COUNTY EXECUTIVE COMMITTEE CAMPAIGN FINANCE REPORT

FORM CEC COVER SHEET PG 1

Th	e CEC Instruction G	uide explains how to complete this form.	1	Filer ID ^(Ethic) 00028389	cs Commission File	ers)	 Total pages file 26 	ed:
3	COMMITTEE NAME							JSE ONLY
	Hidalgo County De	emocratic Party Executive Committee					Date Received	
							ELECTRONICA	ALLY FILED
4	COMMITTEE ADDRESS		ITY;	STATE;	ZIP C	ODE		
	ADDITESS	P.O. Box 4585					Date Hand-delivered or	Date Postmarked
	Change of Address							_
		McAllen, TX 78502-4585					Receipt #	Amount
							Date Processed	
							Date Flocesseu	
							Date Imaged	
5	CAMPAIGN	MS / MRS / MR FIRST					MI	
	TREASURER NAME	Ms. Kenna S.						
		NICKNAME LAST					SUFFIX	
		Giffin						
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE)			SUITE #;	CITY;	STA	TE; ZIP CODE
ľ	TREASURER	501 W. Owassa Road	,	AFT/	30ITE #,	CITT,	314	TE, ZIF CODE
	STREET ADDRESS	Lot 882						
	(Residence or Business)	Pharr, TX 78577						
7	CAMPAIGN	STREET OR PO BOX;		۸DT	/ SUITE #;	CITY;	T2	ATE; ZIP CODE
ľ	TREASURER	PO Box 3784			7 30HL #,	CITT,	51	ATE, ZIF CODE
	MAILING ADDRESS							
	_	McAllen, TX 78502						
	Change of Address							
8	CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	ΕX	TENSION				
	PHONE	(956) 283-4669						
9	REPORT	X January 15	20th	day before election	n		Final Report	
	TYPE			-			1 ·	
		J July 15	3th d	ay before election			10th day after car termination	npaign treasurer
			Runc	ff				
10	PERIOD	Month Day Year			Month	Day	Year	
	COVERED	10/29/2024	THR	OUGH	12/	31/2024	Ļ	
11	ELECTION		D.		ELECTION T	YPE		
		Month Day Year	Prin	lary	Runoff		Other	
		X	Ger	eral	Special			
		GO	тс	PAGE 2				
Fo	rms provided by Tex	xas Ethics Commission www.e	ethi	cs.state.tx.us			Versio	on V4.1.0.5dd2ace2

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer	ID	(Ethics Commission Filers)
Hidalgo County Democ	ratic Party Executive	Committee	0002	8389	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Democrat	1		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
15 CONTRIBUTION TOTALS	PLEDGES, LOAN CONTRIBUTIONS	ED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold		\$	0.00
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	24,756.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITIC	CAL EXPENDITURES		\$	50,516.02
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	L CONTRIBUTIONS MAINTAINED AS OF THE LASTING PERIOD	T DAY	\$	728.54
OUTSTANDING LOAN TOTALS		L AMOUNT OF ALL OUTSTANDING LOANS AS OF E REPORTING PERIOD		\$	0.00
16 AFFIDAVIT	1		I		
		I swear, or affirm, under penalty of p true and correct and includes all info under Title 15, Election Code.			
		Malka	nna S. Git	ffin	
		Signature of C			er
					-
	STAMP / SEAL ABOV				
		· · · · · · · · · · · · · · · · · · ·	this the		day
of	_, 20, to certr	fy which, witness my hand and seal of office.			
Signature of officer ad	lministering oath	Printed name of officer administering oath	Title	of office	er administering oath
Forms provided by Texas E	Ethics Commission	www.ethics.state.tx.us			Version V4.1.0.5dd2ace2

COUNTY EXECUTIVE COMMITTEE REPORT: **PURPOSE**

12 COMMITTEE NAME

(Attach lists on plain

paper to complete this report if necessary.)

14 COMMITTEE

ACTIVITY

FORM CEC

ADDENDUM

Page 3 of 26 13 Filer ID (Ethics Commission Filers) Hidalgo County Democratic Party Executive Committee 00028389 1. Candidates A. Supported (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures A. Supported (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Democrat Assisted (Identify by name or, if applicable, classify by party.

