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 (Ethics Commission Filers) 00023943	2 Total pages filed: 15					
3	COMMITTEE NAME		•	OFFICE USE ONLY					
	Webb County Dem	nocratic Party (CEC)		Date Received					
				ELECTRONICALLY FILED					
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CIT	Y; STATE; ZIP CODE	1					
Ľ	ADDRESS	1802 Houston St.	.,						
	_			Date Hand-delivered or Date Postmarked					
	Change of Address	Laredo, TX 78040		Receipt # Amount					
				Date Processed					
				Date Imaged					
5	CAMPAIGN	MS / MRS / MR FIRST		MI					
	TREASURER NAME	Amber A.							
		NICKNAME LAST		SUFFIX					
		Avis							
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY;	STATE; ZIP CODE					
	TREASURER STREET	1802 Houston St.							
	ADDRESS								
	(Residence or Business)	Laredo, TX 78040							
7	CAMPAIGN	STREET OR PO BOX;	APT / SUITE #; CITY	; STATE; ZIP CODE					
	TREASURER	1802 Houston St.							
	MAILING ADDRESS								
		Laredo, TX 78040							
	Change of Address								
8	CAMPAIGN		EXTENSION						
	TREASURER PHONE	(956) 693-9906							
9	REPORT TYPE	X January 15 30	Oth day before election	Final Report					
			h day before election	10th day after campaign treasurer					
		July 15		termination					
			unoff						
10	PERIOD	Month Day Year	Month Day	Year					
	COVERED	10/27/2024 TH	HROUGH 12/31/202	4					
11	ELECTION	ELECTION DATE	ELECTION TYPE						
			Primary Runoff	Other					
		11/05/2024	General Special						
⊢		11							
	GO TO PAGE 2								
	me provided by Te			Vorcion V/A 1 0 Edd2coc					
-0	orms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.5dd2ace2								

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC COVER SHEET PG 2

12 COMMITTEE NAME				13 Filer	١D	(Ethics Commission Filers)
Webb County Democrat	tic Party (CEC)			0002	23943	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported De	emocrat	·		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
15 CONTRIBUTION TOTALS	PLEDGES, LOAN	S, OR GUARANTE MADE ELECTROI		N	\$	0.00
	2. TOTAL POLITIC (OTHER THAN P		TIONS OR GUARANTEES OF LOANS	S)	\$	2,747.45
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ED POLITICAL EX	PENDITURES		\$	0.00
	4. TOTAL POLITIC	CAL EXPENDITU	RES		\$	5,749.96
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT		S MAINTAINED AS OF THE L	AST DAY	\$	13,434.70
OUTSTANDING LOAN TOTALS		L AMOUNT OF AL E REPORTING PE	L OUTSTANDING LOANS AS RIOD	OF THE	\$	0.00
16 AFFIDAVIT	•					
		tru	wear, or affirm, under penalty on eand correct and includes all der Title 15, Election Code.			
