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** 12/31/2024 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 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 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 X 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** 11/26/2024 12/25/2024

GO TO PAGE 2

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME			13 File	r ID	(Ethics Commission Filers)
Deputy Sheriff's Associa	ation of Bexar County I	olitical Action Committee	000	15992	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if	A. Supported	•		
	applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)	7. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if	Grant Moody Bexar	County Commis	sioner (Office Precinct 3
	applicable, classify by party.)				
L5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	POLITICAL CONTRIBUTIONS (OTHER OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	R THAN	\$	0.00
	2. TOTAL POLITICA				
	(OTHER THAN PLEI	GES, LOANS, OR GUARANTEES OF L	-OANS)	\$	9,770.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	8,697.86
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			\$	21,441.01
OUTSTANDING LOAN TOTALS	•	MOUNT OF ALL OUTSTANDING LOAN REPORTING PERIOD	NS AS OF THE	\$	0.00
.6 AFFIDAVIT	<u> </u>			<u> </u>	
		I swear, or affirm, under pe true and correct and includ under Title 15, Election Co	les all information i		
			Reginald Worl	ds	
		Signa	ature of Campaign	Treasur	er
AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed	before me, by the said		, this the		day
		hich, witness my hand and seal of office			
Signature of officer adı	ministering oath	Printed name of officer administering oat	:h Title	of office	er administering oath

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC **ADDENDUM**

• • • • • • • • • • • • • • • • • • • •				T40 5" 15	Page 3 of 15
2 COMMITTEE NAME	(5) On the F	- Pro al Alakana		13 Filer ID	(Ethics Commission Filers)
eputy Sheriff's Association			Committee	00015992	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		_	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
	!	B. Opposed			
	3. Officeholders Assisted		John Lujan State Representati	ive	
	(Identify by name or, if applicable, classify by party.)	,			
COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if		Justin Rodriguez Bexar County	/ Commissione	r Precinct 2
	applicable, classify by party.)	<u> </u>			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	,	B. Opposed			
	3. Officeholders Assisted		Misty Spears San Antonio City	/ Council Distric	t
	(Identify by name or, if applicable, classify by party.)				

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

	4 of 15						
17 COM	MITTE	E NAME	18 Filer ID	(Ethics Commission	Filers)		
Depu	ity Sh	eriff's Association of Bexar County Political Action Committee	00015992	`	,		
		SUBTOTALS		I			
NAME			SUBTOTAL AM	OUNT			
		· · · · · · · · · · · · · · · · · · ·					
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	9,770.00		
				·			
2.	\neg	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		 \$			
-		SOFIEDOLE //2. NON MONETARY (IN NIND) I SELITORE SOM INDOTIONS]*			
		COLUMN S. D. DI FROSE COLUMN STOLIO					
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	D				
4.		ORGANIZATION	T.	\$			
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	TION OR	\$			
6.	\neg	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$			
				*			
7. T	_	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR		6			
'·		ORGANIZATION		\$			
,							
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (DRGANIZATION	\$			
9.		SCHEDULE E: LOANS		\$			
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	8,697.86		
				<u> </u>			
11.	_	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		 			
		CONEDULE 12. ON THE INCOMES OBLIGATIONS		*			
40		COLLEGE TO DEPOSITACE OF INVESTMENTS FROM POLITICAL CONTRIBUTOR	anc.				
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	JNS	\$			
<u> </u>							
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$			
15.	\neg	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$			
<u> </u>		TOFILER		<u> </u>			

	MONET	ARY POLITICAL CONTRIBUTION	DNS	SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 1/1 Rpt: 5/15		
2	FILER NAME Deputy Sher	riff's Association of Bexar County Political Action Co	mmittee	3 Filer ID (Ethics Commission 00015992	Filers)
4	Date 12/02/2024	Full name of contributor)	7 Amount of Contribution (\$) \$:	9,770.00
		San Antonio, TX 78217			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ns)	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Advertising Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 1/10 Rpt: 6/15	2 FILER NAME Deputy Sheriff's Association of Bexar County Political Action 3 Filer ID (Ethics Commission Filers) 00015992
4 Date	5 Payee name
12/12/2024	All American Car
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$35.00	4343 Vance Jackson Rd
Expenditure from corporate funds	San Antonio, TX 78230
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Vehicle expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/26/2024	Amazon
Amount (\$)	Payee address; City; State; Zip Code
\$16.23	PO Box 81226
Expenditure from corporate funds	Seattle, WA 98108
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
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 expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/05/2024	Amazon
Amount (\$) \$7.57	Payee address; City; State; Zip Code 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 EXPENDITURE	Subscription Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Reoccurring Subscription
	1.0000uring Oubscription
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 2/10 Rpt: 7/15	Deputy Sheriff's Association of Bexar County Political Action 00015992
4 Date	5 Payee name
12/16/2024	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Reoccurring Subscription
	redecuring Subscription
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name
12/04/2024	Angel's Mexican Haven
Amount (\$)	Payee address; City; State; Zip Code
\$21.31	2302 E Commerce S
Expenditure from	
corporate funds	San Antonio, TX 78203
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
EXI ENDITORE	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
experientare to benefit ever	
Date	Payee name
12/03/2024	Blanco Cafe
Amount (\$)	Payee address; City; State; Zip Code
\$25.00	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
EXI ENDITORE	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