FORM CEC COVER SHEET PG 3

4 of 26

17 COMMITT		18 Filer ID	(Ethics	Commission Filers)				
	County Democratic Party Executive Committee	00028389	(Ethics	Commission Fliers)				
	IS SCHEDULE SUBTOTALS							
NAME OF	NAME OF SCHEDULE							
1. X	1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS							
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 CONTRIBUTIONS	6	\$	50,516.02				
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$					
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00				
9.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$					
10.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$					

SUBTOTALS - CEC

	The Instru	ction Guide explains how to comple	ete this fo	orm.	1	Total pages Schedule A1: Sch: 1/8 Rpt: 5/26	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Hidalgo County Democratic Party Executive Committee					00028389	
4	Date	5 Full name of contributor out-of-state	PAC (ID#:)	7	Amount of Contribution (\$)	
	11/01/2024	A&A Landscapes					\$40.00
		6 Contributor address; City; State; Zip Code					
		Edinburg, TX 78542					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	;)		
F	Date	Full name of contributor out-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	10/29/2024	Amezquita, Lillian (Ms.)					\$10.00
		Contributor address; City; State; Zip Code					
		Lubbock, TX 79414					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Physician			Independent Contractor			
F	Date	Full name of contributor out-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	11/01/2024	Andresano, Katherine A. (Ms.)					\$100.00
		Contributor address; City; State; Zip Code					
		McAllen, TX 78504-1719					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Retired			Retired			
	Date	Full name of contributor 🗌 out-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	11/01/2024	Brambila, Miguel A (Mr.)					\$100.00
		Contributor address; City; State; Zip Code					
		McAllen, TX 78501					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Retired			Retired			
	Date	Full name of contributor 🛛 out-of-state	PAC (ID#:)		Amount of Contribution (\$)	
	11/01/2024	Cantu, Josie (Ms.)					\$30.00
		Contributor address; City; State; Zip Code					
		McAllen, TX 78501					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Not Employe	d		Not Employed			
1							

	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 2/8 Rpt: 6/26	
2	FILER NAME			3	Filer ID (Ethics Commission	ו Filers)
	Hidalgo Cou	inty Democratic Party Executive Committee			00028389	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/01/2024	Castillo, Janie (Ms.)				\$30.00
		6 Contributor address; City; State; Zip Code		1		
		Roma, TX 78584-0622				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Retired		Retired			
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/29/2024	Davila, Martha (Ms.)				\$10.00
		Contributor address; City; State; Zip Code		1		
		McAllen, TX 78501				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not employe	;d	Not employed			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/01/2024	De La Cruz, Carlos (Mr.)				\$60.00
		Contributor address; City; State; Zip Code		1		
		Edinburg, TX 78541	-			
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Student		UTRGV			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/31/2024	DeLeon, Ruben (Mr.)				\$100.00
		Contributor address; City; State; Zip Code		1		
		Edinburg, TX 78541-3533	- i			
	-	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	11/01/2024	Garrett, Beatriz (Ms.)				\$50.00
		Contributor address; City; State; Zip Code	1]		
		Edinburg, TX 78541	-			
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			

The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
2 FILER NAME			Sch: 3/8 Rpt: 7/26
	nty Democratic Party Executive Committee		 Filer ID (Ethics Commission Filers) 00028389
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of Contribution (\$)
4 Date 11/01/2024	Gonzalez, Jaime (Mr.)	/	\$10.00
	6 Contributor address; City; State; Zip Code		÷
	McAllen, TX 78503		
	pation / Job title (See Instructions)	9 Employer (See Instructions))
Not employe	:d	Not employed	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/01/2024	Gonzalez, Jose G. (Mr.)		\$250.00
	Contributor address; City; State; Zip Code		1
			I
	McAllen, TX 78501		
	pation / Job title (See Instructions)	Employer (See Instructions))
Attorney		Self	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/29/2024	Gonzalez Jr., Jaime Adan (Mr.)		\$10,000.00
	Contributor address; City; State; Zip Code		
	McAllen, TX 78501		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))
Attorney		Self	, ,
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/01/2024	Gutierrez-Leal, Sylvia (Ms.)		\$70.00
	Contributor address; City; State; Zip Code		
	Palmhurst, TX 78573		
-	pation / Job title (See Instructions)	Employer (See Instructions))
Professor		UTRGV	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/31/2024	Hoffman, Robert (Mr.)		\$50.00
	Contributor address; City; State; Zip Code		
D in simple and	Palmview, TX 78572		•
	pation / Job title (See Instructions)	Employer (See Instructions))
-		Detired	
Retired		Retired	