			Ar	nber A. Avi	s	
		_		of Campaign	-	er
AFFIX NOTARY	STAMP / SEAL ABOV	E	-			
Sworn to and subscribed	before me, by the said			, this the		day
			y hand and seal of office.	,		
Signature of officer ad	ninistering oath	Printed name of	officer administering oath	Title	of office	er administering oath
Forms provided by Texas E	thics Commission	www.et	nics.state.tx.us			Version V4.1.0.5dd2ace2

S	UBT		FORM CEC OVER SHEET PG 3 3 of 15		
		EE NAME unty Democratic Party (CEC)	18 Filer ID 00023943	(Ethics Corr	mission Filers)
	HEDUL	SUBTO	OTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,747.45
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	5,749.96
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO	DNS	\$	
8.		\$			
9.		\$			
10	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/15			
2	FILER NAME			3 Filer ID (Ethics Commission I	Filers)		
		y Democratic Party (CEC)		00023943	r liero)		
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)			
	11/15/2024	Bruni, Sylvia		\$25.00			
		6 Contributor address; City; State; Zip Code					
		Laredo, TX 78045					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Retired		Retired				
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)			
	10/28/2024	Friends of WCDP			\$536.00		
		Contributor address; City; State; Zip Code					
		Laredo, TX 78040					
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	i inicipal ooda)				
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)			
	11/01/2024	Friends of WCDP			\$110.45		
	11/01/2024				\$110.40		
		Contributor address; City; State; Zip Code					
		Laredo, TX 78040					
⊢	Bringinal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Fincipal occu)			
_	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)			
	11/05/2024	Friends of WCDP	/		\$171.00		
		Contributor address; City; State; Zip Code					
		Contributor address, City, State, Zip Code					
		Laredo, TX 78040					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	·			,			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)			
	11/05/2024	Friends of WCDP			1,495.00		
		Contributor address; City; State; Zip Code			,		
		Contributor address, City, State, Zip Code					
		Laredo, TX 78040					
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
				,			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

_						
	The Instru	ction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/15		
2	FILER NAME		3	Filer ID (Ethics Commission	n Filers)	
[y Democratic Party (CEC)	ľ	00023943		
4	Date	5 Full name of contributor 🔲 out-of-state PAC (ID#	7	Amount of Contribution (\$)		
	11/08/2024	Friends of WCDP			\$355.00	
		6 Contributor address; City; State; Zip Code		1		
		Laredo, TX 78040				
8	Principal occu	pation / Job title (See Instructions)	s)			
F	Date	Full name of contributor out-of-state PAC (ID#	;)	Γ	Amount of Contribution (\$)	
	11/15/2024	Hinojosa , Susana			\$20.00	
		Contributor address; City; State; Zip Code		1		
		Laredo , TX 78045				
	Principal occu	pation / Job title (See Instructions)	s)			
	Teacher		UISD			
	Date	Full name of contributor out-of-state PAC (ID#	#:)	Γ	Amount of Contribution (\$)	
	11/10/2024	Saenz, Ana	·/			\$25.00
		Contributor address; City; State; Zip Code		•		
		Laredo, TX 78043				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			
⊨	Date	Full name of contributor out-of-state PAC (ID#		Г	Amount of Contribution (\$)	
	11/15/2024	Shrout , Will	·/			\$10.00
		Contributor address; City; State; Zip Code		•		
		Laredo, TX 78045				
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Bartender		The Tack Room			
⊢						
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1						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committe Credit Card Payment			Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ains how to complete this form.			Transportation E Travel in District Travel Out of Dis	
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commission Filers)
-	Sch: 1/10 Rpt: 6/15	-		- nty Democratic F	Party (CEC))			00023943	
4	Date	5	Payee name							
	11/15/2024		ActBlue Te	chnical Services	i					
6	Amount (\$)	7	Payee address; City; State; Zip Code							
	\$2.18		366 Summe	er St.						
			Somerville,	MA 02144-3132	2					
8	PURPOSE	(a)	Category (S	ee Categories listed at t	he ten of this seh	odulo)	(b) Description			
-	OF		Fees	ee Calegones listed at t	ne top of this son	ieuuie)		l outs	side of Texas. Com	plete Schedule T.
	EXPENDITURE						Check if Austi	n, TX	K, officeholder living	g expense
							Actblue Fee	S		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	ceholder name	C	Office sou	ght		Office he	eld
	Date		Payee name							
	11/20/2024		ActBlue Te	chnical Services	i					
-	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de			
	\$0.99 366 Summer St.									
