#### 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. 00015946 3 COMMITTEE NAME **OFFICE USE ONLY** Nueces County Democratic Executive Committee (CEC) Date Received **ELECTRONICALLY FILED** 01/12/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 6102 Ayers Ste. 107 Date Hand-delivered or Date Postmarked Change of Address Corpus Christi, TX 78415 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Stephanie NAME NICKNAME LAST **SUFFIX** Guerrero Saenz STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 6022 Sweet Gum STREET **ADDRESS** (Residence or Business) Corpus Christi, TX 78415 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 6022 Sweet Gum MAILING **ADDRESS** Corpus Christi, TX 78415 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (361) 249-3041 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 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 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 File	r ID	(Ethics Commission Filers)
Nueces County Democ	cratic Executive Com	nittee (CEC)	000	15946	
L4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Democrat	•		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
L5 CONTRIBUTION TOTALS	PLEDGES, LOAN CONTRIBUTIONS	ED POLITICAL CONTRIBUTIONS (OTHER S, OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold	THAN	\$	595.00
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LO	OANS)	\$	1,950.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				60.99
	4. TOTAL POLITION	CAL EXPENDITURES		\$	27,928.18
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	CONTRIBUTIONS MAINTAINED AS OF TH NG PERIOD	HE LAST DAY	\$	13,123.32
OUTSTANDING LOAN TOTALS		L AMOUNT OF ALL OUTSTANDING LOANS E REPORTING PERIOD	S AS OF THE	\$	0.00
L6 AFFIDAVIT	ı			<u> </u>	
		I swear, or affirm, under pen true and correct and include under Title 15, Election Code	s all information i		
		Mrs. St	tephanie Guerro	ero Sae	enz
		Signati	ure of Campaign	Treasur	er
AFFIX NOTARY	Y STAMP / SEAL ABOV	≣			
Sworn to and subscribed	d before me, by the said		, this the		day
		y which, witness my hand and seal of office.	·		
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title	of office	er administering oath

### **SUBTOTALS - CEC**

### FORM CEC COVER SHEET PG 3 3 of 31

				3 of 31					
17 COMMITTEE	E NAME	18 Filer ID	(Ethics Comn	nission Filers)					
Nueces Co	Nueces County Democratic Executive Committee (CEC) 00015946								
	19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE								
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,950.00					
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00					
3. X SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 0.00									
4. X SCHEDULE E: LOANS \$									
5. X	\$	27,928.18							
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$						
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00					
9.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$						
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$						
			1						

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUL	E <b>A1</b>		
	The Instruc	ction Guide explains how to complete this t	or	m.	1	Total pages Schedule A1: Sch: 1/7 Rpt: 4/31	
2	FILER NAME Nueces Cou	nty Democratic Executive Committee (CEC)			3	Filer ID (Ethics Commission 00015946	n Filers)
4	Date 11/11/2024	5 Full name of contributor out-of-state PAC (ID#:) Canales , Yolanda  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$25.00	
8		Corpus Christi, TX 78404  ation / Job title (See Instructions)  9 Employer (See Instruction Retired			s)		
	Date 10/30/2024	e Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$100.00	
	Principal occupation / Job title (See Instructions)  Not Employed  Employer (See Instruction None			Employer (See Instructions None	<u>I</u> S)		
	Date 11/25/2024				Amount of Contribution (\$)	\$25.00	
		Corpus Christi, TX 78463 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Retired  Date  12/27/2024  Full name of contributor out-of-state PAC (ID#:)  Clower, George  Contributor address; City; State; Zip Code  Corpus Christi, TX 78463			Amount of Contribution (\$)	\$25.00		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions None	5)		
	Date  Full name of contributor out-of-state PAC (ID#:)  Dunn, Laurie & Craig  Contributor address; City; State; Zip Code  Taos, NM 87571		•	Amount of Contribution (\$)	\$100.00		
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions None	s)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 2/7 Rpt: 5/31	
2	FILER NAME Nueces Cou	nty Democratic Executive Committee (CEC)			3	Filer ID (Ethics Commission 00015946	Filers)
4	Date 11/02/2024			7	Amount of Contribution (\$)	\$5.00	
		Corpus Christi , TX 78403					
8		pation / Job title (See Instructions) sistance Department of Homeland Security	9	Employer (See Instructions U.S. Government	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  12/02/2024 Engen, Erick  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00		
	Dringinal occu	Corpus Christi , TX 78403 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	Disaster Assistance Department of Homeland Security  U.S. Government			·)			
	Date Full name of contributor out-of-state PAC (ID#:)  11/25/2024 Estrada, Laura  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00		
		Corpus Christi , TX 78412					
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions Corpus Christi ISD	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  12/25/2024 Estrada, Laura  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00		
	Principal occu Teacher	Corpus Christi , TX 78412 pation / Job title (See Instructions)		Employer (See Instructions Corpus Christi ISD	<u>                                      </u>		
	Date Full name of contributor out-of-state PAC (ID#:)  11/02/2024 Galus, Christine  Contributor address; City; State; Zip Code  Corpus Christi, TX 78413				Amount of Contribution (\$)	\$25.00	
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions None	s)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1				
	The Instruc	ction Guide explains how to complete this fo	ori	n.	1	Total pages Schedule A1: Sch: 3/7 Rpt: 6/31	
2	FILER NAME Nueces Cou	nty Democratic Executive Committee (CEC)			3	Filer ID (Ethics Commission 00015946	Filers)
4	Date 12/02/2024	Galus, Christine  Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$25.00	
8	Principal occu	Corpus Christi, TX 78413  pation / Job title (See Instructions)  9 Employer (See Instructions)					
	Not Employe			None	,		
	Date Full name of contributor out-of-state PAC (ID#:)  11/02/2024 Guerrero Saenz, Stephanie  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00		
		Corpus Christi, TX 78415					
	Principal occupation / Job title (See Instructions)  Teacher  Employer (See Instruction  CCISD			s)			
	Date Full name of contributor out-of-state PAC (ID#:)  12/02/2024 Guerrero Saenz, Stephanie  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00		
		Corpus Christi, TX 78415					
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions CCISD	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  11/15/2024 Hernandez, Lisa  Contributor address; City; State; Zip Code  Corpus Christi, TX 78407			Amount of Contribution (\$)	\$20.00		
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  12/15/2024 Hernandez, Lisa  Contributor address; City; State; Zip Code  Corpus Christi, TX 78407			Amount of Contribution (\$)	\$20.00		
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions Retired	;)		