				_		
The	e Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 4/8 Rpt: 8/26	
2 FILE	ER NAME			3 1	Filer ID (Ethics Commission	Filers)
		nty Democratic Party Executive Committee			00028389	
4 Date	e	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
12/	14/2024	Hughes, Olby (Mr.)				\$25.00
		6 Contributor address; City; State; Zip Code		1		
		Weeless TV 70506				
8 Prin	cinal occu	Weslaco, TX 78596 pation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u>		
	t employe		Not employed	5)		
				1		
Date		Full name of contributor out-of-state PAC (ID#:)	'	Amount of Contribution (\$)	ФОЕ 00
11/.	14/2024	Hughes, Olby (Mr.)				\$25.00
		Contributor address; City; State; Zip Code				
		Weslaco, TX 78596				
Prin	ncipal occu	pation / Job title (See Instructions)	Employer (See Instructions	L s)		
	t employe		Not employed	-,		
Date		Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	01/2024	Martinez, Hugo (Mr.)		·		\$10.00
	02,202	Contributor address; City; State; Zip Code		ŀ		T-
		Seslaco, TX 78599				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
Not	t Employe	d	Not Employed			
Date	е	Full name of contributor out-of-state PAC (ID#:_)	/	Amount of Contribution (\$)	
12/2	23/2024	McLeaish, Laurel				\$10.00
		Contributor address; City; State; Zip Code				
L		McAllen, TX 78501	t <u>.</u>			
	•	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Ret	tired		Retired	-		
Date		Full name of contributor out-of-state PAC (ID#:)	/	Amount of Contribution (\$)	_
11/2	23/2024	McLeaish, Laurel				\$10.00
		Contributor address; City; State; Zip Code]		
Drin		McAllen, TX 78501		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
Rei	tired		Retired			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 5/8 Rpt: 9/26
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	unty Democratic Party Executive Committee		00028389
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
10/31/2024			\$11
	6 Contributor address; City; State; Zip Code		
	McAllen, TX 78504		
8 Principal occu Retired	upation / Job title (See Instructions)	9 Employer (See Instructions Retired	3)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/06/2024	Morrison, Stephen (Mr.)		\$5
	Contributor address; City; State; Zip Code		
	McAllen, TX 78504		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)
Instructor		South Texas College	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/01/2024	Perez, J. Arturo (Mr.)		\$50
			4
	McAllen, TX 78501		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>)</u>
Retired		Pastor La Trinidad UMC	2 Pharr
Date	Full name of contributor out-of-state PAC (ID#:_	·)	Amount of Contribution (\$)
10/29/2024	Rangel, Hilda (Ms.)		\$10
	Contributor address; City; State; Zip Code		1
	McAllen, TX 78504		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Not employe	Эd	Not employed	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
10/30/2024	S.T.A.R. Chiropractic PC		\$1,500
	Contributor address; City; State; Zip Code		
	McAllen, TX 78501		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)

