

# 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) 00087545	2 Total pages filed: 12
3 COMMITTEE NAME Coastal Bend Tejano Democrats			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/09/2025 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 60402  Corpus Christi, TX 78466		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Jo Ann NICKNAME LAST SUFFIX Beltran		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4613 Bluebelle Lane Corpus Christi, TX 78416		
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE TX		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 688-0162		
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 06/30/2025		
11 ELECTION	ELECTION DATE Month Day Year 03/03/2026	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Coastal Bend Tejano Democrats	<b>13 Filer ID</b> (Ethics Commission Filers) 00087545
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<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 Democrat
		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	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,083.95
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 4,691.10
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 174.70
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

## 16 AFFIDAVIT

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.

Ms. Jo Ann Beltran

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this 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

Title of officer administering oath

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

<b>17 COMMITTEE NAME</b> Coastal Bend Tejano Democrats		<b>18 Filer ID</b> (Ethics Commission Filers) 00087545
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,083.95
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	\$ 4,691.10
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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/3 Rpt: 4/12
<b>2</b> FILER NAME Coastal Bend Tejano Democrats		<b>3</b> Filer ID (Ethics Commission Filers) 00087545
<b>4</b> Date 04/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, Doug <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78401	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions)
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benavides, Judge Gina (Judge) <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78408	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonilla, Ruben <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78405	Amount of Contribution (\$)  \$600.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Bonilla & Chapa Law Firm
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canales, Jose Antonio <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78405	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Canales & Simonson Attorneys
Date 04/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantu, Eric <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78469	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Entrepreneur		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/3 Rpt: 5/12
<b>2</b> FILER NAME Coastal Bend Tejano Democrats		<b>3</b> Filer ID (Ethics Commission Filers) 00087545
<b>4</b> Date 04/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, San Juan (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Corpus Christi, TX 78410	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Division Electrical Manager		<b>9</b> Employer (See Instructions) CCAC
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leon, Celina <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78401	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marez, John (Commissioner) <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78401	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Comissioner		Employer (See Instructions) Nueces County
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santos, Juan Felipe (Mr.) <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78411	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Ambulatory Adult Neurology
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Their Day Foundation <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78427	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/3 Rpt: 6/12
<b>2</b> FILER NAME Coastal Bend Tejano Democrats		<b>3</b> Filer ID (Ethics Commission Filers) 00087545
<b>4</b> Date 04/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez, Celina <hr/> <b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76016	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Justice of the Peace		<b>9</b> Employer (See Instructions) State of Texas
Date 04/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WalMart <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78410	Amount of Contribution (\$)  \$115.37
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WalMart <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78410	Amount of Contribution (\$)  \$768.58
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) hinojosa , Juan (Sen.) <hr/> Contributor address; City; State; Zip Code  Edinburg, TX 78539	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) State Senator		Employer (See Instructions) State of Texas

# 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: 1/6 Rpt: 7/12	<b>2</b> FILER NAME Coastal Bend Tejano Democrats	<b>3</b> Filer ID (Ethics Commission Filers) 00087545
<b>4</b> Date 04/18/2025	<b>5</b> Payee name Canales, Barbara	
<b>6</b> Amount (\$) \$400.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 403 N Tanchhua  Corpus Christi, TX 78401	
<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 Food for membership meeting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/24/2025	Payee name Dancer, Sylvia	
Amount (\$) \$100.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2209 N Padre Island Dr  Corpus Christi, TX 78408	
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 Easter bunny
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/14/2025	Payee name Family Dollar	
Amount (\$) \$13.80  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 11033 Leopard  Corpus Christi, TX 78410	
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 Table clothes tape Clorox wipes toilet paper
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: 2/6 Rpt: 8/12	<b>2</b> FILER NAME Coastal Bend Tejano Democrats	<b>3</b> Filer ID (Ethics Commission Filers) 00087545
<b>4</b> Date 01/31/2025	<b>5</b> Payee name Frost Bank	
<b>6</b> Amount (\$) \$10.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Drawer 749  Corpus Christi, TX 78403	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Monthly bank fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/28/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$10.00  <input type="checkbox"/> Expenditure from corporate funds	Payee name Frost Bank  Payee address; City; State; Zip Code PO Drawer 749  Corpus Christi, TX 78403	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly bank fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/31/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$10.00  <input type="checkbox"/> Expenditure from corporate funds	Payee name Frost Bank  Payee address; City; State; Zip Code PO Drawer 749  Corpus Christi, TX 78403	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly bank fee
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: 3/6 Rpt: 9/12	<b>2</b> FILER NAME Coastal Bend Tejano Democrats	<b>3</b> Filer ID (Ethics Commission Filers) 00087545
<b>4</b> Date 04/11/2025	<b>5</b> Payee name Frost Bank	
<b>6</b> Amount (\$) \$5.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Drawer 749  Corpus Christi, TX 78403	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Returned item fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name Frost Bank		
Amount (\$) \$10.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Drawer 749  Corpus Christi, TX 78403	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly bank fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name Frost Bank		
Amount (\$) \$10.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Drawer 749  Corpus Christi, TX 78403	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly bank fee
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: 4/6 Rpt: 10/12	<b>2</b> FILER NAME Coastal Bend Tejano Democrats	<b>3</b> Filer ID (Ethics Commission Filers) 00087545
<b>4</b> Date 04/16/2025	<b>5</b> Payee name Garcia, San Juan (Mr.)	
<b>6</b> Amount (\$) \$115.32  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 10526 Frontier Dr  Corpus Christi, TX 78410	
<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 Reimbursement for baskets & bikes
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/10/2025	Payee name KK Insurance	
Amount (\$) \$435.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 8401 Weber Rd  Corpus Christi, TX 78415	
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 Venue required event insurance
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/30/2025	Payee name Salinas, Lori (Miss)	
Amount (\$) \$250.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4510 Evelyn  Corpus Christi, TX 78415	
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 Face painting
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: 5/6 Rpt: 11/12	<b>2</b> FILER NAME Coastal Bend Tejano Democrats	<b>3</b> Filer ID (Ethics Commission Filers) 00087545
<b>4</b> Date 01/08/2025	<b>5</b> Payee name United States Postal Service	
<b>6</b> Amount (\$) \$91.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 4801 Everhart Rd  Corpus Christi, TX 78411	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 POBOX fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/12/2025	Payee name Walmart	
Amount (\$) \$2,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3829 US HWY 77  CorpusChristi, TX 78410	
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 Easter baskets Boys and girls bikes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/12/2025	Payee name Walmart	
Amount (\$) \$295.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3829 US HWY 77  CorpusChristi, TX 78410	
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 Buckets Plastic eggs
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.

1 Total pages Schedule F1: Sch: 6/6 Rpt: 12/12	2 FILER NAME Coastal Bend Tejano Democrats	3 Filer ID (Ethics Commission Filers) 00087545
4 Date 04/11/2025	5 Payee name Weinerschnitzel	
6 Amount (\$) \$435.98  <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2401 Ayers  Corpus Christi, TX 78404	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Easter Egg Hunt hotdogs
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held