	MONEI	ARY POLITICAL (	SCHEDULE A1				
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 4/7 Rpt: 7/31	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Nueces Cou	nty Democratic Executive Cor	mmittee (CEC)			00015946	
4	Date 11/07/2024	<ul><li>Full name of contributor Huerta, Carlos</li><li>Contributor address; City; St</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$12.00
		Corpus Christi, TX 78412					
8	Principal occu	pation / Job title (See Instructions	s) 9	Employer (See Instructions	s)		
	Educator			Texas A&M University C	Corp	ous Christi	
	Date Full name of contributor out-of-state PAC (ID#:)  12/07/2024 Huerta, Carlos  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$12.00		
		Corpus Christi, TX 78412					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Educator Texas A&M University			Corp	ous Christi		
	Date 10/31/2024	Full name of contributor out-of-state PAC (ID#:)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00	
		Corpus Christi, TX 78411					
	Principal occu	<u>I</u> pation / Job title (See Instructions		Employer (See Instructions	<u>L</u> 3)		
	Professor		ĺ	Del Mar College	,		
	Date Full name of contributor out-of-state PAC (ID#:)  Klein, Teresa (Dr.)  Contributor address; City; State; Zip Code  Corpus Christi, TX 78411		•	Amount of Contribution (\$)	\$50.00		
	Principal occu Professor	pation / Job title (See Instructions	5)	Employer (See Instructions Del Mar College	5)		
	Date 12/31/2024	Full name of contributor out-of-state PAC (ID#:)  Klein, Teresa (Dr.)  Contributor address; City; State; Zip Code  Corpus Christi, TX 78411			Amount of Contribution (\$)	\$50.00	
	Principal occu Professor	pation / Job title (See Instructions		Employer (See Instructions Del Mar College	<u>1</u> S)		

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 5/7 Rpt: 8/31	
2	FILER NAME Nueces Cou	nty Democratic Executive Committee (CEC)			3	Filer ID (Ethics Commissio 00015946	n Filers)
4	Date 11/15/2024	5 Full name of contributor out-of-state PAC (ID#:) Koivula, Carolyn 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10.00	
8	Principal occu	Corpus Christi, TX 78411  Pation / Job title (See Instructions)  9 Employer (See Instruction			  -  s)		
	Retired			None			
	Date Full name of contributor out-of-state PAC (ID#:)  12/15/2024 Koivula, Carolyn  Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$10.00		
		Corpus Christi, TX 78411					
	Principal occupation / Job title (See Instructions)  Retired  Employer (See Instruction  None			s)			
	Date 11/17/2024	Full name of contributor out-of-state PAC (ID#:)  Larkin, Patrick (Mr.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$150.00	
		Corpus Christi, TX 78404			<u> </u>		
	Principal occu Professor	pation / Job title (See Instructions)		Employer (See Instructions Texas A&M University-0		pus Christi	
	Date Full name of contributor out-of-state PAC (ID#:)  12/17/2024 Larkin, Patrick (Mr.)  Contributor address; City; State; Zip Code  Corpus Christi, TX 78404			Amount of Contribution (\$)	\$150.00		
	Principal occu Professor	pation / Job title (See Instructions)		Employer (See Instructions Texas A&M University-0		pus Christi	
	Date  Full name of contributor out-of-state PAC (ID#:)  McAuliffe, Cathleen (Dr.)  Contributor address; City; State; Zip Code  Rockport, TX 78382			Amount of Contribution (\$)	\$250.00		
	Principal occu Professor	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	s)		

