#### FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00088936 3 COMMITTEE NAME **OFFICE USE ONLY** Donna 1st Political Action Committee Date Received **ELECTRONICALLY FILED** 01/15/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 2007 North Date Hand-delivered or Date Postmarked Change of Address Donna, TX 78537 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Pedro NAME NICKNAME LAST **SUFFIX** Gonzales STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 2007 North STREET **ADDRESS** (Residence or Business) Donna, TX 78537 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 2007 North MAILING **ADDRESS** Donna, TX 78537 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 429-9467 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 10/27/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM **GPAC** COVER SHEET PG 2

		•		
2 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Donna 1st Political A	ction Committee		00088936	
4 COMMITTEE ACTIVITY	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Массило	A. Supported		
	Measures     (Describe by date and location	A. Supported		
	of election and nature of issue.)			
		B. Opposed		
	3. Officeholders	Commissioner Oscar Gonzales	Place No. 4	1
	Assisted (Identify by name or, if applicable, classify by party.)	Gonningsioner Coola Conzulce	7 1 acc 140	•
5 CONTRIBUTION	1. TOTAL UNITEMIZE	D POLITICAL CONTRIBUTIONS (OTHER THAN		
TOTALS	CONTRIBUTIONS N	OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA			
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)	\$	10,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	27,626.81
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	18.19
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
6 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
			Gonzales	
		Signature of Car	npaign rreasu	irei
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ped before me, by the said _	, tł	nis the	day
		which, witness my hand and seal of office.		
			<b>—</b> • ···	
Signature of officer	administering oath	Printed name of officer administering oath	itte of offic	cer administering oath

## GENERAL-PURPOSE COMMITTEE REPORT:

## FORM GPAC ADDENDUM

PURPUSE					Page 3 of 24
2 COMMITTEE NAME			1	L3 Filer ID	(Ethics Commission Filers)
Donna 1st Political Action	on Committee			00088936	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	-		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures     (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted		Commissioner Joey Garza Comm	nissioner Plac	e No. 2
	(Identify by name or, if applicable, classify by party.)				

### **SUBTOTALS - GPAC**

# FORM GPAC COVER SHEET PG 3

	4 of 24				
<b>17</b> COMN		18 Filer ID	(Ethics Commission	n Filers)	
Donn					
19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE				SUBTOTAL AI	MOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	10,000.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	TION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	DRGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	26,626.81
11. [	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	2,500.00
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/2 Rpt: 5/24	
2	FILER NAME Donna 1st P	olitical Action Committee		3	Filer ID (Ethics Commission 00088936	on Filers)
4	Date 10/30/2024	Full name of contributor	)	7	Amount of Contribution (\$)	\$1,000.00
0	Dringing oggu	Mercedes , TX 78570	Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 10/31/2024	Full name of contributor out-of-state PAC (ID#:_Lugo, Jose  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Dringing oggu	Donna, TX 78537  upation / Job title (See Instructions)	Employer (See Instructions			
	Self Employe		Self Employed			
Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$1,000.00	
		Weslaco, TX 78596				
	Principal occu Engineer	ipation / Job title (See Instructions)	Employer (See Instructions Munoz Engineering	)		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_Rhodes, Nicholas  Contributor address; City; State; Zip Code  McAllen, TX 78501			Amount of Contribution (\$)	\$1,000.00
	Principal occu Developer	pation / Job title (See Instructions)	Employer (See Instructions Rhodes Industry	)		
	Date 11/18/2024	Full name of contributor out-of-state PAC (ID#:_ S2 Engineering Contributor address; City; State; Zip Code Mission, TX 78574			Amount of Contribution (\$)	\$3,000.00
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	)		

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form	1 Total pages Schedule A1: Sch: 2/2 Rpt: 6/24
2	FILER NAME  Donna 1st Political Action Committee	3 Filer ID (Ethics Commission Filers) 00088936
4	Date 11/01/2024  5 Full name of contributor out-of-state PAC (ID#:	7 Amount of Contribution (\$) \$1,500.00
	Harlingen, TX 78550	
8		imployer (See Instructions) City of Donna
	Date Full name of contributor out-of-state PAC (ID#:  11/09/2024 Yerena, Carlos  Contributor address; City; State; Zip Code  Donna, TX 78537	Amount of Contribution (\$) \$1,500.00
	Principal occupation / Job title (See Instructions)	imployer (See Instructions)  City of Donna