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 Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	_
Sch: 3/10 Rpt: 8/15	Deputy Sheriff's Association of Bexar County Political Action 00015992	
4 Date	5 Payee name	
12/09/2024	Blanco Cafe	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$37.46	1720 Blanco Rd	
Expenditure from corporate funds	San Antonio, TX 78212	
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	
	Pac Meeting	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
Date	Payee name	=
12/23/2024	Blanco Cafe	
Amount (\$)	Payee address; City; State; Zip Code	
\$43.68	1720 Blanco Rd	
φ43.06	1720 Blanco Ru	
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	
	T de Weeting	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
Dete		_
Date 12/09/2024	Payee name	
	CSA GGA Damage Ins	
Amount (\$)	Payee address; City; State; Zip Code	
\$89.00	P.O. Box 939057	
Expenditure from corporate funds	San Diego, CA 92193	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Subscription Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	New Ins Subscription	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
SAPORARIO TO BOTTON O/OI		

SCHEDULE F1

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

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/10 Rpt: 9/15	Deputy Sheriff's Association of Bexar County Political Action 00015992
4 Date	5 Payee name
12/09/2024	CSA GGA Damage Ins
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$56.89	P.O. Box 939057
Expenditure from corporate funds	San Diego, CA 92193
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Subscription Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense New Subscription Fee
	New Subscription ree
O Complete CNU V if all	Condidate/Officeholder name
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/29/2024	Chick-Fil-A
Amount (\$)	Payee address; City; State; Zip Code
\$12.71	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
2 1 2 2 1 1 2 1 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/12/2024	Eddies Taco
Amount (\$)	Payee address; City; State; Zip Code
\$30.27	402 W Cevallos
Expenditure from corporate funds	San Antonio, TX 78204
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
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Comr	nittee	Food/Beverage Expe Gift/Awards/Memorial Legal Services The Instruction C	s Expense		kpens /ages	e /Contract Labor		Travel in District Travel Out of Dist OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	2 F	ILER NAME						3	Filer ID	(Ethics Commission File	rs)
	Sch: 5/10 Rpt: 10/15	l		riff's Associatio	on of Bexar C	County P	oliti	cal Action		00015992		
4	Date	5 F	Payee name									
	12/06/2024	E	El Tipico									
6	Amount (\$)	7 F	Payee addres	ss; City;	State;	Zip Co	de					
	\$39.04	4	1930 Rigsby	/ Ave #1347								
	Expenditure from corporate funds	5	San Antonio	, TX 78222								
8	PURPOSE	(a) (Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	F	Food/Bevera	age Expense				=		de of Texas. Comp officeholder living		
								Pac Meeting	, .,,,		- p	
9	Complete ONLY if direct expenditure to benefit C/Oh		andidate/Offic	ceholder name	C	office sou	ght			Office he	ld	
	Date	F	Payee name									
	12/17/2024		Grant Mood	y Campaign								
	Amount (\$)	F	Payee addres	ss; City;	State;	Zip Co	de					
	\$2,000.00] 1	L8203 Rim [Or								
	Supposediture from											
	Expenditure from corporate funds	9	San Antonio	, TX 78257								
	PURPOSE	(a) (Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			s/Donations M		ittoo		ш		de of Texas. Comp officeholder living		
		۱ ۱	Januluate/C	Officeholder/Po	iilicai Comm	шее		Political Cont				
											-	
	Complete ONLY if direct expenditure to benefit C/Oh		andidate/Offic	ceholder name	C	Office sou	ght			Office he	ld	
	Date	F	Payee name									
	12/10/2024	:	John Lujan (Campaign								
	Amount (\$)	F	Payee addres	ss; City;	State;	Zip Co	de					
	\$1,000.00	F	PO Box 144	79								
	Expenditure from corporate funds	9	San Antonio	, TX 78214								
	PURPOSE	(a) (Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	(Contribution	s/Donations M	lade By			ш		de of Texas. Comp		
	-	'	Jandidate/C	Officeholder/Po	iiticai Comm	ıttee		Political Cont		officeholder living		
								. Shadar Gorit				
	Complete ONLY if direct	LCá	andidate/Offic	ceholder name	C	Office sou	ght			Office he	ld	
	expenditure to benefit C/O						-					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Tatal marga Cabadula F1.	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1:	
Sch: 6/10 Rpt: 11/15	Deputy Sheriff's Association of Bexar County Political Action 00015992
4 Date	5 Payee name
12/16/2024	Justin Rodriguez Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	P.O. Box 100153
Expenditure from corporate funds	San Antonio, TX 78201
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	1 ontical contribution office Holder
O Consulate ONLY if dispert	Our district 10ff and all the country of the countr
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/26/2024	La Panaderia
Amount (\$)	Payee address; City; State; Zip Code
\$15.15	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
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/11/2024	Maria Bonita
Amount (\$)	Payee address; City; State; Zip Code 350 Northaven Dr.
\$231.21	350 Normaven Dr.
Expenditure from corporate funds	San Antonio, TX 78229
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVDENDITUBE	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	