The Instru	ction Guide explains how to complete this f	orm.		Fotal pages Schedule A1: Sch: 6/8 Rpt: 10/26	
2 FILER NAME			3 F	Filer ID (Ethics Commissio	on Filers)
	inty Democratic Party Executive Committee			00028389	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 /	Amount of Contribution (\$)	
10/29/2024	Salinas, Delfina (Ms.)				\$5.00
	6 Contributor address; City; State; Zip Code		1		
	McAllen, TX 78501				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Not employe	ed and the second se	Not employed			
Date	Full name of contributor out-of-state PAC (ID#:_	·)	ļ	Amount of Contribution (\$)	
12/29/2024	Salinas, Delfina (Ms.)				\$5.00
	Contributor address; City; State; Zip Code				
	McAllen, TX 78501				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Not employe	≥d	Not employed			
Date	Full name of contributor out-of-state PAC (ID#:)	4	Amount of Contribution (\$)	
11/29/2024	Salinas, Delfina (Ms.)				\$5.00
	Contributor address; City; State; Zip Code		·		
	McAllen, TX 78501				
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
Not employe	∂d	Not employed			
Date	Full name of contributor out-of-state PAC (ID#:)	4	Amount of Contribution (\$)	
10/30/2024	Salkinder, Sonia (Ms.)				\$1,500.00
	Contributor address; City; State; Zip Code		·		
	Edinburg, TX 78541				
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
Owner		Open MRI of McAllen			
Date	Full name of contributor out-of-state PAC (ID#:_)	4	Amount of Contribution (\$)	
11/01/2024	Sanchez, Florencio (Mr.)				\$20.00
	Contributor address; City; State; Zip Code		·		
	McAllen, TX 78504				
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
Retired		Retired			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 7/8 Rpt: 11/26	
2 FILER NAME			3 Filer ID (Ethics Commissior	n Filers)
Hidalgo Cou	inty Democratic Party Executive Committee		00028389	,
4 Date 10/31/2024	 Full name of contributor out-of-state PAC (ID#: Sheats, Ned Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$)	\$25.00
	Mission, TX 78574			
	ipation / Job title (See Instructions)	9 Employer (See Instructions)	
Not Employe)d	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/31/2024	Sheats, Ned			\$25.00
	Contributor address; City; State; Zip Code			
	Mission, TX 78574			
-	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 (\$)	
11/30/2024	Sheats, Ned (Mr.)			\$25.00
	Contributor address; City; State; Zip Code			
	Mission, TX 78574			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Not Employe	ed set of the set of t	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/01/2024	Terry Canales State Representative Campaign	Funds		\$3,000.00
	Contributor address; City; State; Zip Code			
	Edinburg, TX 78539			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/31/2024	Torline, Rosalinda (Ms.)			\$20.00
	Contributor address; City; State; Zip Code			
	McAllen, TX 78504			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	.) .)	
Retired		Retired		

MONET	ARY POLITICAL CONTRIBUTION	IS	SCHEDULE A1
The Instru	ction Guide explains how to complete this for	m.	1 Total pages Schedule A1: Sch: 8/8 Rpt: 12/26
FILER NAME	Inty Democratic Party Executive Committee	:	3 Filer ID (Ethics Commission Filers) 00028389
Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of Contribution (\$)
10/30/2024	 Vicente Gonzalez for Congress 6 Contributor address; City; State; Zip Code 		\$7,500.00
	Brownsville, TX 78523		
Principal occu	upation / Job title (See Instructions) 9	Employer (See Instructions)	
Date 11/01/2024	Full name of contributor out-of-state PAC (ID#: Zezulka, Janice (Ms.))	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code		
	Palmview, TX 78572		
Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instructions) Retired	

PLEDGED CONTRIBUTIONS

SCHEDULE B

	The	Instruction Guide expla	ins how to complet	te this form.	1	Total pages S Sch: 1/1 Rp			
2	FILER NAME				3	Filer ID	(Ethics (Commission Filers)	
	Hidalgo Cou	unty Democratic Party Exec	utive Committee			00028389			
4	TOTAL OF	UNITEMIZED PLEDGE	S			\$			0.00
5	Date	6 Full name of pledgor	out-of-state PAC (ID#:_)	8	Amount of pledge (\$)	9	In-kind description (If applicable)	
		7 Pledgor Address;	City; State; Zip Code			Check if trave	I I I I I I I	of Texas. Complete Sch	iedule T.
10	Principal occ	upation / Job title (See Instructi	ons)	11 Employer (See Instru	ctic	uns)			

LOANS			SCHEDULE	Ε
The Instruction Guide explains how to complete this for	ges Schedule E: 1 Rpt: 14/26			
2 FILER NAME Hidalgo County Democratic Party Executive Committee	(Ethics Commission Fil 889	ers)		
⁴ TOTAL OF UNITEMIZED LOANS			\$	0.00
5 Date of loan 7 Name of lender Out-of-state PAC ((ID#:)	9 Loan Amount (\$)	
6 Is lender a 8 Lender address; City; State; financial institution?	Zip Code		10 Interest Rate	
			11 Maturity Date	
12 Principal occupation / Job title (See Instructions) 13	3 Employer (See Instructions))		
14 Description of Collateral 19 None 19	5 Check if personal funds we	re deposited	l into political account (See Instructions)	
16 GUARANTOR 17 Name of guarantor INFORMATION			19 Amount Guaranteed	(\$)
not applicable 18 Guarantor address; City; State;	Zip Code			
20 Principal occupation 2:	1 Employer (See Instructions))	<u> </u>	