	40.00		ooo canina							
			Somerville,	MA 02144-3132	2					
	PURPOSE	(a)	Category (S	ee Categories listed at t	he top of this sch	nedule)	(b) Description			
	OF EXPENDITURE		Fees						side of Texas. Com	
	-						Actblue Fee	n, TX	<, officeholder living	g expense
							Actuide Fee			
	Complete ONIL V if direct		Candidata/Off	ceholder name		Office sour	wh+		Office he	ald
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Januluale/OII	centratile name	(JIIL		Onice ne	eiu
_	Data	<u> </u>								
	Date 11/01/2024		Payee name Bar Nido Ll							
	Amount (\$)		Payee addre		State	; Zip Co	de			
	\$260.34		10211 Gold	ondrina Dr						
			Laredo, TX	78045						
	PURPOSE	(a)	Category (S	ee Categories listed at t	he top of this sch	nedule)	(b) Description			
	OF EXPENDITURE		Event Expe	nse					side of Texas. Com	
								n, TX	<, officeholder living	g expense
							Event			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	C	Office soug	ght		Office he	eld
		•								
		_								

	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 Gitt/Awards/Memorials Expense Printing Expense 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)					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 2/10 Rpt: 7/15	Webb County Democratic Party (CEC)	00023943					
4	Date 10/28/2024	5 Payee name Bruni, Sylvia						
6	Amount (\$) \$408.00	Payee address; City; State; Zip Code 7404 Lake Victoria Laredo, TX 78045						
8	PURPOSE OF EXPENDITURE	OF Salaries/W/ages/Contract Labor						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	11/20/2024	Bruni, Sylvia						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$100.00	7404 Lake Victoria Laredo, TX 78045						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	11/18/2024	Deluxe Checks						
	Amount (\$) \$123.12	Payee address; City; State; Zip Code 3000 Kellway Drive						
		Carrollton, TX 75006						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Co Credit Card Payment			Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 3/10 Rpt: 8/15		Webb County Democratic Party (CEC)	00023943				
4	Date 11/06/2024		^p ayee name Galindo, Mary Sue					
_			-	7: 0	l -			
6	Amount (\$) \$289.00	\$289.00 3502 E Delmar						
			Laredo, TX 78041					
8	B PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Image: Control of the state						, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name C	Office sou	ight		Office held	
	Date		Payee name					
	11/15/2024		Guerra Communications					
	Amount (\$)		Payee address; City; State;	; Zip Co	ode			
	\$1,200.00		6402 N Bartlett Ave Ste. #1 Laredo, TX 78041					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Office Overhead/Rental Expense	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 sou	ight		Office held	
	Date		Payee name					
	10/31/2024		nternational Bank of Commerce					
-	Amount (\$)		Payee address; City; State;	Zip Co	ode			
	\$38.45		1200 San Bernardo	·				
			_aredo, TX 78040					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Accounting/Banking	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 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 Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	ment/Reimbursement head/Rental Expense ense jense 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 FI	LER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 4/10 Rpt: 9/15		ebb County Democratic Party (CEC)	00023943					
4	Date		ayee name						
	11/30/2024	In	ternational Bank of Commerce						
6	Amount (\$)	7 Pa	7 Payee address; City; State; Zip Code						
	\$29.26	12	200 San Bernardo						
		La	aredo, TX 78040						
8	PURPOSE				(b) Description				
ľ	OF		ategory (See Categories listed at the top of this sche ccounting/Banking	edule)		outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		counting/Danking				officeholder living expense		
					Bank Fees				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name O	office soug	ht		Office held		
	Date	Pa	ayee name						
	12/31/2024	In	ternational Bank of Commerce						
	Amount (\$)	Pa	ayee address; City; State;	Zip Co					
	\$19.94 1200 San Bernardo								
	\$19.94 1200 San Benaido								
		La	aredo, TX 78040						
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the top of this sche ccounting/Banking	edule)			de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		ndidate/Officeholder name O	office soug	ht		Office held		
	Date	Pa	ayee name						
	11/18/2024		ett Bowl North						
				Zin Co					
	Amount (\$)		ayee address; City; State; 323 McPherson Rd	Zip Coo	ie				
	\$69.99	56	323 MCPherson Ru						
		I s	aredo, TX 78041						
	5055005								
	PURPOSE OF		(See Categories listed at the top of this sche	edule)	(b) Description	outoi	de of Texas. Complete Schedule T.		
