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) 00088772 3 COMMITTEE NAME **OFFICE USE ONLY** Bexar County Democrats PAC Date Received **ELECTRONICALLY FILED** 07/07/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1150 N. Loop 1604 West Date Hand-delivered or Date Postmarked Ste. 108-230 San Antonio, TX 78248 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Christopher NAME NICKNAME LAST **SUFFIX** Koob STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1150 N. Loop 1604 West STREET **ADDRESS** Ste 108-230 (Residence or Business) San Antonio, TX 78248 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1150 N. Loop 1604 West MAILING **ADDRESS** Ste 108-230 San Antonio, TX 78248 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (202) 552-0221 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/03/2026 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)
		000887	,	
		A Cumported	000007	12
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
70 L F 1 L 1				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2 Manguras	A. Supported		
	Measures (Describe by date and location	A. Supported		
	of election and nature of issue.)			
		B. Opposed		
	3. Officeholders			
	Assisted (Identify by name or, if			
	applicable, classify by party.)			
5 CONTRIBUTION		O POLITICAL CONTRIBUTIONS (OTHER THAN		
TOTALS		OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY)	\$	0.00
		qualifies for the higher itemization threshold		
	2. TOTAL POLITICA	L CONTRIBUTIONS	\$	0.00
	(OTHER THAN PLE	EDGES, LOANS, OR GUARANTEES OF LOANS)		0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZEI	D POLITICAL EXPENDITURES	\$	0.00
TOTALS				0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	3,574.86
				3,374.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAS G PERIOD	T DAY \$	2,462.11
OUTSTANDING	6. TOTAL PRINCIPAL	AMOUNT OF ALL OUTSTANDING LOANS AS OF	THE _	
LOAN TOTALS	LAST DAY OF THE	REPORTING PERIOD	\$	0.00
6 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of particles and correct and includes all info under Title 15, Election Code.		
		Christe	opher Koob	
		Signature of C		asurer
		Signature of C	ampaign med	asurer
AFFIX NOTAF	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed before me, by the said	,	, this the	day
		which, witness my hand and seal of office.		
	-			
Signature of officer	administering oath	Printed name of officer administering oath	Title of c	officer administering oath

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

			3 of 12
17 COMMITTEE NA Bexar County	AME Democrats PAC	18 Filer ID 00088772	(Ethics Commission Filers)
19 SCHEDULE SUI NAME OF SCHE			SUBTOTAL AMOUNT
1. SCI	HEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. SCI	HEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCI	HEDULE B: PLEDGED CONTRIBUTIONS		\$
	HEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	R	\$
	HEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA BOR ORGANIZATION	TION OR	\$
6. SCI	HEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$
	HEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR		\$
8. SCI	HEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	DRGANIZATION	\$
9. SCI	HEDULE E: LOANS		\$
10. X SCI	HEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 3,574.86
11. SCI	HEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCI	HEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13. SCI	HEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCI	HEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
	HEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F FILER	RETURNED	\$

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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: 1/9 Rpt: 4/12	Bexar County Democrats PAC 00088772
4 Date	5 Payee name
04/25/2025	Amalgamated Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$14.00	275 7th Ave
Expenditure from corporate funds	New York, NY 10001-6708
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Bank Fees
	Dalik Fees
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/25/2025	Amalgamated Bank
Amount (\$)	Payee address; City; State; Zip Code
\$14.00	275 7th Ave
Expenditure from corporate funds	New York, NY 10001-6708
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Bank Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
03/27/2025	Amalgamated Bank
Amount (\$)	Payee address; City; State; Zip Code
\$14.00	275 7th Ave
X Expenditure from corporate funds	New York, NY 10001-6708
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Bank Fees
	Dankieco
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 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: 2/9 Rpt: 5/12	Bexar County Democrats PAC 00088772
4 Date	5 Payee name
03/27/2025	Amalgamated Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$14.00	275 7th Ave
Expenditure from corporate funds	New York, NY 10001-6708
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Bank Fees
	Ballit 666
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Davies same
	Payee name
02/26/2025	Amalgamated Bank
Amount (\$)	Payee address; City; State; Zip Code
\$14.25	275 7th Ave
Expenditure from	
corporate funds	New York, NY 10001-6708
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense Bank Fees
	Dalik Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
02/26/2025	Amalgamated Bank
Amount (\$)	Payee address; City; State; Zip Code
\$14.00	275 7th Ave
Expenditure from	
corporate funds	New York, NY 10001-6708
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Bank Fees
Complete CNII V if direct	Candidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/9 Rpt: 6/12	Bexar County Democrats PAC 00088772
4 Date	5 Payee name
01/28/2025	Amalgamated Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$14.00	275 7th Ave
X Expenditure from corporate funds	New York, NY 10001-6708
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Bank Fees
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/28/2025	Amalgamated Bank
Amount (\$)	Payee address; City; State; Zip Code
\$14.00	275 7th Ave
Ψ14.00	210 1417/40
Expenditure from corporate funds	New York, NY 10001-6708
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Bank Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/29/2025	Amalgamated Bank
Amount (\$)	Payee address; City; State; Zip Code
\$14.00	275 7th Ave
Ψ14.00	213 Tull Ave
Expenditure from corporate funds	New York, NY 10001-6708
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAI LIIDITURL	Check if Austin, TX, officeholder living expense
	Bank Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