	MONET	ARY POLITICAL CONTRIBUT		SCHEDULE	E <b>A1</b>		
	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 6/7 Rpt: 9/31	
2	FILER NAME Nueces Cou	nty Democratic Executive Committee (CEC)			3	Filer ID (Ethics Commission 00015946	Filers)
4	Date 11/04/2024	5 Full name of contributor out-of-state PAC (ID#:) Mitchell, Hannah  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5.00	
8	Principal occu	Corpus Chrisit, TX 78412  upation / Job title (See Instructions)  9 Employer (See Instructions)					
0	Grants Spec		9	TAMUCC	>)		
	Date Full name of contributor out-of-state PAC (ID#:)  12/04/2024 Mitchell, Hannah  Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$5.00		
	Dringinal occu	Corpus Chrisit, TX 78412 pation / Job title (See Instructions)		Employer (See Instructions	<u>''</u>		
	Grants Specialist TAMUCC			>)			
	Date 11/12/2024			•	Amount of Contribution (\$)	\$25.00	
		Corpus Christi, TX 78404					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions None	s)		
	Date Full name of contributor out-of-state PAC (ID#:)  12/12/2024 Spann, Dorothy  Contributor address; City; State; Zip Code  Corpus Christi, TX 78404			Amount of Contribution (\$)	\$25.00		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions None	5)		
	Date  Full name of contributor out-of-state PAC (ID#:)  Stockman, Christen  Contributor address; City; State; Zip Code  Corpus Christi, TX 78413		•	Amount of Contribution (\$)	\$3.00		
	Principal occu Domestic En	pation / Job title (See Instructions) gineer		Employer (See Instructions Self	5)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/7 Rpt: 10/31	
2	FILER NAME Nueces Cou	nty Democratic Executive Committee (CEC)		3	Filer ID (Ethics Commission I 00015946	-ilers)
4	Date 12/14/2024	<ul> <li>Full name of contributor</li></ul>	_	7	Amount of Contribution (\$)	\$3.00
		Corpus Christi, TX 78413				
8	Principal occu Domestic Er	pation / Job title (See Instructions) gineer	9 Employer (See Instructions Self	s)		
	Date Full name of contributor out-of-state PAC (ID#:)  11/04/2024 Webb, Ann  Contributor address; City; State; Zip Code  Corpus Christi, TX 78414			Amount of Contribution (\$)	\$100.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions Not employed	<u> </u> 		
	Date Full name of contributor out-of-state PAC (ID#:)  11/25/2024 Westergen, Kathy  Contributor address; City; State; Zip Code  Corpus Christi, TX 78416			Amount of Contribution (\$)	\$5.00	
	·	pation / Job title (See Instructions)	Employer (See Instructions Del Mar College	<u>I</u> S)		
	Academic Advisor  Del Mar College  Date Full name of contributor out-of-state PAC (ID#:)  12/25/2024 Westergen, Kathy  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$5.00
	Corpus Christi, TX 78416  Principal occupation / Job title (See Instructions)  Academic Advisor  Employer (See Instruction Del Mar College			<u> </u> s)		

PLE	DGED CONTRIBU	TIONS		SCHEDULE I	В
т	he Instruction Guide ex	1 Total pages Schedule B: Sch: 1/1 Rpt: 11/31			
2 FILER N.	AME	3 Filer ID (Ethics Commission Filers)			
Nueces	County Democratic Executiv	00015946			
4 TOTAL	OF UNITEMIZED PLED	GES		\$	0.00
<b>5</b> Date	6 Full name of pledgor	out-of-state PAC (ID	#:	<b>8</b> Amount of <b>9</b> In-kind description	
				pledge (\$) (If applicable)	
	<b>7</b> Pledgor Address;	City; State; Zip Cod	le	 	
10 Dringing	occupation / Job title (See Instr	uotions)	11	Check if travel outside of Texas. Complete Sche	dule I
<b>10</b> Principai	occupation / Job title (See Insti-	uctions)	11 Employer (See In	istructions)	

