FORM CEC COUNTY EXECUTIVE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The CEC Instruction Guide explains how to complete this form. 12 00055995 3 COMMITTEE NAME **OFFICE USE ONLY** Cameron County Democratic Party Executive Committee (CEC) Date Received **ELECTRONICALLY FILED** 01/09/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1411 N Stuart Place Rd Date Hand-delivered or Date Postmarked Ste C Change of Address Harlingen, TX 78552 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Denise G NAME NICKNAME LAST **SUFFIX** Chavez STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 7248 Mulberry St STREET **ADDRESS** (Residence or Business) Brownsville, TX 78526 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 7248 Mulberry St MAILING **ADDRESS** Brownsville, TX 78520 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 371-7378 PHONE REPORT January 15 30th day before election Final Report **TYPE** 10th day after campaign treasurer 8th day before election July 15 Runoff 10 PERIOD Year Day Month Day Year Month **COVERED THROUGH** 10/27/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special **GO TO PAGE 2**

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)		
Cameron County Demo	ocratic Party Executiv	re Committee (CEC)	00055995			
14 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 (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)	\$	3,315.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ED POLITICAL EXPENDITURES	\$	0.00		
	4. TOTAL POLITICAL EXPENDITURES					
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	L CONTRIBUTIONS MAINTAINED AS OF THE LAST ING PERIOD	DAY \$	11,539.88		
OUTSTANDING LOAN TOTALS	1	L AMOUNT OF ALL OUTSTANDING LOANS AS OF T E REPORTING PERIOD	THE \$	2,086.55		
16 AFFIDAVIT						
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.				
		Ms. Denise	e G Chavez			
		Signature of Car	mpaign Treasu	irer		
AFFIX NOTAR)	/ STAMP / SEAL ABOV	E				
Sworn to and subscribed	d before me, by the said	, tł	nis the	day		
of	_, 20, to certi	fy which, witness my hand and seal of office.				
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of office	cer administering oath		

SUBTOTALS - CEC

FORM CEC COVER SHEET PG 3

			C	OVE	ER SHEET PG 3 3 of 12
		EE NAME County Democratic Party Executive Committee (CEC)	18 Filer ID 00055995	(Eth	nics Commission Filers)
Ca	meron				
19 SC	HEDULI	SUBTOTALS			CURTOTAL AMOUNT
NA	ME OF	SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,315.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	11,377.08	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		\$			
8.		\$			
9.		\$			
10.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CO	SCHEDULE A					
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/12		
2	FILER NAME Cameron Co	unty Democratic Party Executive	Committee (CEC)		3	Filer ID (Ethics Commission 00055995	n Filers)	
4	Date 10/28/2024 5 Full name of contributor out-of-state PAC (ID#:) Bernal, Veronica 6 Contributor address; City; State; Zip Code				7	Amount of Contribution (\$)	\$25.00	
_	Deireitade	San Juan, TX 78589	To-	Faralas as (Cara la desartia a				
8	Attorney	pation / Job title (See Instructions)	9	Employer (See Instructions District Attorney's Office				
	Date Full name of contributor out-of-state PAC (ID#:) 10/28/2024 Betancourt, David Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$100.00	
	San Juan, TX 78526 Principal occupation / Job title (See Instructions) Employer (See Instructions)							
Principal occupation / Job title (See Instructions) Manager				Family Aparrtments				
	Date Full name of contributor out-of-state PAC (ID# 10/28/2024 Chavez, Denise Contributor address; City; State; Zip Code		out-of-state PAC (ID#: Zip Code)		Amount of Contribution (\$)	\$125.00	
		Brownsville, TX 78526						
	Principal occu Business De	pation / Job title (See Instructions) velopment		Employer (See Instructions Trane Technologies Inc.				
	Date Full name of contributor out-of-state PAC (ID#:					Amount of Contribution (\$)	\$75.00	
	Principal occupation / Job title (See Instructions) Not Employed Not Employed				()			
	Date Full name of contributor out-of-state PAC (ID#:					Amount of Contribution (\$)	\$50.00	
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Gracia Law Firm)			
			I					