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/17 Rpt: 7/24	Donna 1st Political Action Committee 00088936
4 Date	5 Payee name
11/02/2024	Aguas Rio Bravo
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$400.00	2906 South River Road
Expenditure from corporate funds	Donna, TX 78537
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Aguas Frescas Post Election Event
	Aguas i reseas i est Election Event
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/31/2024	Avila, Sara
Amount (\$)	Payee address; City; State; Zip Code
\$350.00	2726 Calle Lilly Street
Expenditure from corporate funds	Donna, TX 78537
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.
	Check if Austin, TX, officeholder living expense  GOTV
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Douge name
10/28/2024	Payee name Balderrama, David
	·
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	123 Street
Expenditure from	
corporate funds	Weslaco, TX 78596
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  GOTV Data
	GOTV Bala
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

#### SCHEDULE F1

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

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
TTHER (output a colorograph and listed above)

The Instruction Guide explains how to complete this form.  1 Total pages Schedule F1: Sch: 2/17 Rpt: 8/24 Donna 1st Political Action Committee 3 Filer ID (Ethics Commission 00088936	ilers)
	-ııers)
Scn: 2/17 Rpt: 8/24   Donna 1st Political Action Committee   00088936	
<u>'</u>	
4 Date 5 Payee name	
10/31/2024 Cantu, Janie	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$350.00 526 South 13th Street	
Expenditure from  Donno TV 79527	
Corporate funds Donna, TX 78537	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule)  OF Calculation NA cancer (See Categories at Labour Complete Schedule Top Category Complete Schedule Top Category Cat	
EXPENDITURE Salaries/Wages/Contract Labor Excess to the salaries wages/Contract Labor	
Check if Austin, TX, officeholder living expense	
O Complete ONLY if direct Constitutes (Office helder name	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
10/31/2024 Cardona, Luz E	
Amount (\$) Payee address; City; State; Zip Code	
\$400.00 408 South 6th Street	
Expenditure from corporate funds Donna, TX 78537	
PURPOSE  (a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if traval outside of Toyas Complete Schedule Toyas C	
Salaries/Wages/Contract Labor    Check if travel outside of Texas. Complete Schedule T.	
GOTV	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
·	
Date Payee name	
10/31/2024 Chavez, Juana	
Amount (\$) Payee address; City; State; Zip Code	
\$400.00 2008 Champion Street	
Expenditure from corporate funds Donna, TX 78537	
PURPOSE  (a) Category (See Categories listed at the top of this schedule)  OF  Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE  Salaries/Wages/Contract Labor    Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense	
GOTV	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 3/17 Rpt: 9/24	Donna 1st Political Action Committee	00088936
4 Date	5 Payee name	·
10/29/2024	Churches Chicken	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$50.82	719 Hooks Street	
- Evpanditura from		
Expenditure from corporate funds	Donna, TX 78537	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	) Description
OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
EM ENDITORE		Check if Austin, TX, officeholder living expense  Event GOTV
		Evenit GOTV
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	t Office held
expenditure to benefit C/Ol		Cinice field
Date	Davis same	
11/05/2024	Payee name Diaz, Fabrizo	
Amount (\$)	Payee address; City; State; Zip Code	
\$300.00	512 north 6th Street	
Expenditure from		
corporate funds	Donna, TX 78537	
PURPOSE OF	, (	) Description
EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		GOTV
Complete ONLY if direct	Candidate/Officeholder name Office sought	t Office held
expenditure to benefit C/O	4	
Date	Payee name	
11/22/2024	Dolcefino Consulting	
Amount (\$)	Payee address; City; State; Zip Code	
\$4,000.00	1951 Richmond Avenue	
. ,		
Expenditure from corporate funds	Houston, TX 77098	
PURPOSE		) Description
OF	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Salaries, Wages, Soria act East	Check if Austin, TX, officeholder living expense
		GOTV
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	t Office held
expenditure to benefit C/O	1	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/17 Rpt: 10/24	Donna 1st Political Action Committee 00088936
4 Date	5 Payee name
11/04/2024	Esquivel, Angelita Cantu
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$350.00	3526 South 493
Expenditure from	
corporate funds	Donna, TX 78537
8 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.
	Check if Austin, TX, officeholder living expense  GOTV
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/31/2024	Face Book
Amount (\$)	Payee address; City; State; Zip Code
\$900.00	1 Hackler Way
+000.00	
Expenditure from corporate funds	Menlo Park, CA 94025
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Social Media Boost
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
11/04/2024	Face Book
Amount (\$)	Payee address; City; State; Zip Code
\$900.00	1 Hackler Way
	, and the second
Expenditure from corporate funds	Menlo Park, CA 94025
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Social Media
	Sooidi Media
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/17 Rpt: 11/24	Donna 1st Political Action Committee 00088936
4 Date	5 Payee name
12/02/2024	Fiesta El Rio Catering
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	5501 South Westgate
, , , , , , , , ,	
Expenditure from corporate funds	Weslaco, TX 78599
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Post Election Event Discussion
	FOST Election Event Discussion
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
11/01/2024	Fonseca, Antonio
Amount (\$)	Payee address; City; State; Zip Code
\$400.00	3301 Paleta Street
Expenditure from corporate funds	Donna, TX 78537
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	GOTV
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	Davisa sama
Date 11/04/2024	Payee name
	Garcia, Annita
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	1906 Ridley Street
Expenditure from	
corporate funds	Donna, TX 78537
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
LXI LINDITORE	Check if Austin, TX, officeholder living expense
	GOTV
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3.42.3.3.3.3.60.00.00.00.00	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Donna 1st Political Action Committee 00088936 Sch: 6/17 Rpt: 12/24 4 Date Payee name 10/31/2024 Garza, Belinda S