	EXPENDITURE	EV	vent Expense				officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		ndidate/Officeholder name O	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		-					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: 5/10 Rpt: 10/15								
4	Date 11/05/2024		Payee name La Paletera						
6	Amount (\$)	7	Payee address; City; State;	Zin Co	de				
Ū	\$40.04								
8	PURPOSE	(a)	Catagon		(h) p	ocoription			
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Image: Check if Austin, TX, officeholder living expense Image: Check if Austin, TX, officeholder living expense Meals									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office held	
	Date		Payee name						
	11/18/2024		La Unica						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$203.33		8919 San Dario Suite A Laredo, TX 78045						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)		_		de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office held	
	Date		Payee name						
	10/29/2024		Lamberton, Rosie						
	Amount (\$) \$50.00		Payee address; City; State; 3001 Falcon Ridge Cove	Zip Co	de				
			Laredo, TX 78045						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Event Expense	edule)				de of Texas. Complete Schedule T. officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor			Travel in District Travel Out of Dist	uipment & Related Expense		
1	Total pages Schedule F1:	2				12	Filer ID	(Ethics Commission Filers)		
1							00023943			
4	Date 11/01/2024									
6	Amount (\$)		_	Zip Co	do					
0	\$1,000.00	ľ	111 Esperanza Dr							
			Laredo, TX 78041	,						
8	PURPOSE OF EXPENDITURE	OF Advertising Expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Dffice sou	ght		Office hel	d		
	Date		Payee name							
	11/18/2024		NRG Energy							
	Amount (\$)		Payee address; City; State;	; Zip Co	de					
	\$311.87	910 Lousianna St.								
			Houston, TX 77002							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Office Overhead/Rental Expense	edule)			side of Texas. Comp C, officeholder living (
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Dffice sou	ght		Office hel	d		
-	Date		Payee name							
	10/28/2024		Narvaez Flower & Gift Shop							
	Amount (\$) \$171.04		Payee address; City; State; 1620 San Bernardo	; Zip Co	de					
			Laredo, TX 78040							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Gift/Awards/Memorials Expense	edule)		in, TX	ide of Texas. Comp (, officeholder living (1SE			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Dffice sou	ght		Office hel	d		

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 7/10 Rpt: 12/15	Webb County Democratic Party (CEC)	00023943					
4	Date 11/04/2024	Payee name Pla Mor						
6	Amount (\$) \$185.88	Payee address; City; State; Zip Code 2819 Bob Bullock Loop Laredo, TX 78045						
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/31/2024	Ramirez, Rafael						
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 3407 N Buena Vista Ave Laredo, TX 78043						
	PURPOSE OF EXPENDITURE	a) Category (See Categories listed at the top of this schedule) (b) Description Travel In District Check if travel of	outside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	11/04/2024	Sam's Club						
	Amount (\$) \$125.57	Payee address;City;State;Zip Code4810 San Bernardo Ave						
		Laredo, TX 78041						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor					Transportation I Travel in Distric Travel Out of Di	
1	Total pages Schedule F1:	2						B Filer ID	(Ethics Commission Filers)	
-	Sch: 8/10 Rpt: 13/15			Democratic P	arty (CEC)				00023943	
4	Date	5	Payee name							
	11/20/2024		Solis, Delia							
6	Amount (\$) \$50.00		Payee address 1716 Salinas Laredo, TX 78		State;	; Zip Coc	е			
_		<u> </u>								
8	PURPOSE OF EXPENDITURE	(a)		Categories listed at th ad/Rental Exp		iedule)		c if travel ou c if Austin, T	ıtside of Texas. Con 'X, officeholder livin	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Office	holder name	C	Office soug	ht		Office h	eld
	Date		Payee name							
	10/29/2024		South Meado	w Self Storage						
