#### 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) 00086592 3 COMMITTEE NAME **OFFICE USE ONLY Bexar County Young Democrats** Date Received **ELECTRONICALLY FILED** 07/07/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 830651 Date Hand-delivered or Date Postmarked San Antonio, TX 78283 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Antonio R. NAME NICKNAME LAST **SUFFIX** Infante STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 7230 Wurzbach Rd. Apt. 1801 STREET **ADDRESS** (Residence or Business) San Antonio, TX 78240 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1935 W. Ashby Pl. MAILING **ADDRESS** San Antonio, TX 78201 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 845-2415 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 Primary Runoff Other General Special

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

## FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Bexar County Young I	Democrats		00086592	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Sukh Kaur City Council San Al	ntonio	
(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 X check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	5,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	2,466.04
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	3,608.56
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		<u>'</u>	
		I swear, or affirm, under penalty of petrue and correct and includes all inforrunder Title 15, Election Code.		
		Mr. Antonio	o R. Infante	
		Signature of Car	npaign Treasur	er
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said _	, th	nis the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Cianatura of officer	administoring cath	Drinted name of officer administrating cath	Title of office	or administaring soth
Signature of officer a	iuministenny oath	Printed name of officer administering oath	Title OF Office	er administering oath

### **GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE**

### FORM GPAC **ADDENDUM**

				Page 3 01 12
			13 Filer ID	(Ethics Commission Filers)
emocrats			00086592	
1. Candidates (Identify by name or, if applicable, classify by party.)		l satx		
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
		Kelly Ann Gonzalez, city council	satx	
(Identify by name or, if		Keny Ann Gonzaicz Gry Gounen	Suix.	
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
3. Officeholders Assisted				
applicable, classify by party.)				
	1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders    Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders    Assisted (Identify by name or, if	1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported  B. Opposed  B. Opposed	1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  A. Supported  Kelly Ann Gonzalez city council  B. Opposed  A. Supported  A. Supported  B. Opposed  A. Supported  B. Opposed  A. Supported  B. Opposed  A. Supported  B. Opposed	The control of the control of applicable, classify by party.  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  A. Supported (Melly Ann Gonzalez city council satx.)  A. Supported Kelly Ann Gonzalez city council satx.  8. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed  1. Candidates (Describe by date and location of election and nature of issue.)  8. Opposed  1. Candidates (Identify by name or, if applicable, classify by party.)  8. Opposed

## **SUBTOTALS - GPAC**

## FORM GPAC COVER SHEET PG 3

					4 of 12
<b>17</b> CO	MMITTE	E NAME	18 Filer ID	(Ethics Commis	ssion Filers)
l		unty Young Democrats	00086592	(=	,
19 SCI	HEDULI	E SUBTOTALS		1	
I		SCHEDULE		SUBTOTA	AL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	5,000.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	PR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	\$	2,466.04	
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	1.08

MONET	ARY POLITICAL CONTRIBUTION	ΛC	IS		SCHEDULE A1
The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 5/12
			3	Filer ID (Ethics Commission Filers) 00086592	
Date 01/29/2025	<ul> <li>Full name of contributor</li></ul>	7	Amount of Contribution (\$) \$5,000.00		
Principal occu	Laredo, TX 78042 upation / Job title (See Instructions)	9	Employer (See Instructions	5)	
self			self		
	The Instru FILER NAME Bexar Coun Date 01/29/2025	The Instruction Guide explains how to complete this factorial in the Instruction Guide explains how to complete this factorial in the Instruction Guide explains how to complete this factorial in the Instruction Guide explains how to complete this factorial in the Instruction Guide explains how to complete this factorial in the Instruction Guide explains how to complete this factorial in the Instruction Guide explains how to complete this factorial in the Instruction Guide explains how to complete this factorial in the Instruction Guide explains how to complete this factorial in the Instruction Guide explains how to complete this factorial in the Instruction Guide explains how to complete this factorial in the Instruction Guide explains how to complete this factorial in the Instruction Guide explains how to complete this factorial in the Instruction Guide explains how to complete this factorial in the Instruction Guide explains how to complete this factorial in the Instruction Guide explains how to complete this factorial in the Instruction Guide explains how to complete this factorial in the Instruction Guide explains how to complete this factorial in the Instruction Guide explains how to complete this factorial in the Instruction Guide explains how to complete this factorial in the Instruction Guide explains how to complete this factorial in the Instruction Guide explains how to complete this factorial in the Instruction Guide explains how to complete this factorial in the Instruction Guide explains how to complete this factorial in the Instruction Guide explains how to complete this factorial in the Instruction Guide explains how to complete the Instruction Guide explains how to complet	The Instruction Guide explains how to complete this form  FILER NAME  Bexar County Young Democrats  Date	Bexar County Young Democrats  Date   5  Full name of contributor	The Instruction Guide explains how to complete this form.  FILER NAME Bexar County Young Democrats  Date 01/29/2025  Cisneros, Jessica G Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  1 3 6 Complete this form.  1 7 6 Cisneros.  9 Employer (See Instructions)

