

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM GPAC COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00086592	2 Total pages filed: 12	
3 COMMITTEE NAME Bexar County Young Democrats			<b>OFFICE USE ONLY</b> Date Received ELECTRONICALLY FILED 07/07/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 830651  San Antonio, TX 78283			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Antonio R. NICKNAME LAST SUFFIX Infante			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7230 Wurzbach Rd. Apt. 1801  San Antonio, TX 78240			
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1935 W. Ashby Pl.  San Antonio, TX 78201			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 845-2415			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff			
10 PERIOD COVERED	Month Day Year 01/01/2025 THROUGH Month Day Year 06/30/2025			
11 ELECTION	ELECTION DATE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			

GO TO PAGE 2

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Bexar County Young Democrats		<b>13 Filer ID</b> (Ethics Commission Filers) 00086592
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Sukh Kaur City Council San Antonio
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,000.00
<b>EXPENDITURE TOTALS</b>	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 2,466.04
<b>CONTRIBUTION BALANCE</b>	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 3,608.56
<b>OUTSTANDING LOAN TOTALS</b>	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00
<b>16 AFFIDAVIT</b>  <p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <p style="text-align: right;">Mr. Antonio R. Infante _____ Signature of Campaign Treasurer</p> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p> <p>_____ Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath</p>		

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**  
ADDENDUM

Page 3 of 12

<b>12 COMMITTEE NAME</b> Bexar County Young Democrats		<b>13 Filer ID</b> (Ethics Commission Filers) 00086592
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Angi Taylor Araburu City council satx
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Kelly Ann Gonzalez city council satx.
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
4 of 12

<b>17 COMMITTEE NAME</b> Bexar County Young Democrats		<b>18 Filer ID</b> (Ethics Commission Filers) 00086592
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,000.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,466.04
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 1.08

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/1 Rpt: 5/12
<b>2</b> FILER NAME Bexar County Young Democrats		<b>3</b> Filer ID (Ethics Commission Filers) 00086592
<b>4</b> Date 01/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cisneros, Jessica <hr/> <b>6</b> Contributor address; City; State; Zip Code  Laredo, TX 78042	<b>7</b> Amount of Contribution (\$)  \$5,000.00
<b>8</b> Principal occupation / Job title (See Instructions) self		<b>9</b> Employer (See Instructions) self

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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.

<b>1</b> Total pages Schedule F1: Sch: 1/5 Rpt: 6/12	<b>2</b> FILER NAME Bexar County Young Democrats	<b>3</b> Filer ID (Ethics Commission Filers) 00086592
<b>4</b> Date 04/14/2025	<b>5</b> Payee name Al Carbon Pollos	
<b>6</b> Amount (\$) \$156.46  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 547 CULEBRA RD  San Antonio, TX 78210	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense meeting food
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/20/2025	Payee name Aramburu, Angela Taylor	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 861 tesoro drive  San Antonio, TX 78217	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign donation for councilwoman of D2 satx
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/28/2025	Payee name Ardiente, Nicolette	
Amount (\$) \$93.91  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6974 Oak Dr. Apt 1120  San Antonio, TX 78256	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reimbursement for food
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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.

<b>1</b> Total pages Schedule F1: Sch: 2/5 Rpt: 7/12	<b>2</b> FILER NAME Bexar County Young Democrats	<b>3</b> Filer ID (Ethics Commission Filers) 00086592
<b>4</b> Date 01/04/2025	<b>5</b> Payee name Canvas	
<b>6</b> Amount (\$) \$40.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2140 S Dupont Highway  Camden, DE 19934	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Graphic design	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense graphic design software
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/04/2025	Candidate/Officeholder name Office sought Office held	
Payee name Canvas		
Amount (\$) \$40.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2140 S Dupont Highway  Camden, DE 19934	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) graphic design	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense graphic design software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/04/2025	Candidate/Officeholder name Office sought Office held	
Payee name Canvas		
Amount (\$) \$40.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2140 S Dupont Highway  Camden, DE 19934	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) graphic design	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense graphic design software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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.