	Amount (\$)		Payee address	City;	State;	; Zip Coc	е			
	\$135.00		1320 S Mead Laredo, TX 78							
	PURPOSE OF EXPENDITURE			Categories listed at th ad/Rental Exp		iedule)		c if travel ou c if Austin, T	tside of Texas. Con "X, officeholder livin	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Office	holder name	C	Office soug	ht		Office h	eld
	Date		Payee name							
	11/29/2024		2	w Self Storage						
	Amount (\$) \$125.00		Payee address 1320 S Mead		State;	; Zip Coc	е			
			Laredo, TX 78	3043						
	PURPOSE OF EXPENDITURE			Categories listed at th ad/Rental Exp		iedule)		c if travel ou c if Austin, T	ıtside of Texas. Con 'X, officeholder livin	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Office	holder name	C	Office soug	ht		Office h	eld

EXPENDITURE CATEGORIES FOR BOX 8(a)											
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 Expens nittee Legal Services The Instruction Guide ex		Office Overl Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor					
1	Total pages Schedule F1:	2				3	Filer ID (Ethics Commission) Filers)			
1	Sch: 9/10 Rpt: 14/15		Vebb County Democratic Party	(CEC)				00023943	r Filers)		
4	Date 12/30/2024		² ayee name South Meadow Self Storage								
6	Amount (\$) \$125.00	-	Payee address; City; .320 S Meadow St .aredo, TX 78043	State;	Zip Cod	e					
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top o Dffice Overhead/Rental Expense		edule) (ide of Texas. Complete Schedule T. , officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	0	Office soug	nt		Office held			
	Date	F	Payee name								
	11/27/2024		Spectrum								
	Amount (\$)	F	Payee address; City;	State;	Zip Cod	е					
	\$115.60	2	00 Atlantic St. Floor 10	·	·						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top o Office Overhead/Rental Expense		edule) (ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	0	Office soug	nt		Office held			
	Date	F	Payee name								
	11/14/2024	\	Webb County Democratic Party	Primar	y Accour	t					
	Amount (\$) \$400.00		Payee address; City; .802 Houston St.	State;	Zip Cod	e					
		l	aredo, TX 78040		i						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top o Transfer to primary account	f this sche	edule) (, TX,	ide of Texas. Complete Schedule T. , officeholder living expense raft			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	0	Office soug	nt		Office held			

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			EXPENDITURE CATEGOR Event Expense Fees Food/Beverage Expense Gift/wards/Memorials Expense Legal Services The Instruction Guide explains h		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor			Transportation I Travel in Distric Travel Out of D				
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics Commiss	ion Filers)	
	Sch: 10/10 Rpt: 15/15			nty Democratic	Party (CEC)					00023943	,	,	
4	Date	5	Payee name	e									
	11/01/2024		WordPress	5									
6	Amount (\$)	7	Payee addr	ess; City;	State;	Zip Co	de						
	\$35.18		60 29th St	#343									
		San Francisco , CA 94110-4929											
8	PURPOSE	(a)	Category (See Categories listed at	the top of this sch	aluba)	(b)	Description					
	OF	Ľ	Advertising			cuuic)	. ,		outsi	de of Texas. Con	nplete Schedule T.		
	EXPENDITURE							Check if Austin	, тх,	officeholder livin	g expense		
								Website					
								Webelle					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Of	ficeholder name	C	Office sou	ght			Office h	eld		
	Date		Payee name	e e e e e e e e e e e e e e e e e e e									
	12/02/2024		WordPress										
	Amount (\$)		Payee addr	ess; City;	State;	Zip Co	de						
	\$35.18		60 29th St	#343									
			San Franc	isco , CA 94110	-4929								
	PURPOSE	(a)	Category (See Categories listed at	the top of this sch	edule)	(b)	Description					
OF			(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.										
EXPENDITURE			Check if Austin, TX, officeholder living expense										
								Ad					
				<i></i>									
Complete <u>ONLY</u> if direct expenditure to benefit C/O			Candidate/Officeholder name Office se							Office h	neid		
	expenditure to benefit C/O												