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: 7/10 Rpt: 12/15	Deputy Sheriff's Association of Bexar County Political Action 00015992
4 Date	5 Payee name
12/05/2024	Mi Celayense
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$33.32	2907 Fredericksburg Rd
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 Check if travel outside of Texas. Complete Schedule T.
	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/O	
Data	Para a same
Date	Payee name
12/16/2024	Mi Celayense
Amount (\$)	Payee address; City; State; Zip Code
\$56.41	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 Austin, TX, officeholder living expense
	Pac Meeting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
12/20/2024	Mi Celayense
Amount (\$)	Payee address; City; State; Zip Code
\$60.75	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
LA LADITORL	Check if Austin, TX, officeholder living expense
	Pac Meeting
Complete ONII V Station	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
, ,	

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Fees Food/Beverage Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d 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: 8/10 Rpt: 13/15	2 FILER NAME Deputy Sheriff's Association of Bexar County Political Action 3 Filer ID (Ethics Commission Filers) 00015992
3cii. 6/10 Kpt. 13/13	
4 Date	5 Payee name
12/20/2024	Misty Spears Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	2834 Sierra Salinas
Expenditure from	
corporate funds	San Antonio , TX 78259
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Contribution Pro Candidate
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
12/09/2024	Onxy Hotel
	,
Amount (\$)	Payee address; City; State; Zip Code
\$734.11	301 E 4th St
Expenditure from corporate funds	Austin , TX 78701
	I
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	PAC Meeting Legislative Austin
	FAC Meeting Legislative Austin
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experiditure to beliefit C/O	
Date	Payee name
12/24/2024	Outback Steakhouse
Amount (\$)	Payee address; City; State; Zip Code
\$29.08	12511 IH 10 W
Φ29.08	TCOTT TO AA
Expenditure from	
corporate funds	San Antonio, TX 78230
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
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	• • • • • • • • • • • • • • • • • • •

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

ng Expense Travel in ting Expense Travel O tries/Wages/Contract Labor OTHER

The Instruction Guide explains how to complete this form.
2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Deputy Sheriff's Association of Bexar County Political Action 00015992
5 Payee name
PICO DE GALLO
7 Payee address; City; State; Zip Code
111 S. LEONA
SAN ANTONIO, TX 78227
(a) Category (See Categories listed at the top of this schedule) (b) Description
Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
Check if Austin, TX, officeholder living expense Pac Meeting
T de Weeting
Candidate/Officeholder name Office sought Office held
H Office rollice rolli
Payee name
Panera Bread
Payee address; City; State; Zip Code
11075 I-10 West, Suite 304
San Antonio, TX 78230
(a) Category (See Categories listed at the top of this schedule) (b) Description
Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
Check if Austin, TX, officeholder living expense Pac Meeting
Fac Meeting
Candidate/Officeholder name Office sought Office held
Candidate/Officeholder name Office sought Office held H
Payee name
St Lukes Men's Club (DONO)
Payee address; City; State; Zip Code
4603 Manitou Dr,
San Antonio , TX 78228
(a) Category (See Categories listed at the top of this schedule) (b) Description
Food/Beverage Expense
Check if Austin, TX, officeholder living expense
Pac Meeting
Candidate/Officeholder name Office sought Office held H
II I

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/10 Rpt: 15/15	Deputy Sheriff's Association of Bexar County Political Action 00015992
4 Date	5 Payee name
12/24/2024	Twin Liquors
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$123.22	9234 N Loop 1604 W STE 126
Formation of the	
Expenditure from corporate funds	San Antonio , TX 78250
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
	1 de Meeting
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
12/09/2024	VRBO
Amount (\$)	Payee address; City; State; Zip Code
\$94.00	11920 Alterra Parkway
Ψ94.00	11010 / Morra / Mining
Expenditure from corporate funds	Austin, TX 78758
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense PAC Meeting Legislative Austin
	FAC Meeting Legislative Austin
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
11/27/2024	Wells Fargo Bank
Amount (\$)	Payee address; City; State; Zip Code
\$42.16	823 NE Interstate 410 Loop,
Expenditure from corporate funds	San Antonio , TX 78209
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Printed Deputy Sheriff Association Union Checks
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Forms provided by Tayas F	thics Commission Warsion VI 1 0 5dd22co2