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) 00088769 3 COMMITTEE NAME **OFFICE USE ONLY** Cameron County Democrats PAC Date Received **ELECTRONICALLY FILED** 07/07/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1150 N. Loope 1604 West Date Hand-delivered or Date Postmarked Suite 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. Loope 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. Loope 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

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Cameron County Democrats PAC 00			00088769	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	IL CONTRIBUTIONS DOGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,600.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	10,341.49
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	766.37
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.		
		Christon	her Koob	
		Signature of Car		irer
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ped before me, by the said _	, th	nis the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Litle of office	cer administering oath

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

3 of 19			
17 COMMITTEE NAME Cameron County D	(Ethics Commission Filers)		
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1. X SCHEDU	ULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 600.00
2. SCHEDU	ULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDU	ULE B: PLEDGED CONTRIBUTIONS		\$
	ULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABORIZATION	R	\$ 3,000.00
	ULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA ORGANIZATION	TION OR	\$
6. SCHEDU	ULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$
	ULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR IZATION		\$
8. SCHEDU	ULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	DRGANIZATION	\$
9. SCHEDU	ULE E: LOANS		\$
10. X SCHEDU	ULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 10,341.49
11. SCHEDU	ULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDU	ULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13. SCHEDU	ULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDU	ULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	ONS	\$
15. SCHEDU TO FILE	ULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F R	RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A	1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/19	
FILER NAME Cameron County Democrats PAC	3 Filer ID (Ethics Commission Filers 00088769	;)
Date 01/15/2025 5 Full name of contributor out-of-state PAC (ID#:) Texas Majority PAC 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$60	0.00
Washington, DC 20003		
Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ons)	
	The Instruction Guide explains how to complete this form. FILER NAME Cameron County Democrats PAC Date 01/15/2025 5 Full name of contributor out-of-state PAC (ID#:) Texas Majority PAC 6 Contributor address; City; State; Zip Code Washington, DC 20003	The Instruction Guide explains how to complete this form. FILER NAME Cameron County Democrats PAC Date 01/15/2025 Texas Majority PAC G Contributor address; City; State; Zip Code 1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/19 3 Filer ID (Ethics Commission Filers 00088769) 7 Amount of Contribution (\$) \$600 \$600 Washington, DC 20003

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

	The Instruction Guide explains how to complete this form.		1	Total pages Schedule C1: Sch: 1/1 Rpt: 5/19	
2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Cameron County Democrats PAC			00088769	
4	Date	5	Corporation / Labor Organization name	7	Amount of contribution (\$)
	02/05/2025		Texas Majority		\$3,000.00
		6	Corporation / Labor Organization address; City; State; Zip Code		
			Washington, DC 20003		

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	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: 1/14 Rpt: 6/19	Cameron County Democrats PAC 00088769
4 Date	5 Payee name
04/25/2025	Amalgamated Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$14.00	275 7th Ave
- Evpanditura from	
X 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
	Bunki ees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
5.	
Date	Payee name
04/25/2025	Amalgamated Bank
Amount (\$)	Payee address; City; State; Zip Code
\$14.00	275 7th Ave
Evanditure from	
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
2 1 2 2 1 1 2 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
'	
Date	Payee name
03/27/2025	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.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Bank Fees
Occupations Children	On didn't 10 ff a balden name
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 Cor 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 B Candidate/Officeholder/Politic Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/14 Rpt: 7/19	Cameron County Democrats PAC 00088769
4 Date	5 Payee name
03/27/2025	Amalgamated Bank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$32.00	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.
LAFLINDITORL	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
02/26/2025	Amalgamated Bank
Amount (\$)	Payee address; City; State; Zip Code
\$32.00	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
	Dalik Fees
Commission ONLL V if dispose	Condidate/Office helds name Office accepts
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/26/2025	Amalgamated Bank
Amount (\$)	Payee address; City; State; Zip Code
\$30.00	275 7th Ave
Expenditure from corporate funds	New York, NY 10001-6708
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
	Danki ees
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/Political Co Credit Card Payment	ommittee Legal Services Salaries/Wage The Instruction Guide explains how to compl	s/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1: 2	FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 3/14 Rpt: 8/19	Cameron County Democrats PAC	00088769
4 Date 5	Payee name	
01/28/2025	Amalgamated Bank	
6 Amount (\$) 7	Payee address; City; State; Zip Code	
\$32.00	275 7th Ave	
- Evpanditura from		
X Expenditure from corporate funds	New York, NY 10001-6708	
8 PURPOSE (a	(b) Category (See Categories listed at the top of this schedule)	Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bank Fees
Complete ONLY if direct expenditure to benefit C/OH	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	
Expenditure from corporate funds	New York, NY 10001-6708	
PURPOSE (a OF	(b) Category (See Categories listed at the top of this schedule)	Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bank Fees
Complete ONLY if direct expenditure to benefit C/OH	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	
Expenditure from corporate funds	New York, NY 10001-6708	
·		Description
OF	(b) Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	1 003	Check if Austin, TX, officeholder living expense
		Bank Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Supplies to bollone of OTT		

