITY 1. Candidates A. Supported (Identify by name or, if applicable, classify by party.) (Attach lists on plain B. Opposed paper to complete this report if necessary.) A. Supported 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Phillip Cortez State Representative Assisted (Identify by name or, if applicable, classify by party.

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

4 of 16						
17 CON	имітте	(Ethics Commission I	Filers)			
Dep	uty Sh	00015992	`	,		
		neriff's Association of Bexar County Political Action Committee				
	ME OF S	SUBTOTAL AM	OUNT			
INAIV	il Oi s					
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	9,580.00	
				Ψ	0,000.00	
2.	Ш	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.	П	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$		
		ORGANIZATION		<u> </u>		
_	$\overline{}$	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR			
5.	Ш	LABOR ORGANIZATION		\$		
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$		
7.	П	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$		
		ORGANIZATION		<u> </u>		
	\Box	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (
8.	Ш	SCHEDULE D. PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (JRGANIZATION	\$		
9.	Ш	SCHEDULE E: LOANS		\$		
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	7,885.17	
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		6		
l ++.	Ш	SCHEDOLE 12. SINFAID INCONNED OBLIGATIONS		\$		
12.	Ш	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$		
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
14.	П	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$		
	ш	CONEDULE II NOM I CENTO LE EM ENDITORES I NOM I CENTO LE COMMISSION	3110	•		
		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED			
15.	Ш	TO FILER		\$		
				<u>I</u>		

ARY POLITICAL CONTRIBU	TIONS	SCHEDULE A1
ction Guide explains how to complete th	1 Total pages Schedule A1: Sch: 1/1 Rpt: 5/16	
riff's Association of Bexar County Political Action	n Committee	3 Filer ID (Ethics Commission Filers) 00015992
Deputy Sheriff's Association Members	7 Amount of Contribution (\$) \$9,580.00	
San Antonio, TX 78217		
upation / Job title (See Instructions)	9 Employer (See Instruction	s)
r	ction Guide explains how to complete the riff's Association of Bexar County Political Action 5 Full name of contributor out-of-state PAC Deputy Sheriff's Association Members 6 Contributor address; City; State; Zip Code	fiff's Association of Bexar County Political Action Committee 5 Full name of contributor out-of-state PAC (ID#:) Deputy Sheriff's Association Members 6 Contributor address; City; State; Zip Code San Antonio, TX 78217

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/11 Rpt: 6/16	Deputy Sheriff's Association of Bexar County Political Action 00015992
4 Date	5 Payee name
10/18/2024	Alamo mailing
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,836.09	12716 Oconnor Road
Expenditure from corporate funds	San Antonio, TX 78233
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Printing & Sign Placement Pro Candidate
	Tilling & Sign Flacement 1 to Candidate
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
10/15/2024	All American Car
Amount (\$)	Payee address; City; State; Zip Code
\$35.00	4343 Vance Jackson Rd
Expenditure from corporate funds	San Antonio, TX 78230
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transportation Equipment And Related
	Expense Check if Austin, TX, officeholder living expense
	vehicle expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
'	
Date	Payee name
10/07/2024	Amazon
Amount (\$)	Payee address; City; State; Zip Code
\$7.57	PO Box 81226
Expenditure from corporate funds	Seattle, WA 98108
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Subscription Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Reoccurring Subscription
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card F dyment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/11 Rpt: 7/16	Deputy Sheriff's Association of Bexar County Political Action	00015992
4 Date	5 Payee name	
10/17/2024	Amazon	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$7.57	PO Box 81226	
Expenditure from corporate funds	Seattle, WA 98108	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Subscription	avel outside of Texas. Complete Schedule T.
EXI ENDITORE	,	ustin, TX, officeholder living expense
	Reoccum	ig Subscription
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	9	
Date	Payee name	
10/23/2024	Angel's Mexican Haven	
Amount (\$)	Payee address; City; State; Zip Code	
\$25.96	2302 E Commerce S	
- Cynonditure from		
Expenditure from corporate funds	San Antonio, TX 78203	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	1 Toda/Beverage Expense	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
	Pac Meetin	ng
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
experialiture to beliefit C/O	71	
Date	Payee name	
09/30/2024	Blanco Cafe	
Amount (\$)	Payee address; City; State; Zip Code	
\$26.69	1720 Blanco Rd	
Expenditure from corporate funds	San Antonio, TX 78212	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	1 000/Develage Expense	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
	Pac Meetil	
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O)H	