	LOANS					SCHEDUI	ΕE
	The Instruction Guide explains how to complete this form					ages Schedule E: 11 Rpt: 12/31	
2	FILER NAME  Nueces County Democratic Executive Committee (CEC)			3 Filer ID 000159	(Ethics Commission	Filers)	
4	TOTAL OF UNITEMIZED LOANS				•	\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:	)	9 Loan Amount (\$)	
6	Is lender a financial institution?	8 Lender address; C	ity; State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12 Principal occupation / Job title (See Instructions)  13 Employer (See Instructions)					s)	•	
14	Description of Coll  None	ateral		15 Check if personal funds w	ere deposite	d into political account (See Instructions)	
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guarante	ed (\$)
	not applicable	18 Guarantor address; C	ity; State;	Zip Code			
20	Principal occupation	on		21 Employer (See Instruction	s)	1	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe 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	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: 1/19 Rpt: 13/31	Nueces County Democratic Executive Committee (CEC) 00015946					
4	Date	Payee name					
	11/28/2024	AT&T					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$63.76	PO BOX 5001					
		Carol Stream , IL 60197					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense					
		Check if Austin, TX, officeholder living expense  Phone					
		Flidite					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
9	expenditure to benefit C/O						
$\vdash$	Date	Dougo nama					
	12/26/2024	Payee name AT&T					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$63.76	PO BOX 5001					
		Carol Stream , IL 60197					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense  Phone					
		T Hone					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
_	Date	Payee name					
	11/02/2024	Arreola, Veronica					
	Amount (\$) \$1,013.43	Payee address; City; State; Zip Code 629 Collingswood					
	\$1,013.43	629 Collingswood					
		Corpus Christi, TX 78412					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description					
	EXPENDITURE	Salaries/Wages/Contract Labor					
		Phone Banker					
	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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 2/19 Rpt: 14/31	Nueces County Democratic Executive Committee (CEC)  00015946
4	Date	5 Payee name
	11/02/2024	Beltran, Jo Ann
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$52.50	4613 Bluebell Lane
		Corpus Christi, TX 78416
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Canvasser/Book Keeper
		Sx25565ps.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
5	expenditure to benefit C/O	
_	Data	<u></u>
	Date	Payee name
	11/02/2024	Beltran, Jo Ann
	Amount (\$)	Payee address; City; State; Zip Code
	\$83.34	4613 Bluebell Lane
		Corpus Christi, TX 78416
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Converger/Dock Kooper
		Canvasser/Book Keeper
	Commiste ONLY if dispet	Constitute / Office helder mores Office accords
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	· 	
	Date	Payee name
	11/07/2024	Beltran, Jo Ann
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.00	4613 Bluebell Lane
		Corpus Christi, TX 78416
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Canvasser/Book Keeper
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to betterit 6/01	'