	MONET	ARY POLITICAL CONTRIBUTION		LE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/12	
2	FILER NAME Cameron Co	ounty Democratic Party Executive Committee (CEC)		3	Filer ID (Ethics Commission 00055995	on Filers)
4	Date 12/16/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
	Austin, TX 78760 3 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					
8	Principal occu	ipation / Job title (See Instructions))			
	Date 10/28/2024	Full name of contributor out-of-state PAC (ID#:_Martinez, Vicente Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$25.00	
		Brownsville, TX 78520 upation / Job title (See Instructions))			
Texas Coordinator VoteRiders						
Date Full name of contributor 10/28/2024 Pena, Enrique Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$250.00
		Brownsville, TX 78521				
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Perdue Brandon)		
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Operations N	npation / Job title (See Instructions) Manager	Employer (See Instructions Teach for America)		
	Date Full name of contributor out-of-state PAC (ID#:) 11/10/2024 Reagan, Lizzie Contributor address; City; State; Zip Code Harlingen, TX 78550				Amount of Contribution (\$)	\$20.00
	Principal occu 5th Grade To	ipation / Job title (See Instructions) eacher	Employer (See Instructions Harlingen CISD)		

	MONET	ARY POLITICAL CO	SCHEDULE A1				
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 3/3 Rpt: 6/12	
2	FILER NAME Cameron Co	unty Democratic Party Executive	Committee (CEC)		3	Filer ID (Ethics Commission 00055995	on Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Regina, Compian-Richardson 6 Contributor address; City; State; Zip Code				7	Amount of Contribution (\$)	\$1,500.00
8	Principal occur	Edinburg, TX 78539 pation / Job title (See Instructions)	l _a	Employer (See Instructions			
0	Attorney	pation / Job title (See Instructions)	9	Self	')		
	Date Full name of contributor out-of-state PAC (ID#:) 10/28/2024 Trinidad, Brisa Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$25.00
	Harlingen, TX 78552						
	Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:_ 10/28/2024 Wagner, Ruth Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Bronwsville, TX 78520					
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)		
	11/12/2024 Wagner, Ruth		out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occupation / Job title (See Instructions) Employer (Se Not Employed Not Employe				()		
	Date 10/28/2024 Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code McAllen, TX 78504)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			·				

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/6 Rpt: 7/12	Cameron County Democratic Party Executive Committee 00055995
4	Date	5 Payee name
	12/08/2024	Chavez, Oziel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	7248 Mulberry St
	!	
		Brownsville, TX 78526
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
	!	Contract Labor
	!	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oh	
T	Date	Payee name
	12/20/2024	Chavez, Oziel
H	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	7248 Mulberry St
	!	
		Brownsville, TX 78526
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
	!	Contract Labor
	1	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
H	Date	Payee name
	11/09/2024	Dale, Michael
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,360.00	1817 E Jackson
		Harlingen, TX 78552
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Contract Labor
	1	Contract Eabor
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel in District Printing Expense Salaries/Wages/Contract Labor 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 Filer ID (Ethics Commission Filers) Sch: 2/6 Rpt: 8/12 Cameron County Democratic Party Executive Committee 00055995 4 Date Payee name 11/22/2024 Dale, Michael 6 Amount (\$) Payee address; City; State; Zip Code \$1,360.00 1817 E Jackson Harlingen, TX 78552 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Contract Labor Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/30/2024 La Sierra Event Center Amount (\$) Payee address; City; State; Zip Code \$200.00 3742 US 77 Frontage Harlingen, TX 78552 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Rental of Hall Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/30/2024 Landaverde, Carla Amount (\$) Payee address: City; State; Zip Code \$750.00 821 N D St Harlingen, TX 78550 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Contract Labor Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outer a category pet listed above)

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
	oroak oara'r aymone	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	rs)
	Sch: 3/6 Rpt: 9/12	Cameron County Democratic Party Executive Committee 00055995	
4	Date	5 Payee name	
	11/05/2024	Landaverde, Carla	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$750.00	821 N D St	
		Harlingen, TX 78550	
8	PURPOSE		
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Contract Labor	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
_	Date	Payee name	
	11/07/2024	Landaverde, Carla	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$750.00	821 N D St	
	Φ130.00	021 N D 3t	
		Harlingen, TX 78550	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
	-	Contract Lobor	
		Contract Labor	
_	Opening the ONLY if allowed	Overlights (Office helds	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	11/04/2024	NGP VAN	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$106.60	655 15 St NW	
		Ste 650	
		Washington, DC 20005	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Data Service	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH	
l			