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

eimbursement Solicitation/Fundraising Expense
ental 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: 4/14 Rpt: 9/19	Cameron County Democrats PAC 00088769
4 Date	5 Payee name
05/29/2025	Amalgamated Bank
6 Amount (\$) \$14.00	7 Payee address; City; State; Zip Code 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.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Bank Fees
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
experialitie to benefit C/O	
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.
	Check if Austin, TX, officeholder living expense Bank Fees
	Dalik Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/27/2025	Amalgamated Bank
Amount (\$)	Payee address; City; State; Zip Code
\$14.00	275 7th Ave
Ψ14.00	2.0.1.1.100
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 <u>ONLY</u> 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 -Candidate/Officeholder/Political Con

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

Candidate/Officenolder/Political	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/14 Rpt: 10/19	Cameron County Democrats PAC 00088769
4 Date	5 Payee name
02/13/2025	Brownsville Public Utilities
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.50	1425 Robinhood Dr
- "	
Expenditure from corporate funds	Brownsville, TX 78521
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
	Utilities
	Cuntos
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/12/2025	Brownsville Public Utilities
Amount (\$)	Payee address; City; State; Zip Code
\$52.73	1425 Robinhood Dr
— F	
Expenditure from corporate funds	Brownsville, TX 78521
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Utilities
2 1 2 2 1 1 2 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/10/2025	Brownsville Public Utilities
Amount (\$)	Payee address; City; State; Zip Code
\$2.50	1425 Robinhood Dr
Expenditure from corporate funds	Brownsville, TX 78521
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.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Utilities
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belief 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 Commission Filers)
Sch: 6/14 Rpt: 11/19	Cameron County Democrats PAC 00088769
4 Date	5 Payee name
01/09/2025	Brownsville Public Utilities
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$41.94	1425 Robinhood Dr
Expenditure from corporate funds	Brownsville, TX 78521
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
	Utilities
	Gundes
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	
Date	Payee name
03/10/2025	GoDaddy
Amount (\$)	Payee address; City; State; Zip Code
\$60.67	2155 E. GoDaddy Way
Expenditure from	
corporate funds	Tempe, AZ 85284
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.
EXI ENDITORE	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	Payee name
06/09/2025	GoDaddy
Amount (\$)	Payee address; City; State; Zip Code
\$60.67	2155 E. GoDaddy Way
Expenditure from	
corporate funds	Tempe, AZ 85284
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.
LAI LINDITURE	Check if Austin, TX, officeholder living expense
	Software Subscription
Operation Obstacles	Open Highest (Office health an arms)
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
5	