1

8

9

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. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 1/12 Rpt: 15/26 Hidalgo County Democratic Party Executive Committee 00028389 4 Date 5 Payee name 10/31/2024 ActBlue Texas 6 Amount (\$) 7 Payee address; City; State; Zip Code \$0.99 366 Summer Street Somerville, MA 02144-3132 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/01/2024 ActBlue Texas Amount (\$) Payee address; City; State; Zip Code \$7.13 366 Summer Street Somerville, MA 02144-3132 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/04/2024 GiffinMcLeaish PLLC Amount (\$) Payee address: City; State; Zip Code \$5.000.00 POB 3784 McAllen, TX 78502-3784 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense Legal consulting 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 I Candidate/Officeholder/Politic Credit Card Payment			Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Ove Polling Exp Printing Ex Salaries/W	kpense /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		-	3	Filer ID (Ethics Commission Filers)
	Sch: 2/12 Rpt: 16/26		Hidalgo County Democratic Party Execu	utive Co	ommittee		00028389
4	Date	5	Payee name				
	11/07/2024		GiffinMcLeaish PLLC				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$5,000.00		POB 3784				
			McAllen, TX 78502-3784				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description		
	OF	ľ	Legal Services	uule)		outs	ide of Texas. Complete Schedule T.
	EXPENDITURE		5				, officeholder living expense
					Campaign fir	nan	ce advising
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice sou	ght		Office held
	Date		Payee name				
	11/05/2024		GiffinMcLeaish PLLC				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
\$5,000.00			POB 3784				
			McAllen, TX 78502-3784				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description	oute	ide of Texas. Complete Schedule T.
	EXPENDITURE		Legal Services				, officeholder living expense
					Campaign fir	nan	ce advising
							-
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name Of	ffice sou	ght		Office held
	Date		Payee name				
	11/18/2024		Kenna S Giffin, Attorney at Law, PLLC				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$202.50		POB 3784				
			McAllen, TX 78502-3784				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description		
	EXPENDITURE		Legal Services				ide of Texas. Complete Schedule T.
					Legal service		, officeholder living expense
					Legal Service	.0	
	Complete ONLV if direct	Ļ	Candidate/Officeholder name Of	ffice sou	abt		Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			nice sou(ynt		Onice neid