#### SCHEDULE F1

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

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

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	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: 3/19 Rpt: 15/31	Nueces County Democratic Executive Committee (CEC) 00015946
4	Date	5 Payee name
	10/28/2024	Campaign Services LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	7901 Cameron Rd
		suite 3378
		Austin, TX 78754
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Data Analysis
_	Operation ONLY if alice at	On didn't lot for a bald and a second to the first bald.
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	10/28/2024	Civitech
	Amount (\$)	Payee address; City; State; Zip Code
	\$215.68	21750 Hardy Oak Suite 104
		San Antonio, TX 78258
	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  Textbank
		I CALBUIR
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	10/28/2024	Civitech
	Amount (\$)	Payee address; City; State; Zip Code
	\$215.68	21750 Hardy Oak Suite 104
	φ210.00	21730 Hardy Oak Suite 104
		San Antonio TV 70250
	DUDDOS-	San Antonio, TX 78258
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Fivent Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Textbank
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking 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  The Instruction Guide ex	Salaries/V	Vages	/Contract Labor		OTHER (enter a	category not listed above)	)
1	Total pages Schedule F1:	2 FILER NAMI					3	Filer ID	(Ethics Commission	Filers)
	Sch: 4/19 Rpt: 16/31		unty Democratic Exec	cutive Commit	tee	(CEC)		00015946	•	,
4	Date	5 Payee name								
	11/12/2024	Civitech								
6	Amount (\$)	<b>7</b> Payee addre	ss; City;	State; Zip Co	ode					
	\$4,332.38	21750 Hard	ly Oak Suite 104							
		San Antoni	o, TX 78258							
8	PURPOSE	(a) Category (S	ee Categories listed at the top o	f this schedule)	(b)	Description				
	OF EXPENDITURE	Event Expe	ense					de of Texas. Com		
						Textbank	, IX,	officeholder living	expense	
						TCALDATIK				
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ıaht			Office he	ald.	
9	expenditure to benefit C/O		icendidei name	Office soc	ignt			Office fie	au	
H	Date	Payee name								
	11/18/2024	Civitech								
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$766.84	21750 Hard	ly Oak Suite 104							
			,							
		San Antoni	o, TX 78258							
	PURPOSE	(a) Category (S	ee Categories listed at the top o	f this schedule)	(b)	Description				
	OF EXPENDITURE	Event Expe	ense			<b>=</b>		de of Texas. Com		
						Textbank	, IX,	officeholder living	expense	
						Ι Ελίβατικ				
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	laht			Office he	ald .	
	expenditure to benefit C/O		iodrioladi riamo	011100 000	·g···c			Omoo ne		
	Data	Davis a maria								
	Date 11/23/2024	Payee name								
		Constant C								
	Amount (\$)	Payee addre		State; Zip Co	ode					
	\$87.41	Reservoir F								
		1601 Trape	elo Road							
		Waltham, N	1A 02451							
	PURPOSE	(a) Category (S	ee Categories listed at the top o	f this schedule)	(b)	Description				
	OF EXPENDITURE	Office Over	head/Rental Expense	<b>:</b>		<b></b>		de of Texas. Com		
						_	, TX,	officeholder living	expense	
						Email				
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	labt			Office he	ald.	
	expenditure to benefit C/O		icentiuei name	Office SOL	igill			Office He	au	
_	<u>'</u>									
1										

#### SCHEDULE F1

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

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	Food/Beverage Expense Poll by - Gift/Awards/Memorials Expense Prin	ing Expense ting Expense aries/Wages/Cor	·	Travel in District Travel Out of Dis	
	Credit Card Payment	The Instruction Guide explains how	to complete t	his form.		
1	Total pages Schedule F1: Sch: 5/19 Rpt: 17/31	2 FILER NAME Nueces County Democratic Executive Con	nmittee (CF	(EC)	Filer ID 00015946	(Ethics Commission Filers)
4		5 Payee name		, <u> </u>		
•	10/28/2024	Cricket Wireless -7352				
6	Amount (\$)	7 Payee address; City; State; Zip	Code			
	\$130.00	4222 Ayers st				
•	DUDDOCE	Corpus Christi, TX 78415-5317				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense		escription Check if travel outs Check if Austin, TX none Bank		
9	Complete ONLY if direct expenditure to benefit C/Oh		sought		Office h	eld
	Date	Payee name				
	11/02/2024	Fielder, Eric (Officer)				
	Amount (\$) \$150.00	Payee address; City; State; Zip	Code			
		TX				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense		escription Check if travel outs Check if Austin, TX CCURITY		
	Complete ONLY if direct expenditure to benefit C/Oh		sought		Office he	eld
	Date	Payee name				
	11/02/2024	Foster, Michelle				
	Amount (\$) \$1,014.51	Payee address; City; State; Zi <sub>l</sub> 6809 New York Ave.	Code			
		Corpus Christi, TX 78414				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		escription Check if travel outs Check if Austin, TX none Banker		
	Complete ONLY if direct expenditure to benefit C/Oh		sought		Office he	eld

#### 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	Il 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: 6/19 Rpt: 18/31	Nueces County Democratic Executive Committee (CEC) 00015946
4	Date	5 Payee name
	11/07/2024	Foster, Michelle
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$623.25	6809 New York Ave.
		Corpus Christi, TX 78414
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  Phone Banker
		Fliotic Datiket
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨		
	Date	Payee name
	10/30/2024	Garcia, Rolando
	Amount (\$)	Payee address; City; State; Zip Code
	\$507.50	2240 North Padre Island Dr.
		Corpus Christi, TX 78408
	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  Canvasser
		Calivassei
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	D-4-	
	Date	Payee name
	11/02/2024	Garvin, Derek (Officer)
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	7702 Jim Wells Dr.
		Corpus Christi, TX 78413
	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  Security
		Security
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-		