ng Expense Event Expense Loan Repayment/Reimbu

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

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: 4/9 Rpt: 7/12	Bexar County Democrats PAC 00088772
4 Date	5 Payee name
05/29/2025	Amalgamated Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$14.00	275 7th Ave
Expenditure from corporate funds	New York, NY 10001-6708
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Bank Fees
	Banki ccs
9 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
06/27/2025	Amalgamated Bank
Amount (\$)	Payee address; City; State; Zip Code
\$14.00	275 7th Ave
Expenditure from corporate funds	New York, NY 10001-6708
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Bank Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
06/27/2025	Amalgamated Bank
Amount (\$)	Payee address; City; State; Zip Code
\$14.00	275 7th Ave
Ψ±¬.00	
Expenditure from corporate funds	New York, NY 10001-6708
PURPOSE	las -
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
	Bank Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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: 5/9 Rpt: 8/12	Bexar County Democrats PAC 00088772	
4 Date	5 Payee name	
01/14/2025	Education Service Center	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$375.00	1314 Hines	
X Expenditure from corporate funds	San Antonio, TX 78208	
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	
	Event Space Rental	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
04/02/2025	Google	
Amount (\$)	Payee address; City; State; Zip Code	
\$46.05	1600 Amphitheatre Pkwy	
,	,	
Expenditure from corporate funds	Mountain View, CA 94043	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Software Subscription Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	Software Subscription	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
experiditure to beliefit C/O		
Date	Payee name	
03/03/2025	Google	
Amount (\$)	Payee address; City; State; Zip Code	_
\$46.05	1600 Amphitheatre Pkwy	
Ψ40.03	1000 Amphiliteatie P kwy	
Expenditure from corporate funds	Mountain View, CA 94043	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Software Subscription Check if travel outside of Texas. Complete Schedule T.	
EXPENDITORE	Check if Austin, TX, officeholder living expense	
	Software Subscription	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	H	

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
Transport in District Travel in District
Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract La The Instruction Guide explains how to complete this for	
1 Total pages Schedule F1: Sch: 6/9 Rpt: 9/12	FILER NAME Bexar County Democrats PAC	3 Filer ID (Ethics Commission Filers) 00088772
4 Date 02/03/2025	5 Payee name Google	·
6 Amount (\$) \$49.76	7 Payee address; City; State; Zip Code1600 Amphitheatre Pkwy	
Expenditure from corporate funds	Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	Check	cion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense re Subscription
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Date 01/02/2025	Payee name Google	
Amount (\$) \$69.08	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy	
Expenditure from corporate funds	Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	Check	cion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense re Subscription
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Date 02/03/2025	Payee name Intuit	
Amount (\$) \$12.77	Payee address; City; State; Zip Code 2700 Coast Ave	
Expenditure from corporate funds	Mountant View, CA 94043	
PURPOSE OF EXPENDITURE	Check	ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense re Subscription

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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: 7/9 Rpt: 10/12	Bexar County Democrats PAC 00088772
4 Date	5 Payee name
01/02/2025	MBA Consulting Group
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	611 Pennsylvania Ave SE
	# 143
X Expenditure from corporate funds	Washington, DC 20003-4303
8 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
	Compliance Services
	Compliance Convices
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/01	
Date	Payee name
02/13/2025	Payroll Data Processing
Amount (\$)	Payee address; City; State; Zip Code
\$37.97	4224 Henderson Blvd
Expenditure from corporate funds	Tampa, FL 33629-5611
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
	Payroll Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/23/2025	Payroll Data Processing
	Payee address; City; State; Zip Code
Amount (\$) \$69.93	4224 Henderson Blvd
\$09.93	4224 HEHUEISUH DIVU
Expenditure from corporate funds	Tampa, FL 33629-5611
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
	Payroll Fee
Operation Children	On didn't lotter had a many
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
p = 1 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 8/9 Rpt: 11/12	2 FILER NAME Bexar County Democrats PAC 3 Filer ID (Ethics Commission Filers) 00088772
4 Date 04/10/2025	5 Payee name SmallPDF
6 Amount (\$) \$40.00	7 Payee address; City; State; Zip Code Steinstrasse 21
Expenditure from corporate funds	Zurich Switzerland
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Software Subscription (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Software Subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 03/10/2025	Payee name SmallPDF
Amount (\$) \$40.00	Payee address; City; State; Zip Code Steinstrasse 21
Expenditure from corporate funds	Zurich Switzerland
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Software Subscription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Software Subscription
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 02/10/2025	Payee name SmallPDF
Amount (\$) \$40.00	Payee address; City; State; Zip Code Steinstrasse 21
Expenditure from corporate funds	Zurich Switzerland
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Software Subscription (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Software Subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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)

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 9/9 Rpt: 12/12	Bexar County Democrats PAC	00088772		
4 Date	5 Payee name	l		
01/10/2025	SmallPDF			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$40.00	Steinstrasse 21			
— Consenditure from				
Expenditure from corporate funds	Zurich Switzerland			
8 PURPOSE	(a) Catagony	(b) Description		
OF	(a) Category (See Categories listed at the top of this schedule) Software Subscription	Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Software Subscription	Check if Austin, TX, officeholder living expense		
		Software Subscription		
9 Complete ONLY if direct	Candidate/Officeholder name Office so	lught Office held		
expenditure to benefit C/O	H	-550 11010		
Date	Payee name			
05/12/2025	SmallPDF			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$40.00	Steinstrasse 21			
Expenditure from corporate funds	Zurich Switzerland			
<u> </u>		(n) -		
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	Software Subscription	Check if dustin, TX, officeholder living expense		
		Software Subscription		
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office so	ught Office held		
expenditure to benefit C/O		dince neid		