	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	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			3	Filer ID (Ethics Commission Filers)
_	Sch: 3/12 Rpt: 17/26		Hidalgo County Democratic Party Exec	cutive Co	mmittee		00028389
4	Date	5	Payee name				
	11/29/2024		Lone Star National Bank				
6	Amount (\$)			Zip Co	le		
	\$7.50		600 E. Nolana				
			McAllen, TX 78501				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description		
	OF EXPENDITURE		Accounting/Banking				de of Texas. Complete Schedule T.
							officeholder living expense
					Service Char	ge	
	Operation ONIL V if all a st		and the set of the set of the second s				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	Int		Office held
_	-						
	Date		Payee name				
	12/31/2024		Lone Star National Bank				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$7.50		600 E. Nolana				
			McAllen, TX 78501				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description		
	EXPENDITURE		Accounting/Banking				de of Texas. Complete Schedule T. officeholder living expense
					Service Char		Uncertoider inving expense
						ge	
	Complete ONLY if direct		andidate/Officeholder name C	Office sou	iht		Office held
	expenditure to benefit C/OF				,		
	Date		Payee name				
	12/31/2024		Lone Star National Bank				
	Amount (\$)			Zip Co	10		
	\$7.50		600 E. Nolana				
	φ1.50		000 E. Nolaria				
			Maallan TX 79501				
			McAllen, TX 78501				
	PURPOSE OF		Category (See Categories listed at the top of this sch	edule)	(b) Description	outoi	do of Toyas, Complete Schedule T
	EXPENDITURE		Accounting/Banking				de of Texas. Complete Schedule T. officeholder living expense
							Service Charge
-	Complete ONLY if direct	ـــــــــــــــــــــــــــــــــــــ	andidate/Officeholder name C	Office sou	iht		Office held
	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	-	Office Overl Polling Expense Printing Exp	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:		-		3 Filer ID (Ethics Commission Filers)				
	Sch: 4/12 Rpt: 18/26	lidalgo County Democratic	Party Executive Cor		00028389				
4	Date 11/29/2024	Payee name Lone Star National Bank							
6 Amount (\$) 7 Payee address; City; State; Zip Code 600 E. Nolana McAllen, TX 78501									
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Balance Fee in Service Charge					TX, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office soug	ht	Office held				
	Date	ayee name							
	10/31/2024	one Star National Bank							
	Amount (\$) \$7.50	ayee address; City; 00 E. Nolana	State; Zip Cod	e					
		IcAllen, TX 78501							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the accounting/Banking	e top of this schedule)		outside of Texas. Complete Schedule T. TX, officeholder living expense J C				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office soug	ht	Office held				
	Date	ayee name							
	10/31/2024	one Star National Bank							
	Amount (\$) \$7.50	ayee address; City; 00 E. Nolana	State; Zip Cod	e					
		IcAllen, TX 78501							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the Accounting/Banking	e top of this schedule)	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense in Service Charge				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office soug	ht	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Com	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	Transpo Travel ir Travel C	tion/Fundraising Expense ortation Equipment & Related Expense n District Dut of District t (enter a category not listed above)
1	Total pages Schedule F1:	2	-ILER NAME			3 Filer II	D (Ethics Commission Filers)
	Sch: 5/12 Rpt: 19/26	I	Hidalgo County Democratic Party Exe	cutive Co	mmittee	00028	
4	Date	5	Payee name				
	12/31/2024		Lone Star National Bank				
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de		
	\$1.61		600 E. Nolana				
			McAllen, TX 78501				
8	PURPOSE	<u> </u>			(b) Description		
ľ	OF		Category (See Categories listed at the top of this sch Accounting/Banking	nedule)	(b) Description	outside of Tex	kas. Complete Schedule T.
	EXPENDITURE	'	Accounting/Banking				lder living expense
					Overdraft Inte		
							-
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	Jht	O	ffice held
	Date		Payee name				
	12/31/2024	I	Lone Star National Bank				
	Amount (\$)			; Zip Co			
	()			;, Zip Cu			
	\$7.50	'	600 E. Nolana				
			McAllen, TX 78501				
	PURPOSE OF EXPENDITURE		 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Service Charge 				
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	yht	O	ffice held
	Date		Payee name				
	12/31/2024	I	Lone Star National Bank				
	Amount (\$)		Payee address; City; State	; Zip Co	10		
	\$7.50		600 E. Nolana	, zip co			
	ψ1.50		Joo E. Nolana				
			McAllen, TX 78501				
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description		
			Accounting/Banking	/		outside of Tex	kas. Complete Schedule T.
	EXPENDITURE						der living expense
					Balance Fee	in Service	e Charge
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	Jht	0	ffice held