#### SCHEDULE F1

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

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

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

Credit Card Payment	The Instruction Guide explains how to co	implete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 7/19 Rpt: 19/31	Nueces County Democratic Executive Committ	tee (CEC) 00015946
4 Date	5 Payee name	•
11/02/2024	Garza, Robert	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$37.80	537 Scott Dr.	
	Corpus Christi, TX 78408	
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
		Canvasser
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	Н	
Date	Payee name	
11/05/2024	Garza, Robert	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$87.50	537 Scott Dr.	
	Corpus Christi, TX 78408	
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  Canvasser
		Sanvaccon
Complete ONLY if direct	Candidate/Officeholder name Office sou	L ght Office held
expenditure to benefit C/O		
Date	Payee name	
11/07/2024	Garza, Robert	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$30.00	537 Scott Dr.	
	Corpus Christi, TX 78408	
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  Canvasser
		Canvassor
Complete ONLY if direct	Candidate/Officeholder name Office sou	Leght Office held
expenditure to benefit C/O		

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	cal 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 File	ers)
	Sch: 8/19 Rpt: 20/31	Nueces County Democratic Executive Committee (CEC) 00015946	
4	Date	5 Payee name	
	11/02/2024	Garza, Sally	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$746.55	629 Vera Cruz	
		Corpus Christi, TX 78405	
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	
		Phone Banker	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH .	
	Date	Payee name	
	11/07/2024	Garza, Sally	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$630.00	629 Vera Cruz	
		Corpus Christi, TX 78405	
	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	
		Phone Banker	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH	
	Date	Payee name	
	11/02/2024	Garza, Stella	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$400.00	5725 Curtis Clark Dr.	
		1622	
		Corpus Christi, TX 78412	
	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	
		DJ Services	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH .	ı

#### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services			se s/Contract Labor		OTHER (enter a	category not listed above)	
	orealt out a rayment		The Instruction Gu	ide explains how to co	omple	ete this form.				
1	Total pages Schedule F1:	2 FILER NA	ME				3	Filer ID	(Ethics Commission Filers	3)
	Sch: 9/19 Rpt: 21/31	Nueces (	County Democratic	Executive Commit	tee	(CEC)		00015946		
4	Date	5 Payee na	me							
	11/02/2024	Garza, S	teve							
6	Amount (\$)	7 Payee ad	dress; City;	State; Zip Co	ode					
	\$70.00	2606 Mo	ntgomery St.							
		Corpus (	Christi, TX 78405							
8	PURPOSE	(a) Category	(See Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE		Wages/Contract La			<b>=</b>			plete Schedule T.	
	2/11/2/10/12					<u> </u>	, TX,	officeholder living	g expense	
						Canvasser				
Ļ	Operation ONE V if dispose	0	O#: b - b - b - c	055	!			04 1-	-1-1	
9	Complete ONLY if direct expenditure to benefit C/Ol		Officeholder name	Office sou	ıgnt			Office he	eia	
_										
	Date	Payee na								
	11/10/2024	Garza, S								
	Amount (\$)	Payee ad		State; Zip Co	ode					
	\$445.00	2606 Mo	ntgomery St.							
		Corpus (	Christi, TX 78405							
	PURPOSE	(a) Category	(See Categories listed at the	e top of this schedule)	(b)	Description				
	OF EXPENDITURE	Salaries/	Wages/Contract La	bor					plete Schedule T.	
						Canvasser	, IX,	officeholder living	g expense	
						Carrasser				
_	Complete ONLY if direct	Candidate/	Officeholder name	Office sou	ıaht			Office he	7l4	
	expenditure to benefit C/Ol		Sinceriolaer Hame	Office 300	agrit			Office the	Ju	
-	Data	Davis and								
	Date 11/02/2024	Payee na	Saenz, Diego							
				Otata: 7in O	1 -					
	Amount (\$)	Payee add	, ,,	State; Zip Co	ode					
	\$1,233.75	6022 SW	eet Gum St							
			Christi, TX 78415							
	PURPOSE OF		(See Categories listed at the		(b)	Description	oto:	do of Toyon Com	ploto Cobodulo T	
	EXPENDITURE	Salaries/	Wages/Contract La	bor				officeholder living	plete Schedule T.	
						Canvasser	,,		,	
	Complete ONLY if direct		Officeholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/O	4								
ı										