<b>1</b> Total pages Schedule F1: Sch: 3/5 Rpt: 8/12	<b>2</b> FILER NAME Bexar County Young Democrats	<b>3</b> Filer ID (Ethics Commission Filers) 00086592
<b>4</b> Date 04/04/2025	<b>5</b> Payee name Canvas	
<b>6</b> Amount (\$) \$40.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2140 S Dupont Highway  Camden, DE 19934	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) graphic design	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense graphic design software
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/04/2025	Candidate/Officeholder name Office sought Office held	
Payee name Canvas		
Amount (\$) \$40.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2140 S Dupont Highway  Camden, DE 19934	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) graphic design	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense graphic design software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/04/2025	Candidate/Officeholder name Office sought Office held	
Payee name Canvas		
Amount (\$) \$40.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2140 S Dupont Highway  Camden, DE 19934	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) graphic design	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense graphic design software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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.

<b>1</b> Total pages Schedule F1: Sch: 4/5 Rpt: 9/12	<b>2</b> FILER NAME Bexar County Young Democrats	<b>3</b> Filer ID (Ethics Commission Filers) 00086592
<b>4</b> Date 03/22/2025	<b>5</b> Payee name Cortez, Enrique	
<b>6</b> Amount (\$) \$250.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1900 fredricksburg rd  san antonio , TX 78201	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event venue
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/17/2025	Payee name Gonzalez, Kelly Ann	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 143 Westknoll  San Antonio, TX 78227	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Kelly Ann Gonzalez campaign
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/21/2025	Payee name Kaur, Sukh	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 120101  San Antonio, TX 78212	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation to Sukh Kaur for district 1 satx
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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.

<b>1</b> Total pages Schedule F1: Sch: 5/5 Rpt: 10/12	<b>2</b> FILER NAME Bexar County Young Democrats	<b>3</b> Filer ID (Ethics Commission Filers) 00086592
<b>4</b> Date 04/14/2025	<b>5</b> Payee name Pasha Mediterranean	
<b>6</b> Amount (\$) \$88.67  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 9339 Wurzbach Rd  San Antonio, TX 78240	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense meeting food
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/17/2025	Payee name USPS	
Amount (\$) \$67.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO BOXES O 475 L'ENFANT PLAZA  Washington, DC 20024	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PO box
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/16/2025	Payee name USPS	
Amount (\$) \$70.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO BOXES O 475 L'ENFANT PLAZA  Washington, DC 20024	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PO box
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/2 Rpt: 11/12
<b>2</b> FILER NAME Bexar County Young Democrats		<b>3</b> Filer ID (Ethics Commission Filers) 00086592
<b>4</b> Date 01/31/2025	<b>5</b> Name of person from whom amount is received RBFCU	<b>8</b> Amount (\$) \$0.06
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  Live Oak, TX 78233	
	<b>7</b> Purpose for which amount is received dividend <input type="checkbox"/> Check if political contribution returned to filer	
Date 02/28/2025	Name of person from whom amount is received RBFCU	Amount (\$) \$0.22
	Address of person from whom amount is received; City; State; Zip Code  Live Oak, TX 78233	
	Purpose for which amount is received dividend <input type="checkbox"/> Check if political contribution returned to filer	
Date 03/31/2025	Name of person from whom amount is received RBFCU	Amount (\$) \$0.24
	Address of person from whom amount is received; City; State; Zip Code  Live Oak, TX 78233	
	Purpose for which amount is received dividend <input type="checkbox"/> Check if political contribution returned to filer	
Date 04/30/2025	Name of person from whom amount is received RBFCU	Amount (\$) \$0.22
	Address of person from whom amount is received; City; State; Zip Code  Live Oak, TX 78233	
	Purpose for which amount is received dividend <input type="checkbox"/> Check if political contribution returned to filer	
Date 05/31/2025	Name of person from whom amount is received RBFCU	Amount (\$) \$0.19
	Address of person from whom amount is received; City; State; Zip Code  Live Oak, TX 78233	
	Purpose for which amount is received dividend <input type="checkbox"/> Check if political contribution returned to filer	

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:  
Sch: 2/2 Rpt: 12/12

2 FILER NAME

Bexar County Young Democrats

3 Filer ID (Ethics Commission Filers)  
00086592

4 Date

06/30/2025

5 Name of person from whom amount is received

RBFCU

8 Amount (\$)

\$0.15

6 Address of person from whom amount is received; City; State; Zip Code

Live Oak, TX 78233

7 Purpose for which amount is received  
dividend

☐ Check if political contribution returned to filer