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	, <u>-</u> I Co	Fees Office Overhead/Rental Expense Transportation Equipment Food/Beverage Expense Polling Expense Travel in District Gitt/Awards/Memorials Expense Printing Expense Travel Out of District				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 6/12 Rpt: 20/26		Hidalgo County Democratic Party Execut	itive Co	mmittee		00028389
4	Date	5	Payee name			1	
	12/06/2024		Lone Star National Bank				
6	Amount (\$)	7	Payee address; City; State; 2	Zip Co	le		
	\$35.99		600 E. Nolana	•			
			McAllen, TX 78501				
8	PURPOSE	(a)			(b) Description		
ľ	OF	(u)	Category (See Categories listed at the top of this schedu Accounting/Banking	lule)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		, coouring, banning		Check if Austin	, TX,	, officeholder living expense
					Overdraft Fe	е	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Offi	fice souç	ht		Office held
⊨	Date		Payee name				
11/29/2024			Lone Star National Bank				
Amount (\$)			Payee address; City; State; 2	Zin Cor	le		
\$7.50			600 E. Nolana	2.0 000			
	¢1.00						
			McAllen, TX 78501				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedu	lule)	(b) Description		
	EXPENDITURE		Accounting/Banking				ide of Texas. Complete Schedule T. , officeholder living expense
							Service Charge
\vdash	Complete ONLY if direct		Candidate/Officeholder name Offi	fice souc	Iht		Office held
	expenditure to benefit C/OF	H		-			
⊨	Date		Payee name				
	11/29/2024		Lone Star National Bank				
⊢	Amount (\$)		Payee address; City; State; 2	Zip Co	le		
	\$7.50		600 E. Nolana				
			McAllen, TX 78501				
	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	lule)	(b) Description		
	OF EXPENDITURE		Accounting/Banking				ide of Texas. Complete Schedule T.
					Service Char		, officeholder living expense
						ყლ	
-	Complete ONLY if direct	L	Candidate/Officeholder name Offi	fice soug	iht		Office held
	expenditure to benefit C/OF			30ut			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Con	Fees Office Ov Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing E	erhead pense xpens Vages	se Travel Out of District s/Contract Labor OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	· · · · · · · · · · · · · · · · · · ·		3 Filer ID (Ethics Commission Filers)				
	Sch: 7/12 Rpt: 21/26		Hidalgo County Democratic Party Executive Co	omm	· · · · · · · · · · · · · · · · · · ·				
4	Date		Payee name						
	10/31/2024		Lone Star National Bank						
6	6 Amount (\$) \$10.00 7 Payee address; City; State; Zip Code 600 E. Nolana McAllen, TX 78501								
8	PURPOSE	(a)		(b)	Description				
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Service Charge					Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office sou	ight	Office held				
	Date		Payee name						
	10/31/2024		Lone Star National Bank						
	Amount (\$)		Payee address; City; State; Zip Co	ode					
	\$10.00		600 E. Nolana McAllen, TX 78501						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Accounting/Banking	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Balance Fee in Service Charge				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office sou	ight	Office held				
	Date		Payee name						
	11/29/2024		Lone Star National Bank						
	Amount (\$)		Payee address; City; State; Zip Co	ode					
	\$10.00		600 E. Nolana						
			McAllen, TX 78501						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Accounting/Banking	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Service Charge				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office sou	ight	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)		
	Total pages Schedule F1:	2	FILER NAME	3	Filer ID (Ethics Commission Filers)		
	Sch: 8/12 Rpt: 22/26		Hidalgo County Democratic Party Executive Committee		00028389		
4	Date 11/29/2024		Payee name Lone Star National Bank				
6 Amount (\$) \$10.00 7 Payee address; City; State; Zip Code 600 E. Nolana McAllen, TX 78501							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description					, officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sought		Office held		
	Date		Payee name				
	12/31/2024		Lone Star National Bank				
	Amount (\$)		Payee address; City; State; Zip Code				
	\$10.00		600 E. Nolana McAllen, TX 78501				
	PURPOSE OF EXPENDITURE			tin, TX	ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sought		Office held		
	Date		Payee name				
	12/31/2024		Lone Star National Bank				
-	Amount (\$)	\vdash	Payee address; City; State; Zip Code				
	\$10.00		600 E. Nolana				
			McAllen, TX 78501				
	PURPOSE OF EXPENDITURE			tin, TX	ide of Texas. Complete Schedule T. , officeholder living expense Service Charge		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sought		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nittee Legal Services The Instruction Guide ex		Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 F					3	Filer ID (Ethics Commission Filers)
	Sch: 9/12 Rpt: 23/26		Hidalgo County Democratic Party	/ Exec	cutive Co	nmittee		00028389
4	Date 12/06/2024		^p ayee name McLeaish, Laurel					
6	Amount (\$)		Payee address; City;	Stato [.]	Zip Coo			
ľ	\$1,190.44		701 South H Street	State,				
	Φ1,190.44		of South A Street					
		Ν	McAllen, TX 78501					
8	PURPOSE	(a) (41-1		b) Description		
Ĩ	OF		Category (See Categories listed at the top of Food/Beverage Expense	this sche	edule)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE					Check if Austir	n, TX	, officeholder living expense
						Ballot Board	lun	ches
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office soug	ht		Office held
	Date	F	Payee name					
	11/03/2024	1	NGP Van Inc.					
	Amount (\$)	F	Payee address; City;	State;	Zip Coo	le		
	\$159.90		55 15th St. NW					
			Suite 650					
			Washington, DC 20005					
	PURPOSE OF EXPENDITURE	(a) (Category (See Categories listed at the top of	this sche	edule)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office soug	ht		Office held
	Date	F	Payee name					
	12/06/2024	1	NGP Van Inc.					
-	Amount (\$)	F	Payee address; City;	State:	Zip Coo	e		
	\$159.90		655 15th St. NW	o tato,	p 000			
	\$100100		Suite 650					
			Washington, DC 20005					
	PURPOSE OF		Category (See Categories listed at the top of	this sche	edule)	b) Description		
	EXPENDITURE		Consulting Expense					ide of Texas. Complete Schedule T. , officeholder living expense
						Database	., .,	
-	Complete ONLY if direct		andidate/Officeholder name	0	Office soug	ht		Office held
	expenditure to benefit C/Oł			Ŭ				
-								

		EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
	-	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)					
	Sch: 10/12 Rpt: 24/26	Hidalgo County Democratic Party Executive Committee	00028389					
4	Date	5 Payee name						
	11/04/2024	NGP Van Inc.						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$159.90	655 15th St. NW						
		Suite 650						
		Washington, DC 20005						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
-	OF		outside of Texas. Complete Schedule T.					
	EXPENDITURE		, TX, officeholder living expense					
		Database						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/30/2024	Robledo, Miguel (Mr.)						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$10,000.00	108 N. Jackson Road						
		Suite 24						
		Edinburg, TX 78540						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	11/01/2024	Robledo, Miguel (Mr.)						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$10,000.00	108 N. Jackson Road						
		Suite 24						
		Edinburg, TX 78540						
	PURPOSE	-						
	OF		outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin	, TX, officeholder living expense					
		Consulting						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

Advertising Expense Accounting/Banking

Consulting Expense

Credit Card Payment

1

8

9

Date

Date

11/07/2024

Amount (\$)

PURPOSE

OF

EXPENDITURE

11/01/2024

Amount (\$)

PURPOSE

OF

EXPENDITURE

4 Date

10/30/2024

PURPOSE

OF

EXPENDITURE

6 Amount (\$)

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 11/12 Rpt: 25/26 Hidalgo County Democratic Party Executive Committee 00028389 5 Payee name Scale to Win Payee address; City; State; Zip Code 7 \$874.65 13742 Harper Street Santa Ana, CA 92703 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Text program Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Scale to Win Payee address; City; State; Zip Code \$3,221.81 13742 Harper Street Santa Ana, CA 92703 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Text software Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Scale to Win Payee address; City: State; Zip Code \$2,042.14 13742 Harper Street Santa Ana, CA 92703 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense Check if Austin, TX, officeholder living expense Texting software

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 Expense Loan Repayment/Reimburseme 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:	2	FILER NAME	3	Filer ID (Ethics Commission Filers)				
	Sch: 12/12 Rpt: 26/26		Hidalgo County Democratic Party Executive Committee		00028389				
4	Date 11/01/2024		Payee name Scale to Win						
6 Amount (\$) \$3,221.81 Santa Ana, CA 92703 7 Payee address; City; State; Zip Code 13742 Harper Street									
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense Text software Text software									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Office sought		Office held				
	Date		Payee name						
11/06/2024			The Mix Academy Events						
	Amount (\$)Payee address;City;State;Zip Code\$1,650.001821 S Bicentennial Blvd								
			McAllen, TX 78501						
	PURPOSE OF EXPENDITURE			stin, T	tside of Texas. Complete Schedule T. X, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office sought		Office held				
	Date		Payee name						
	11/12/2024		University Drafthouse						
	Amount (\$) \$2,452.25		Payee address; City; State; Zip Code 100 Hwy 83						
			McAllen, TX 78501						
	PURPOSE OF EXPENDITURE			stin, T	tside of Texas. Complete Schedule T. X, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name Office sought		Office held				