6 Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 205 Ash Street
Expenditure from corporate funds	Donna, TX 78537
8 PURPOSE OF EXPENDITURE	(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.  Check if Austin, TX, officeholder living expense  GOTV
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/28/2024	Garza, Belinda
Amount (\$)	Payee address; City; State; Zip Code
\$600.00	205 Ash Street
Expenditure from corporate funds	Donna, TX 78537
PURPOSE OF EXPENDITURE	(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.  Check if Austin, TX, officeholder living expense  GOTV
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/05/2024	Gonzales, Abraham
Amount (\$) \$300.00	Payee address; City; State; Zip Code 1904 Ridley Street
Expenditure from corporate funds	Donna, TX 78537
PURPOSE OF EXPENDITURE	(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.  Check if Austin, TX, officeholder living expense  GOTV
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

Forms provided by Texas Ethics Commission

### 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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/17 Rpt: 13/24	Donna 1st Political Action Committee 00088936
4 Date	5 Payee name
10/28/2024	Gonzales, Arturo
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	Hooks Avenue
Expenditure from corporate funds	Donna, TX 78537
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
	Check if Austin, TX, officeholder living expense
	GOTV
O Complete ONEY'S	Condidate/Officeholder name
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit ever	
Date	Payee name
11/04/2024	Gonzales, Jessica
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	1904 Ridley Street
Expenditure from corporate funds	Donna, TX 78537
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Mages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	GOTV
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name
12/18/2024	Gonzalez, Lupita
Amount (\$)	Payee address; City; State; Zip Code
\$300.00	123 Salinas
Evnanditura fra	
Expenditure from corporate funds	Donna, TX 78537
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	GOTV
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<del>1</del>