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	l Committee Legal Services Salarie The Instruction Guide explains how to	es/Wages/Contract Labor OTHER (enter a category not listed above) complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 7/14 Rpt: 12/19	Cameron County Democrats PAC	00088769
4 Date	5 Payee name	
04/30/2025	HP	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
\$7.57	1501 Page Mill Road	
Expenditure from corporate funds	Palo Alto, CA 94304	
8 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	Since Sysmodal Tental Expense	Check if Austin, TX, officeholder living expense
		Office Supplies
9 Complete ONLY if direct	Candidate/Officeholder name Office s	ought Office held
expenditure to benefit C/O	1	
Date	Payee name	
03/31/2025	HP	
Amount (\$)	Payee address; City; State; Zip	Code
\$7.57	1501 Page Mill Road	
Expenditure from corporate funds	Palo Alto, CA 94304	
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.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Office Supplies
		<u> </u>
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office s	ought Office held
Date	Payee name	
06/30/2025	HP	
Amount (\$)	Payee address; City; State; Zip	Code
\$8.65	1501 Page Mill Road	Code
Ψ0.00	10011 age Will Road	
Expenditure from corporate funds	Palo Alto, CA 94304	
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
		Office Supplies
Complete ONLY if direct	Candidate/Officeholder name Office s	cought Office held
expenditure to benefit C/OF	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co 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:	,
Sch: 8/14 Rpt: 13/19	Cameron County Democrats PAC 00088769
4 Date	5 Payee name
05/29/2025	HP
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$8.65	1501 Page Mill Road
40.00	
Expenditure from corporate funds	Palo Alto, CA 94304
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Office Supplies
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/03/2025	Intuit
Amount (\$)	Payee address; City; State; Zip Code
\$12.77	2700 Coast Ave
Expenditure from corporate funds	Mountant View, CA 94043
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Software Subscription Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Software Subscription
	Software Subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/07/2025	MBA Consulting Group
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	611 Pennsylvania Ave SE
, , ,	# 143
X Expenditure from	
corporate funds	Washington, DC 20003-4303
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 Services
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
onponditure to belieff 0/01	•

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 3 Filer ID (Ethics Commission Filers)
Sch: 9/14 Rpt: 14/19	Cameron County Democrats PAC 00088769
4 Date	5 Payee name
03/28/2025	Payroll Data Processing
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$64.24	4224 Henderson Blvd
Evnanditura from	
Expenditure from corporate funds	Tampa, FL 33629-5611
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
	Payroll Taxes
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	
02/13/2025	Payee name Payroll Data Processing
Amount (\$)	Payee address; City; State; Zip Code
\$15.00	4224 Henderson Blvd
Expenditure from	Towns 51 22020 5011
corporate funds	Tampa, FL 33629-5611
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
	Payroll Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
02/10/2025	Payroll Data Processing
Amount (\$)	Payee address; City; State; Zip Code
\$47.73	4224 Henderson Blvd
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 Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Payroll Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
- p - 1.13.12 12 20.10.11 3701	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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: 10/14 Rpt: 15/19	Cameron County Democrats PAC 00088769
4 Date	5 Payee name
02/10/2025	Payroll Data Processing
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,373.49	4224 Henderson Blvd
Expenditure from corporate funds	Tampa, FL 33629-5611
8 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
	Payroll Taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/29/2025	Payroll Data Processing
Amount (\$)	Payee address; City; State; Zip Code
\$18.48	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/O	
Date	Payee name
02/14/2025	Providencia Capital, LLC
Amount (\$)	Payee address; City; State; Zip Code
\$1,200.00	3700 Gulf Blvd
Ψ1,200.00	
Expenditure from	Ste 3D
x corporate funds	South Padre Island, TX 78597
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
	Rent
	1.6.11
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 Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