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	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/6 Rpt: 10/12	Cameron County Democratic Party Executive Committee 00055995
4	Date	5 Payee name
	12/06/2024	NGP VAN
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$106.60	655 15 St NW
l		Ste 650
l		Washington, DC 20005
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense Data Service
l		Data Scivice
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Ľ	expenditure to benefit C/Ol	
	Date	Payee name
L	10/30/2024	Scale to Win
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$833.73	13742 Harper St
l		
		Santa Ana , CA 92703
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Texting Service
l		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	p = 1 2 2 2 3 3 3 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7	
	Date	Payee name
	11/04/2024	Scale to Win
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,943.06	13742 Harper St
		Santa Ana , CA 92703
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Texting Service
		Texting Service
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee	Gift/Awards/Memorials E Legal Services	Sa	-	ges/Contract Labor	Travel Out of Distric OTHER (enter a cat	t egory not listed above)
L			The Instruction Gui	ue expiains nov	w to com	viete tilis form.	1	
1	Total pages Schedule F1:						, , , ,	Ethics Commission Filers)
L	Sch: 5/6 Rpt: 11/12		County Democration	Party Execu	utive Co	mmittee	00055995	
4	Date	5 Payee nar						
	11/07/2024	Scale to '	Win					
6	Amount (\$)	7 Payee add	dress; City;	State; Z	Zip Code	e		
	\$870.89	13742 Ha	arper St					
			•					
		Santa An	a , CA 92703					
8	PURPOSE	(a) Category	(See Categories listed at the	top of this schedul	le) (k	Description		
	OF		ig Expense				outside of Texas. Complet	e Schedule T.
	EXPENDITURE		<u> </u>			Check if Austin	n, TX, officeholder living ex	pense
						Texting Servi	ice	
9	Complete ONLY if direct		Officeholder name	Offic	ce sough	nt	Office held	
	expenditure to benefit C/OI	1						
	Date	Payee nar	me					
	11/05/2024	Target	-					
_	Amount (\$)	Payee add	dress; City;	State; Z	7in Code	7		
	` '	·	-	Siale, Z	_ip Cout	•		
	\$21.63	301 Morr	15011					
		Brownsvi	lle, TX 78526					
	PURPOSE	(a) Category	(See Categories listed at the	top of this schedul	ıle) (k) Description		
	OF EXPENDITURE		erhead/Rental Expe			<u> </u>	outside of Texas. Complet	
	LAFLINDITORE		·			ш	n, TX, officeholder living ex	pense
						Office Suppli	es	
	Complete ONLY if direct		Officeholder name	Offic	ce sough	nt	Office held	
L	expenditure to benefit C/O	-						
	Date	Payee nar	ne					-
	11/18/2024	Target						
\vdash	Amount (\$)	Payee add	dress; City;	State; Z	7in Code	<i>j</i>		
	\$3.24	301 Morr		Sidic, Z	p	•		
	φ3.24	OUT INIOH	13011					
		Brownsvi	lle, TX 78526					
	PURPOSE		(See Categories listed at the		ile) (k	Description		
	OF EXPENDITURE	Office Ov	erhead/Rental Expe	ense			outside of Texas. Complet	
						_	n, TX, officeholder living ex	pense
						Office Suppli	es	
	Complete ONLY if direct expenditure to benefit C/OI		Officeholder name	Offic	ce sough	nt	Office held	
	CAPETIGITATE TO DETICITE C/OF	1						
_								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- I Co	mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services	ense	Polling Expensions Printing Exper	ad/Rental Expense se ise es/Contract Labor		Travel in District Travel Out of Di	
	Credit Card Payment			The Instruction Guide	explains l	now to comp	lete this form.			
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 6/6 Rpt: 12/12		Cameron C	County Democratic F	Party Exe	ecutive Co	mmittee		00055995	
4	Date	5	Payee name	<u> </u>						
	11/12/2024		Wal-mart							
<u>ا</u>	Amount (\$)	7	Payee addre	ess; City;	State.	Zip Code				
ľ	\$21.33	•	-	Chica Blvd.	State,	Zip Code				
	Ψ21.33		2333 DUCA	Cilica bivu.						
			Brownsville	e, TX 78521		_				
8	PURPOSE	(a)	Category (S	See Categories listed at the to	p of this sche	edule) (b)	Description			
	OF EXPENDITURE			rhead/Rental Expen						plete Schedule T.
							_		, officeholder living	g expense
							Office Suppli	ies		
L										
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	ficeholder name	C	office sought			Office h	eld
l										
l										