#### 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	Il 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: 10/19 Rpt: 22/31	Nueces County Democratic Executive Committee (CEC) 00015946
4	Date	5 Payee name
	11/07/2024	Guerrero Saenz, Diego
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$560.00	6022 Sweet Gum St
		Corpus Christi, TX 78415
8	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
		Canvasser
		Sum assor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/05/2024	HEB #139
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	5801 Weber Rd.
		Corpus Christi, TX 78415
	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  Volunteer Appreciation
		Volumeer / Appresidation
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/06/2024	Jason's Deli
	Amount (\$)	Payee address; City; State; Zip Code
	\$255.88	5325 Saratoga Blvd. Suite 200
	<b>4</b> 200.00	
		Corpus Christi, TX 78413
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	ZA ZIIDII GIAZ	Check if Austin, TX, officeholder living expense
		Volunteer Appreciation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct 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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 11/19 Rpt: 23/31	2 FILER NAME Nueces County Democratic Executive Committee (CEC) 3 Filer ID (Ethics Commission Filers) 00015946	1
4	Date 10/28/2024	5 Payee name KIII TV	
6	Amount (\$) \$2,925.00	7 Payee address; City; State; Zip Code 5002 SPID Dr.  Corpus Christi, TX 78411	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Commercials	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 10/29/2024	Payee name KIII TV	
	Amount (\$) \$3,600.00	Payee address; City; State; Zip Code 5002 SPID Dr.  Corpus Christi, TX 78411	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Commercials	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 11/02/2024	Payee name Lorenzi, Lydia	
	Amount (\$) \$196.20	Payee address; City; State; Zip Code 3401 Jamaica Dr.	
		Corpus Christi, TX 78418	
	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  Phone Banker	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)			
	oroun oura'r aymone	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	3)		
	Sch: 12/19 Rpt: 24/31	Nueces County Democratic Executive Committee (CEC) 00015946			
4	Date	5 Payee name			
	11/02/2024	Martinez, Jesse			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$393.75	702 S. Clarkwood Rd. Trlr 248			
		Corpus Christi, TX 78406			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor			
	EXPENDITORE	Check if Austin, TX, officeholder living expense			
		Canvasser			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	experialitare to beliefit eroi	// I			
	Date	Payee name			
	11/07/2024	Martinez, Jesse			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$240.90	702 S. Clarkwood Rd. Trlr 248			
		Corpus Christi, TX 78406			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor			
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense			
		Canvasser			
	Operation ONLY if allowed	Overlight to 10ff and halden are seen as 10 ff an areal to 10 ff and hald			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	11/02/2024	Martinez, Rosemary			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$90.00	2230 Bolivar			
		Corpus Christi, TX 78406			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor			
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense			
		Phone Banker			
	Complete ONLY if alias -t	Condidate/Officeholder name Office cought			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH			
	,				

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/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: 13/19 Rpt: 25/31	Nueces County Democratic Executive Committee (CEC) 00015946
4	Date	5 Payee name
	11/09/2024	Microsoft Office
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$108.23	One Microsoft Way
		Redmond, WA 98052
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Microsoft Suite
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٠	expenditure to benefit C/O	
_	Date	Davis vers
	10/31/2024	Payee name Miles, Curtis
	Amount (\$)	Payee address; City; State; Zip Code
	\$402.50	1110 Lum Ave
		Corpus Christi, TX 78412
	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
		Canvasser
		Samassi
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Data	
	Date 11/07/2024	Payee name Miles Curtis
		Miles, Curtis
	Amount (\$)	Payee address; City; State; Zip Code
	\$260.00	1110 Lum Ave
		Corpus Christi, TX 78412
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Canvasser
		Curivasser
	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 Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By 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: Sch: 14/19 Rpt: 26/31	2 FILER NAME Nueces County Democratic Executive Committee (CEC)  3 Filer ID (Ethics Commission Filers) 00015946					
Ļ	·						
4	Date	5 Payee name					
	11/02/2024	Miles, Curtis					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$507.50	1110 Lum Ave					
	,						
		One and Object TV 70410					
		Corpus Christi, TX 78412					
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					
		Canvasser					
L							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	1					
H	Date	Payee name					
	11/02/2024	Noyola-Martin, Isabel					
_							
Amount (\$) Payee address; City; State; Zip Code							
	\$208.50 6613 Mountain Wood Dr						
	Corpus Christi, TX 78413						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE		Salaries/Wages/Contract Labor					
LAI LINDITORL		Check if Austin, TX, officeholder living expense					
	Phone Banker						
L							
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OH						
H	Date	Payee name					
	11/25/2024	Payee name Noyola-Martin, Isabel					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$246.00	6613 Mountain Wood Dr					
		Corpus Christi, TX 78413					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Salaries/Wages/Contract Labor					
	EVENDIIOKE	Check if Austin, TX, officeholder living expense					
		Phone Banker					
	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