#### 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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schodule F1:	,
1 Total pages Schedule F1: Sch: 1/5 Rpt: 6/12	Bexar County Young Democrats    3 File ID (Ellins Commission Files)   00086592
•	2 9
4 Date	5 Payee name
04/14/2025	Al Carbon Pollos
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$156.46	547 CULEBRA RD
Expenditure from	Car Astaria TV 70010
corporate funds	San Antonio, TX 78210
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	meeting food
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<b>⊣</b>
Data	David and the second se
Date	Payee name
05/20/2025	Aramburu, Angela Taylor
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	861 tesoro drive
Expenditure from	Car Astaria TV 70017
corporate funds	San Antonio, TX 78217
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	campaign donation for councilwoman of D2 satx
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<del>1</del>
Date	Payee name
	Payee name
01/28/2025	Ardiente, Nicolette
Amount (\$)	Payee address; City; State; Zip Code
\$93.91	6974 Oak Dr. Apt 1120
Expenditure from corporate funds	San Antonio, TX 78256
•	
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
	reimbursement for food
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

#### 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)

Groun Gara Faymon	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/5 Rpt: 7/12	Bexar County Young Democrats	00086592
4 Date	5 Payee name	
01/04/2025	Canvas	
6 Amount (\$)	7 Payee address; City; State; Zip (	Code
\$40.00	2140 S Dupont Highway	
Expenditure from		
corporate funds	Camden, DE 19934	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Graphic design	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		graphic design software
9 Complete ONLY if direct	Candidate/Officeholder name Office so	bught Office held
expenditure to benefit C/O	л 	
Date	Payee name	
02/04/2025	Canvas	
Amount (\$)	Payee address; City; State; Zip (	Code
\$40.00	2140 S Dupont Highway	
Expenditure from		
corporate funds	Camden, DE 19934	
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	graphic design	Check if Austin, TX, officeholder living expense
		graphic design software
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ought Office held
experialitate to beliefit C/O		
Date	Payee name	
03/04/2025	Canvas	
Amount (\$)	Payee address; City; State; Zip (	Code
\$40.00	2140 S Dupont Highway	
Expenditure from corporate funds	Camden, DE 19934	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	graphic design	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		graphic design software
Complete ONLY if direct	Candidate/Officeholder name Office so	Dught Office held
expenditure to benefit C/O		25
L		

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schodule F1:	,
1 Total pages Schedule F1: Sch: 3/5 Rpt: 8/12	Bexar County Young Democrats  00086592
4 Date	5 Payee name
04/04/2025	Canvas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$40.00	2140 S Dupont Highway
Expenditure from corporate funds	Camden, DE 19934
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	graphic design
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	graphic design software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
05/04/2025	Canvas
Amount (\$)	Payee address; City; State; Zip Code
\$40.00	2140 S Dupont Highway
Expenditure from corporate funds	Camden, DE 19934
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	graphic design  Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense graphic design software
	graphic design software
One of the ONE Wife disease	On didn't 10ff a halden game.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/04/2025	Canvas
Amount (\$)	Payee address; City; State; Zip Code
\$40.00	2140 S Dupont Highway
,	
Expenditure from corporate funds	Camden, DE 19934
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	graphic design Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	graphic design software
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 Candidate/Officeholder/Political Committee

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outer a category not listed above)

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Beverage Exper Gift/Awards/Memorials Legal Services The Instruction G	s Expense		xpens Vages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Fi	lers)
L	Sch: 4/5 Rpt: 9/12		Bexar Coun	ty Young Demo	ocrats				L	00086592		
4	Date	5	Payee name									
	03/22/2025		Cortez, Enri	que								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode					
	\$250.00		1900 fredric	ksburg rd								
	Expenditure from corporate funds		san antonio	, TX 78201								
8	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Event Expe	nse				=		de of Texas. Comp		
	-							Check if Austin, event venue	, 1X,	officeholder living	expense	
								Svent venue				
9	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name		Office sou	l Jaht			Office he	eld	
	expenditure to benefit C/Oh										· <del>-</del>	
	Date		Payee name									
	05/17/2025		Gonzalez, k	Celly Ann								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode		_			
	\$500.00		143 Westkn	oll								
_	T Expenditure from											
L	corporate funds		San Antonio	, TX 78227								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Contribution	s/Donations M	ade By			<b>=</b>		de of Texas. Comp		
			Candidate/0	Officeholder/Po	litical Comm	ittee		ш		officeholder living	expense nzalez campaign	
								Continuation	1	Chy Ailli Gu	nzaicz campaign	
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	ceholder name	C	office sou	<u>I</u> ıght			Office he	eld	
	onpolicitate to beliefit 0/01	_										
	Date		Payee name									
L	05/21/2025		Kaur, Sukh									
	Amount (\$)	_	Payee addres	•	State;	Zip Co	ode					
	\$500.00		PO Box 120	101								
	Expenditure from corporate funds		San Antonio	o, TX 78212								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			s/Donations M						de of Texas. Comp		
			Candidate/0	Officeholder/Po	litical Comm	ittee		donation to S		officeholder living		
								adriation to 3	urti	i Radi IOI UI	JUIOL I JUIN	
	Complete ONLY if direct		Candidate/Offic	ceholder name		Office sou	laht Iaht			Office he	eld	
	expenditure to benefit C/O		zaradato/OIII	ocholadi name	O	300	-911L			Since He	····	

#### 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

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

Contributions/ Donations Made By 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: 5/5 Rpt: 10/12	Bexar County Young Democrats 00086592
4 Date	5 Payee name
04/14/2025	Pasha Mediterranean
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$88.67	9339 Wurzbach Rd
Expenditure from	Can Antonia TV 70240
corporate funds	San Antonio, TX 78240
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  meeting food
	meeting tood
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitie to beliefft C/OI	
Date	Payee name
01/17/2025	USPS
Amount (\$)	Payee address; City; State; Zip Code
\$67.00	PO BOXES O 475 L'ENFANT PLAZA
Ψ07.00	1 0 BOXES 0 473 E ENLANT I EAZA
Expenditure from	
corporate funds	Washington, DC 20024
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
	PO box
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
04/16/2025	USPS
Amount (\$)	Payee address; City; State; Zip Code
\$70.00	PO BOXES O 475 L'ENFANT PLAZA
Φ10.00	FO BOALS O 473 LENFANT FLAZA
Expenditure from	
corporate funds	Washington, DC 20024
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.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	PO box
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<del>1</del>

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

#### SCHEDULE K

	The Instru	pages Schedule K: 1/2 Rpt: 11/12				
2	FILER NAME		Filer I	D (Ethics Commission F	ilers)	
	Bexar Count	y Young Democrats			6592	ŕ
4	Date	5 Name of person from whom amount is received			8 Amount (\$)	
ľ	01/31/2025	RBFCU			<b>σ</b> Amount (ψ)	\$0.06
	01/31/2023					Ψ0.00
		6 Address of person from whom amount is received; City; State; Zip Code				
		Live Oak, TX 78233				
			neck if polition	cal cor	tribution returned to filer	
L		dividend				
	Date	Name of person from whom amount is received			Amount (\$)	
	02/28/2025	RBFCU				\$0.22
		Address of person from whom amount is received; City; State; Zip Code	•••••			
		Live Oak, TX 78233				
		Purpose for which amount is received Ch	neck if politic	cal cor	tribution returned to filer	
		dividend	Took ii poiitii			
H					1	
	Date	Name of person from whom amount is received			Amount (\$)	
	03/31/2025	RBFCU				\$0.24
		Address of person from whom amount is received; City; State; Zip Code				
		Live Oak, TX 78233				
			neck if polition	cal cor	tribution returned to filer	
		dividend				
	Date	Name of person from whom amount is received			Amount (\$)	
	04/30/2025	RBFCU				\$0.22
		Address of person from whom amount is received; City; State; Zip Code				
		Than occ of porcer from milen amount to recording to the country of the country o				
		Live Oak, TX 78233				
			neck if nolitic	ral cor	Itribution returned to filer	
		dividend	icck ii politic	cai coi	idibation retained to mer	
⊨						
	Date	Name of person from whom amount is received			Amount (\$)	
	05/31/2025	RBFCU			]	\$0.19
		Address of person from whom amount is received; City; State; Zip Code				
		Live Oak, TX 78233			<u>                                     </u>	
		Purpose for which amount is received	tribution returned to filer			
H						

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 12/12 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **Bexar County Young Democrats** 00086592 8 Amount (\$) Date 5 Name of person from whom amount is received 06/30/2025 **RBFCU** \$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 Check if political contribution returned to filer dividend