SCHEDULE F1

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/11 Rpt: 8/16	Deputy Sheriff's Association of Bexar County Political Action 00015992
4 Date	5 Payee name
10/10/2024	Blanco Cafe
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$40.47	1720 Blanco Rd
- Evpanditura from	
Expenditure from corporate funds	San Antonio, TX 78212
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense
	Pac Meeting
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	Para a same
Date	Payee name
10/24/2024	Blanco Cafe
Amount (\$)	Payee address; City; State; Zip Code
\$62.58	1720 Blanco Rd
Expenditure from	
corporate funds	San Antonio, TX 78212
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense
	Pac Meeting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
D-1-	
Date	Payee name
10/15/2024	Chick-Fil-A
Amount (\$)	Payee address; City; State; Zip Code
\$18.48	4455 Fredericksburg Rd
Expenditure from	
corporate funds	Balcones Heights, TX 78201
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Pac Meeting
	rac weemiy
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/11 Rpt: 9/16	Deputy Sheriff's Association of Bexar County Political Action 00015992
4 Date	5 Payee name
09/30/2024	Circle K
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$39.57	8102 Callaghan Rd
Expenditure from corporate funds	San Antonio, TX 78230
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
	Expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
10/10/2024	Dollar General
Amount (\$)	Payee address; City; State; Zip Code
\$7.74	10715 Bandera Rd,
Expenditure from corporate funds	San Antonio, TX 78250
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Supplies Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Pac Office Supplies
	T do emos eappiles
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Dougo nama
10/09/2024	Payee name ExxonMobil
Amount (\$)	Payee address; City; State; Zip Code
\$45.79	2311 Babcock Rd
Expenditure from corporate funds	San Antonio, TX 78229
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Transportation Equipment And Related
EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
	Fuel Expense
0 1: 0:::::::::::::::::::::::::::::::::	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
p = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising Expense Event Expense Loan Repayment/Reimbu

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 5/11 Rpt: 10/16	Deputy Sheriff's Association of Bexar County Political Action 00015992
4 Date	5 Payee name
10/21/2024	Garibaldi's Mexican
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$51.26	6938 W. Military
Expenditure from corporate funds	San Antonio, TX 78227
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Food/Beverage Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Pac Meeting
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
10/25/2024	Golden Chick
Amount (\$)	Payee address; City; State; Zip Code
\$17.82	2299 NW Military Hwy
Expenditure from corporate funds	Castle Hills, TX 78213
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Pac Meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experience to serious eye	
Date	Payee name
10/21/2024	Grant Moody Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	18203 Rim Dr
Expenditure from corporate funds	San Antonio, TX 78257
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Contribution Donation Pro Candidate
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenolder/Political	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/11 Rpt: 11/16	Deputy Sheriff's Association of Bexar County Political Action 00015992
4 Date	5 Payee name
10/11/2024	HEB 211
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$40.04	415 N New Braunfels Av
Expenditure from corporate funds	San Antonio, TX 78202
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
	Check if Austin, TX, officeholder living expense
	Pac Meeting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Oi	
Date	Payee name
10/10/2024	HTEAO
Amount (\$)	Payee address; City; State; Zip Code
\$8.98	14423 Northwest Military Highway Shavano Par
Ψ0.30	14425 Northwest Williamy Frighway Shavario Fai
Expenditure from corporate funds	San Antonio, TX 78231
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Pac Meeting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	-i
Data	
Date	Payee name
10/16/2024	HTEAO
Amount (\$)	Payee address; City; State; Zip Code
\$27.05	14423 Northwest Military Highway Shavano Par
Expenditure from corporate funds	San Antonio, TX 78231
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Food/Beverage Expense Caregory (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Pac Meeting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/11 Rpt: 12/16	Deputy Sheriff's Association of Bexar County Political Action 00015992
4 Date	5 Payee name
09/30/2024	HTEO
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$7.03	14423 Northwest Military Highway Shavano Par
Expenditure from	
corporate funds	Shavano , TX 78231
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Beverage Purchase Pac Meeting
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
09/30/2024	La Michoacana
Amount (\$)	Payee address; City; State; Zip Code
\$85.73	100 Crossroads Blvd
Expenditure from corporate funds	San Antonio, TX 78201
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Pac Meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to serious ever	
Date	Payee name
09/26/2024	La Panaderia
Amount (\$)	Payee address; City; State; Zip Code
\$18.87	8305 Broadway St
Expenditure from corporate funds	San Antonio, TX 78209
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Pac Meeting
	rac weeting
Commission ONLY if dispose	Condidate/Officeholder name Office sought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memorial Legal Services The Instruction G	•		ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed a	bove)
_	T-t-1 O-h - d-l - E4.	١,			ulue explains	now to coi	пріс	te tilis loilli.	1_	Ell ID	(Ethian Commis	-: =::
1	Total pages Schedule F1:				f D (Ot - D	_ 1:4:	! ^!	3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 8/11 Rpt: 13/16		Deputy Sne	riff's Associatio	n of Bexar (County P	Oliti	cai Action		00015992		
4	Date	5	Payee name									
	10/19/2024		La Panaderi	a								
6	Amount (\$)	7	Payee addres	ss; City;	State:	; Zip Co	de					
	\$14.40		8305 Broad	-	•							
				,								
Г	Expenditure from		C A	TV 70000								
_	corporate funds	L	San Antonio	, IX 78209								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Food/Bevera	age Expense				_			plete Schedule T.	
								_		officeholder living	g expense	
								Pac Meeting				
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholder name	C	Office sou	ght			Office he	eld	
	Date		Payee name									
	09/26/2024		Las Palapas	3								
	Amount (\$)	┢	Payee addres	ss; City;	State	; Zip Co	de					
	\$90.80		8005 Callag	•	Otato,	, <u>Lip</u> 00	uo					
	Ψ30.00		0005 Canag	nan ra								
	Expenditure from corporate funds		San Antonio	, TX 78230								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE			age Expense				-			plete Schedule T.	
										officeholder living	g expense	
								Pac Meeting				
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholder name	C	Office sou	ght			Office he	eld	
	Date		Payee name									
	10/04/2024		Mi Celayens	se								
	Amount (\$)	┢	Payee addres		State	; Zip Co	de					
	\$66.29		•	icksburg Rd	Siale,	, Zip Co	ue					
	φ00.29		2907 Fieuei	icksburg Ru								
_	T Expenditure from											
_	corporate funds		San Antonio	, TX 78201								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	nedule)	(b)	Description				
OF EXPENDITURE							Check if travel	Check if travel outside of Texas. Complete Schedule T.				
EAFENDITURE								ш	n, TX,	officeholder living	g expense	
								Pac Meeting				
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	(Office sou	ght			Office he	eld	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/11 Rpt: 14/16	Deputy Sheriff's Association of Bexar County Political Action 00015992
4 Date	5 Payee name
10/07/2024	Mi Celayense
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$31.67	2907 Fredericksburg Rd
- Evnanditura from	
Expenditure from corporate funds	San Antonio, TX 78201
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
E/11 E1191. C.1.	Check if Austin, TX, officeholder living expense Pac Meeting
	r at Meeting
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/16/2024	Mi Celayense
	-
Amount (\$)	Payee address; City; State; Zip Code
\$55.14	2907 Fredericksburg Rd
Expenditure from corporate funds	San Antonio, TX 78201
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Pac Meeting
	, as mosting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/07/2024	Office Depot #2805
Amount (\$)	Payee address; City; State; Zip Code
\$34.29	150 N Crossroads Blvd
¥5 <u>=</u> 5	255 11 61555.5446 2.14
Expenditure from corporate funds	Balcones Heights, TX 78201
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Supplies Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Pac Office Supplies
	, as sings supplies
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense

Candidate/Officenolder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 10/11 Rpt: 15/16	Deputy Sheriff's Association of Bexar County Political Action 00015992	
4 Date	5 Payee name	
10/18/2024	PICO DE GALLO	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$20.92	111 S. LEONA	
Expenditure from corporate funds	SAN ANTONIO, TX 78227	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Pac Meeting	
	rac weeting	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
oxportantaro to sorione or o		
Date	Payee name	
10/16/2024	Phillip Cortez Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00	7919 Liberty Island	
, ,		
Expenditure from corporate funds	San Antonio, TX 78227	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
_/	Candidate/Officeholder/Political Committee	
	Political Contribution Pro Candidate	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experialitate to better 6/01	'	
Date	Payee name	
10/21/2024	QT	
Amount (\$)	Payee address; City; State; Zip Code	
\$57.45	4710 Fredericksburg Rd	
,,,,,,	and the second s	
Expenditure from corporate funds	San Antonio, TX 78229	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Transportation Equipment And Related	
EXPENDITURE	Expense Check if Austin, TX, officeholder living expense	
	Fuel Expense	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1: Sch: 11/11 Rpt: 16/16	2 FILER NAME Deputy Sheriff's Association of Bexar County Political Action 3 Filer ID (Ethics Commission Filers) 00015992	
4 Date	5 Payee name	
10/03/2024	Shake Shack	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$28.17	7427 San Pedro Ave,	
Expenditure from	Can Antonia TV 70016	
corporate funds	San Antonio, TX 78216	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Food/Beverage Expense	
	Check if Austin, TX, officeholder living expense	
	Pac Meeting	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
09/26/2024	TOMMY CALVERT CAMPAIGN	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,500.00	P.O. Box 15571	
Expenditure from corporate funds	SAN ANTONIO, TX 78212	
•		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Candidate/Officeholder/Political Committee	
	Continuation Flo Candidate	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
10/15/2024	Top Brass	
Amount (\$)	Payee address; City; State; Zip Code	
\$75.75	11500 I-10	
Expenditure from	San Antonio, TX 78230	
corporate funds		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Advertising Expense	
	Check if Austin, TX, officeholder living expense	
	DSABC Shirt embroidery	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	H	