	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: 15/19 Rpt: 27/31	Nueces County Democratic Executive Committee (CEC) 00015946						
4	Date	5 Payee name						
	11/02/2024	Parga Guerrero, Samuel						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$411.26	6022 Sweet Gum						
	¥ .==.=0							
		Corpus Christi, TX 78415						
Ļ	DUDDOOF	· · · · · · · · · · · · · · · · · · ·						
8	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						
		Canvasser						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	1						
	Date	Payee name						
11/07/2024 Parga Guerrero, Samuel								
Amount (\$) Payee address; City; State; Zip Code								
	\$180.00	6022 Sweet Gum						
Corpus Christi TV 79415								
Corpus Christi, TX 78415  PURPOSE (a) Category (See Categories listed at the ten of this category) (b) Description								
	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						
Canvasser								
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	1						
	Date	Payee name						
	11/12/2024	Reliant Energy						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$168.27	PO Box 650475						
Dallas, TX 75265-0475								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		Electric						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
	experience to beliefit 6/01	•						

#### 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	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 Co							
	Sch: 16/19 Rpt: 28/31	Nueces County Democratic Executive Committee (CEC) 00015946					
4	Date	5 Payee name					
	11/11/2024	Reliant Energy					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$118.25	PO Box 650475					
		Dallas, TX 75265-0475					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense					
	Check if Austin, TX, officeholder living expense						
		Electric					
_	Operation ONLY if allowed	On did to 10 ff as hald a grant Off as south					
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	11/06/2024	Santa Rosa Restaurant					
Amount (\$) Payee address; City; State; Zip Code							
	\$448.87 2722 S Staples St 78404						
	Corpus Christi, TX 78404						
	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  Volunteer Appreciation					
Volunteet Appreciation							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OH						
	· · · · · · · · · · · · · · · · · · ·						
	Date	Payee name					
	11/07/2024 Smokey Rooster Bar & Grill						
Amount (\$) Payee address; City; State; Zip Code							
	\$187.00	6122 Kostoryz Rd					
Corpus Christi , TX 78415							
	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					
		Volunteer Appreciation					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	Complete ONLY if direct expenditure to benefit C/O						

#### SCHEDULE F1

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

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

	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: 17/19 Rpt: 29/31							
4	Date	5 Payee name						
	11/02/2024	Stellar Point						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
\$1,100.00 6102 Ayers								
		Suite 106						
		Corpus Christi, TX 78415						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE Office Overhead/Rental Expense  Check if travel outside of Texas. Complete S								
	Check if Austin, TX, officeholder living expense  Rent							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
	Date	Payee name						
	11/24/2024	Target						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$80.63	5425 S Padre Island Dr Suite 125						
		Corpus Christi, TX 78411						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE		Event Expense						
		Check if Austin, TX, officeholder living expense						
		Thanksgiving						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OH								
	Date	Payee name						
	12/03/2024	Texas Workforce Commission UI Taxes						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$57.43	101 E. 15TH ST.						
	400							
		Austin, TX 78778						
	PURPOSE							
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		Unemployment Taxes						
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held						
	Orange to bottom of or							

#### 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	ll 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: 18/19 Rpt: 30/31	Nueces County Democratic Executive Committee (CEC) 00015946				
4	Date	5 Payee name				
	10/31/2024	Walmart				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$55.82	1821 S. Padre Island Dr.				
		Corpus Christi, TX 78416				
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  Volunteer Appreciation					
		Volunteer / ppresiduori				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
H	Data					
Date Payee name						
	11/05/2024	Walmart				
	Amount (\$)	Payee address; City; State; Zip Code				
\$33.93   1821 S. Padre Island Dr.						
Corpus Christi, TX 78416						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE		Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense				
Office Supplies						
Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OH						
⊨	Date					
Date Payee name 11/07/2024 Wickham, Ian						
		Wickham, lan				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$160.00	357 Palmetto St.				
		Corpus Christi, TX 78412				
	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  Canvasser				
		Carivasser				
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
⊢						
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	/ - Il Cor	Food/Beverage Expense Gift/Awards/Memorials E nmittee Legal Services The Instruction Gui	xpense	-	nse es/Contract Labor		Travel in District Travel Out of Dist OTHER (enter a c	rict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 19/19 Rpt: 31/31		Nueces County Democratic	Executive C	Committee	(CEC)		00015946	
4	Date	5	Payee name						
l	11/02/2024		Wickham, Ian						
6	Amount (\$)	7	Payee address; City;	State;	Zip Code				
	\$940.63		357 Palmetto St.						
l									
			Corpus Christi, TX 78412						
8	PURPOSE	(a)	Category (See Categories listed at the	top of this sched	dule) (b	Description			
l	OF EXPENDITURE		Salaries/Wages/Contract Lal					de of Texas. Comp	
l	LAFLINDITORL					_		officeholder living	expense
l						Canvasser			
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name	Of	fice sough			Office he	ld