#### 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

Transportation Equipment & Related Expense Travel in District

Solicitation/Fundraising Expense

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: 8/17 Rpt: 14/24 Donna 1st Political Action Committee 00088936 4 Date Payee name 10/31/2024 Gonzlez, Lupita 6 Amount (\$) Payee address; City; State; Zip Code \$500.00 512 N 6th Street Expenditure from Donna, TX 78537 corporate funds **PURPOSE** 8 (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 **GOTV** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/31/2024 Greater State Bank Amount (\$) Payee address; City; State; Zip Code \$15.00 118 North Salinas Expenditure from Donna, TX 78537 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **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 11/06/2024 Greater State Bank Amount (\$) Payee address: City; State; Zip Code \$12.00 118 North Salinas Expenditure from corporate funds Donna, TX 78537 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Return Item Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to co	emplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 9/17 Rpt: 15/24	Donna 1st Political Action Committee	00088936
4 Date	5 Payee name	•
11/07/2024	Greater State Bank	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$36.00	118 North Salinas	
Expenditure from		
corporate funds	Donna, TX 78537	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  NSF Return Fees
		Not retain tees
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	l aaht Office held
expenditure to benefit C/OI		G.1100 1.010
Date	Payee name	
11/08/2024	Greater State Bank	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$12.00	118 North Salinas	
Expenditure from corporate funds	Donna, TX 78537	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
LXI LINDITORE		Check if Austin, TX, officeholder living expense
		Returned Deposit Fee
Complete ONLY if direct	Candidate/Officeholder name Office sou	Office held
expenditure to benefit C/O		git Office field
Data		
Date 11/08/2024	Payee name Greater State Bank	
1 1 1 1		
Amount (\$)	Payee address; City; State; Zip Co 118 North Salinas	ode
\$1,500.00	110 NOTH Salmas	
Expenditure from	Danie TV 70527	
corporate funds	Donna, TX 78537	i
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Accounting/Banking	Check if dustin, TX, officeholder living expense
		Returned Deposit Item
Complete ONLY if direct	Candidate/Officeholder name Office sou	ight Office held
expenditure to benefit C/OI	1	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/17 Rpt: 16/24	Donna 1st Political Action Committee 00088936
4 Date	5 Payee name
11/30/2024	Greater State Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$15.00	118 North Salinas
Expenditure from corporate funds	Donna, TX 78537
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Service Charge
	Scrive charge
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/31/2024	Greater State Bank
Amount (\$)	Payee address; City; State; Zip Code
\$15.00	118 North Salinas
Expenditure from corporate funds	Donna, TX 78537
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Service Charge Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	4
Date	Payee name
10/31/2024	Guerrero, Yolanda
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	3008 Benitez Street
·	
Expenditure from corporate funds	Donna, TX 78537
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Salaries/Mages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	GOTV
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

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

Credit Card F dyment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission	on Filers)
Sch: 11/17 Rpt: 17/24	Donna 1st Political Action Committee		00088936	
4 Date	5 Payee name	•		
10/29/2024	HEB Donna			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$54.20	813 Miller Avenue			
Expenditure from corporate funds	Donna, TX 78537			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Food/Beverage Expense		outside of Texas. Complete Schedule T.	
EXPENDITORE		, <b>–</b>	, TX, officeholder living expense	
		Event		
O Commission ONLY if disposit	Condidate /Office helder name	l and the second	Office hold	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ugni	Office held	
	<u> </u>			
Date	Payee name			
11/04/2024	Hernandez, Reymundo			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$300.00	123 Avenue			
Expenditure from				
corporate funds	Donna, TX 78537	_		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Salaries/Wages/Contract Labor	. <b>-</b>	outside of Texas. Complete Schedule T. , TX, officeholder living expense	
		GOTV	,	
Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held	
expenditure to benefit C/O	Н			
Date	Payee name			
10/28/2024	Huerta, Hope			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$250.00	207 North Avenue			
Expenditure from corporate funds	Donna, TX 78537			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Salaries/Wages/Contract Labor	l <u>—</u>	outside of Texas. Complete Schedule T.	
EXPENDITURE		<b>-</b>	, TX, officeholder living expense	
		GOTV		
		<u> </u>		
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught	Office held	
Emportantial of the bottom Of O	••			

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 12/17 Rpt: 18/24	Donna 1st Political Action Committee 00088936
4 Date	5 Payee name
10/28/2024	Little Caesars
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$49.18	Store 726
Expenditure from corporate funds	Donna, TX 78537
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Event
	Lvent
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
11/04/2024	Martinez, Ana
Amount (\$)	Payee address; City; State; Zip Code
\$400.00	2007 North Avenue
Expenditure from	
corporate funds	Donna, TX 78537
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	GOTV
Commission ONLL V if dispose	Condidate/Office helds name Office accepts
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/01/2024	Mejia, Ofelia
Amount (\$)	Payee address; City; State; Zip Code
\$300.00	123 Salinas
Expenditure from	
corporate funds	Donna, TX 78537
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	GOTV
Operation Children	Ora didata (Office hadden grown
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
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