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: 11/14 Rpt: 16/19	Cameron County Democrats PAC 00088769	
4 Date	5 Payee name	
01/14/2025	Providencia Capital, LLC	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,200.00	3700 Gulf Blvd	
	Ste 3D	
X Expenditure from corporate funds	South Padre Island, TX 78597	
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 Schedule T.	
	Check if Austin, TX, officeholder living expense Rent	
	rent	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Data		
Date	Payee name	
04/08/2025	Spectrum	
Amount (\$)	Payee address; City; State; Zip Code	
\$50.27	400 Washington Blvd	
Expenditure from		
corporate funds	Stamford, CT 06902	
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 Internet Services	
	internet Services	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
<u> </u>		
Date	Payee name	
03/11/2025	Spectrum	
Amount (\$)	Payee address; City; State; Zip Code	
\$50.27	400 Washington Blvd	
Expenditure from		
corporate funds	Stamford, CT 06902	
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	
	Internet Services	
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
Credit Card Payment

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense 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 r dyment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 12/14 Rpt: 17/19	Cameron County Democrats PAC	00088769
4 Date	5 Payee name	<u> </u>
02/10/2025	Spectrum	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$50.27	400 Washington Blvd	
Expenditure from corporate funds	Stamford, CT 06902	
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
		Internet Services
9 Complete ONLY if direct	Candidate/Officeholder name Office so	uaht Office held
expenditure to benefit C/O		
Date	Payee name	
02/10/2025	Spectrum	
	'	ada
Amount (\$) \$60.31	Payee address; City; State; Zip C 400 Washington Blvd	oue
φ00.31	400 Washington bivu	
Expenditure from	Characterist OT 00000	
corporate funds	Stamford, CT 06902	1
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
		Internet Services
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O	Н	
Date	Payee name	
01/10/2025	Spectrum	
Amount (\$)	Payee address; City; State; Zip C	ode
\$60.31	400 Washington Blvd	
,,,,,		
Expenditure from corporate funds	Stamford, CT 06902	
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 Internet Services
		torriot dervices
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O		agnit Onice nelu

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

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: 13/14 Rpt: 18/19	Cameron County Democrats PAC 00088769	
4 Date	5 Payee name	
01/08/2025	Spectrum	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$50.26	400 Washington Blvd	
- "		
Expenditure from corporate funds	Stamford, CT 06902	
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 Schedule T.	
	Check if Austin, TX, officeholder living expense Internet Services	
	internet Services	
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	
05/09/2025	Spectrum	
Amount (\$)	Payee address; City; State; Zip Code	
\$50.27	400 Washington Blvd	
Expenditure from corporate funds	Stamford, CT 06902	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Internet Services	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experialitate to better civot	'	
Date	Payee name	
06/09/2025	Spectrum	
Amount (\$)	Payee address; City; State; Zip Code	
\$50.27	400 Washington Blvd	
Expenditure from corporate funds	Stamford, CT 06902	
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	
	Internet Services	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH		

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 B Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 14/14 Rpt: 19/19	2 FILER NAME Cameron County Democrats PAC 3 Filer ID (Ethics Commission Filers) 00088769		
4 Date	5 Payee name		
02/18/2025	State Farm		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$67.96	1 State Farm Plaza		
X Expenditure from corporate funds	Bloomington, IL 61710		
8 PURPOSE			
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
	Insurance		
	modiano		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
onponditure to beliefit 0/0	·		
Date	Payee name		
01/07/2025	State Farm		
Amount (\$)	Payee address; City; State; Zip Code		
\$141.00	1 State Farm Plaza		
\$141.00	1 State Faith Flaza		
Expenditure from			
x corporate funds	Bloomington, IL 61710		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense		
EXPENDITURE	Check if Austin, TX, officeholder living expense		
	Insurance		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O	┨		
Date	Pausa nama		
	Payee name		
02/10/2025	Whitman, Ben		
Amount (\$)	Payee address; City; State; Zip Code		
\$2,787.14	1150 N. Loop 1604 West		
	Ste 108-230		
Expenditure from corporate funds	San Antonio, TX 78248		
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		
	Campaign Staff Salaries		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O			