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

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: 13/17 Rpt: 19/24	Donna 1st Political Action Committee 00088936
4 Date	5 Payee name
11/07/2024	Morans Pizzzeria
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$193.20	Salinas Blvd
Expenditure from corporate funds	Donna, TX 78537
	1
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	GOTV
	CCTV
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to beliefit C/O	
Date	Payee name
10/28/2024	Munoz, Angel
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$200.00	210 South 26th Street
Expenditure from	
corporate funds	Donna, TX 78537
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	GOTV
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
11/05/2024	Munoz, Angel
Amount (\$)	Payee address; City; State; Zip Code
\$200.00	210 South 26th Street
Expenditure from	Donna, TX 78537
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  GOTV
	GOTV
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiolitile to belieff C/OI	1

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Printing Expense
Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 14/17 Rpt: 20/24	Donna 1st Political Action Committee	00088936
4 Date	5 Payee name	•
10/31/2024	Munoz, Linda	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$350.00	210 South 26th Street	
Expenditure from corporate funds	Donna, TX 78537	
8 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.
		Check if Austin, TX, officeholder living expense
		3317
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI		5
Date	Payee name	
10/28/2024	Ramos, David	
Amount (\$)	Payee address; City; State; Zip Co	nde
\$800.00	2015 E Balli Street	
Expenditure from corporate funds	Donna, TX 78537	
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.
EXI ENDITORE		COTY
		GOTV
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI		9.1.
Date	Payee name	
11/04/2024	Ramos, David	
Amount (\$)	Payee address; City; State; Zip Co	nde
\$700.00	210 South 26th Street	
Expenditure from corporate funds	Donna, TX 78537	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	, and the second	Check if Austin, TX, officeholder living expense
		GOTV
Complete CNII V if direct	Condidate/Officeholder name	aht Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght Office held

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 15/17 Rpt: 21/24	Donna 1st Political Action Committee 00088936
4 Date	5 Payee name
10/31/2024	Reyes, Migues
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$400.00	3301 South Paleta Street
Expenditure from corporate funds	Donna , TX 78537
8 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.
	Check if Austin, TX, officeholder living expense
	3011
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
10/29/2024	SAMS Club
Amount (\$)	Payee address; City; State; Zip Code
\$95.25	7601 North 10th Street
Expenditure from corporate funds	McAllen, TX 78504
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	GOTV Event
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	4
Date	Payee name
10/29/2024	SAMS Club
Amount (\$)	Payee address; City; State; Zip Code
\$103.30	7601 North 10th Street
Expenditure from corporate funds	McAllen, TX 78504
-	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Election Drinks Supplies
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 16/17 Rpt: 22/24	Donna 1st Political Action Committee 00088936
4 Date	5 Payee name
10/31/2024	Tio Roys Chicken
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$400.00	2813 E Business Highway 83,
- "	
Expenditure from corporate funds	Donna, TX 78537
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	GOTV Camp Feeding
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to belieff of of	'
Date	Payee name
10/28/2024	Veras Meat Market
Amount (\$)	Payee address; City; State; Zip Code
\$26.03	1010 East Business 83
420.00	1010 2401 240111000 00
Expenditure from	Dawie TV 70007
corporate funds	Donna , TX 78537
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Event
	LVCIII
Commiste ONLY if divest	Condidate Office holder name Office accepts
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
-	
Date	Payee name
10/28/2024	Vicencio, Rafael
Amount (\$)	Payee address; City; State; Zip Code
\$300.00	408 South 6th Street
Expenditure from corporate funds	Donna, TX 78537
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	GOTV
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 17/17 Rpt: 23/24	Donna 1st Political Action Committee 00088936
4 Date	5 Payee name
12/02/2024	Walmart Super Center
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$99.83	1421 east frontage road
Expenditure from corporate funds	Alamo, TX 78516
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Event Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/04/2024	Yanez, Albert
Amount (\$)	Payee address; City; State; Zip Code
\$400.00	2015 East Balli Street
, ,,,,,,,	
Expenditure from corporate funds	Donna, TX 78537
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.
	Check if Austin, TX, officeholder living expense
	GOTV
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

#### UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(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 Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 24/24 Donna 1st Political Action Committee 00088936 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS Payee name 5 Date 11/01/2024 **DBO Productions** Amount (\$) Payee address; State; Zip Code City; \$1,500.00 123 Westgate Expenditure from Weslaco, TX 78596 corporate funds **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Video Recording 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/30/2024 **Dolcefino Consulting** Amount (\$) Payee address; City; State; Zip Code \$1,000.00 1951 Richmond Avenue Expenditure from Houston, TX 77098 corporate funds TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Video Production Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH