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) 00054190 3 COMMITTEE NAME **OFFICE USE ONLY** Harris County Tejano Democrats Date Received **ELECTRONICALLY FILED** 07/14/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 414 Cherry Springs Ln Date Hand-delivered or Date Postmarked Change of Address Spring, TX 77373-8185 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. James D. NAME NICKNAME LAST **SUFFIX** Davis STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 414 Cherry Springs Ln. STREET **ADDRESS** (Residence or Business) Spring, TX 77373 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO BOX 87069 MAILING **ADDRESS** Houston, TX 77287-7069 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 704-8602 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

Harris County Tejano Democrats 1. Candidates (identify by name or, if applicable, classify by party.) (Atlach lists on plain paper to complete his report if necessary.) 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.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) Check here if this report qualifies for the higher fremization threshold 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) S. 670 EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE					1	
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ASSISTED ASSISTED CONTRIBUTION			B. Opposed			
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CONTRIBUTION S						
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CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 49,364 OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 1 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. Mr. James D. Davis Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the day of, to certify which, witness my hand and seal of office.		3. TOTAL UNITEMIZED	D POLITICAL EX	(PENDITURES	\$	0.00
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LAST DAY OF THE REPORTING PERIOD 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. Mr. James D. Davis 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.				S MAINTAINED AS OF THE LAS	ST DAY \$	49,364.36
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. Mr. James D. Davis Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said		I I			F THE \$	0.00
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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.						
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 C	zampaign Tre	easurer
of, 20, to certify which, witness my hand and seal of office.	AFFIX NOTAR	Y STAMP / SEAL ABOVE				
	Sworn to and subscribe	d before me, by the said _			, this the	day
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath	of	, 20, to certify	which, witness m	y hand and seal of office.		
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						
	Signature of officer a	dministering oath	Printed name of	officer administering oath	Title of	f officer administering oath

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

				3 of 14
17 COMM Harris		EE NAME Inty Tejano Democrats	18 Filer ID 00054190	(Ethics Commission Filers)
19 SCHE	DULE	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
	x]	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 670.00
2.	<u> </u>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR 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.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 4,020.68
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	DNS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$
I				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	E A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/4 Rpt: 4/14	
2	FILER NAME Harris Count	ty Tejano Democrats			3	Filer ID (Ethics Commission 00054190	າ Filers)
4	Date 05/13/2025			7	Amount of Contribution (\$)	\$15.00	
8	Principal occu	Spring, TX 77373 pation / Job title (See Instructions) [9	9 Employer (See Instructions	s)		
	Not Employe		,	NA	٥,		
	Date 05/07/2025	Full name of contributor Aquino, Neil Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$30.00
		Houston, TX 77007			L		
	Principal occup Not Employe	pation / Job title (See Instructionsed)	Employer (See Instructions Not Employed	s)		
	Date 05/07/2025	Full name of contributor Arzola, Jessy Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$15.00
		Houston, TX 77054					
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions NA	s)		
	Date 03/06/2025	Full name of contributor Barton, Linda Contributor address; City; St Humble, TX 77346	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$15.00
	Principal occu Not Employe	pation / Job title (See Instructions ed)	Employer (See Instructions	s)		
	Date 02/10/2025	Full name of contributor Castillo, Judith Contributor address; City; St Humble, TX 77396	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$30.00
	Principal occu Teacher	pation / Job title (See Instructions)	Employer (See Instructions Lonestar College	s)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 2/4 Rpt: 5/14	
2	FILER NAME Harris Count	y Tejano Democrats			3	Filer ID (Ethics Commission 00054190	n Filers)
4	Date 01/26/2025			7	Amount of Contribution (\$)	\$30.00	
8	Principal occu Judge	Houston, TX 77008 pation / Job title (See Instructions	s) <u>(</u>	9 Employer (See Instructions Harris County	5)		
	Date Full name of contributor out-of-state PAC (ID#:) D1/03/2025 Davis, James Contributor address; City; State; Zip Code Spring, TX 77373		•	Amount of Contribution (\$)	\$30.00		
	Principal occu Retired	pation / Job title (See Instructions	5)	Employer (See Instructions Former FAA	<u>I</u> S)		
	Date 05/26/2025				Amount of Contribution (\$)	\$30.00	
	Dringing! aggs	Houston, TX 77004	<u>.</u>	Employer (Co.) Instruction	<u></u>		
	Attorney	pation / Job title (See Instructions)	Employer (See Instructions Houston Parks Board	>)		
	Date 04/10/2025	Full name of contributor Flores , Laurie Contributor address; City; Si Houston, TX 77016	out-of-state PAC (ID#: ate; Zip Code		•	Amount of Contribution (\$)	\$15.00
	Principal occu Not Employe	pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u> s)		
	Date Full name of contributor out-of-state PAC (ID#:) 04/10/2025 Mejia, Berta Alicia Contributor address; City; State; Zip Code Houston, TX 77008			Amount of Contribution (\$)	\$30.00		
	Principal occu Not Employe	pation / Job title (See Instructions ed	5)	Employer (See Instructions	s)		
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	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to co	mplete this forr	n.	1	Total pages Schedule A1: Sch: 3/4 Rpt: 6/14	
2	FILER NAME Harris Count	y Tejano Democrats			3	Filer ID (Ethics Commission 00054190	n Filers)
4	Date 05/31/2025	Miller , Beau (Judge)	of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Houston, TX 77004 pation / Job title (See Instructions)	la la	Employer (See Instructions	.)		
	Judge	pation / 300 tale (300 maracaons)		State of Texas	')		
	Date 01/03/2025	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#: Code			Amount of Contribution (\$)	\$30.00
	Principal occu	Houston, TX 77087 pation / Job title (See Instructions)		Employer (See Instructions			
	Supervisor	pation 7 300 title (See manucitoris)		SCI	')		
	Date 05/30/2025	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$60.00
		Houston, TX 77016					
	Principal occu Director	pation / Job title (See Instructions)		Employer (See Instructions State Representative	5)		
	Date 02/06/2025	Ramon, Zulma	of-state PAC (ID#:			Amount of Contribution (\$)	\$30.00
	Principal occu Exec Asst	pation / Job title (See Instructions)		Employer (See Instructions HCSO	5)		
	Date 05/26/2025	Sandor, David	of-state PAC (ID#:			Amount of Contribution (\$)	\$30.00
	Principal occu Campaign M	pation / Job title (See Instructions) gr		Employer (See Instructions Amanda Edwards Cong		s	
		-					

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 4/4 Rpt: 7/14	
2	FILER NAME Harris Count	ty Tejano Democrats		3	Filer ID (Ethics Commission 00054190	ı Filers)
4	Date 04/10/2025	Full name of contributor out-of-state PAC (ID#:) Santos, Renato Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$30.00
8	Principal occu	Houston, TX 77008 pation / Job title (See Instructions)	9 Employer (See Instructions	·,		
0	Attorney	pation / 300 title (3ee instructions)	Self)		
	Date Full name of contributor out-of-state PAC (ID#:) 01/15/2025 Spain, Charles (The Honorable) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00	
	Deinainal agai	Houston, TX 77006	Frankrijer (Coo krativijetiona	<u></u>		
	Judge	pation / Job title (See Instructions)	Employer (See Instructions State of Texas	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 01/27/2025 Trevino, Treasea Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00	
		Cypress, TX 77429				
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self	5)		
	Date 06/12/2025	Full name of contributor out-of-state PAC (ID#:_Unger, Hilary (Judge) Contributor address; City; State; Zip Code Houston, TX 77079			Amount of Contribution (\$)	\$30.00
	Principal occu Judge	pation / Job title (See Instructions)	Employer (See Instructions State of Texas	5)		

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

nent Solicitation/Fundraising Expense
nse 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 comp	olete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/7 Rpt: 8/14	Harris County Tejano Democrats	00054190
4 Date	5 Payee name	
01/23/2025	AT&T	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$60.57	P.O. Box 5080	
Expenditure from	O-101 Otro-ove II 00407	
corporate funds	Carol Stream, IL 60197	
8 PURPOSE OF	(Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense
		Internet
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	t Office held
·		
Date	Payee name	
02/25/2025	AT&T	
Amount (\$) \$70.68	Payee address; City; State; Zip Code P.O. Box 5080	
\$70.08	F.O. DUX 3000	
Expenditure from corporate funds	Carol Stream, IL 60197	
PURPOSE OF	2 2 (**********************************) Description
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Internet
Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/O		
Date	Payee name	
03/24/2025	AT&T	
Amount (\$)	Payee address; City; State; Zip Code	
\$70.68	P.O. Box 5080	
Expenditure from corporate funds	Carol Stream, IL 60197	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Internet
Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/O	Н	

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 2/7 Rpt: 9/14	Harris County Tejano Democrats 00054190
4 Date	5 Payee name
04/24/2025	AT&T
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$70.68	P.O. Box 5080
Expenditure from corporate funds	Carol Stream, IL 60197
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
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name
06/12/2025	AT&T
Amount (\$)	Payee address; City; State; Zip Code
\$70.68	P.O. Box 5080
Expenditure from corporate funds	Carol Stream, IL 60197
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
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
06/26/2025	AT&T
Amount (\$)	Payee address; City; State; Zip Code
\$70.68	P.O. Box 5080
Expenditure from corporate funds	Carol Stream, IL 60197
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
	internet
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H

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

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: 3/7 Rpt: 10/14	Harris County Tejano Democrats 00054190
4 Date	5 Payee name
06/30/2025	Act Blue
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$21.33	366 Summer Street
Expenditure from corporate funds	Somerville, ME 02144-3132
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fee
Complete CNI V if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
Date	Payee name
06/17/2025	Commence Corp
Amount (\$)	Payee address; City; State; Zip Code
\$432.60	2 Industrial Way W
Expenditure from corporate funds	Eatontown, NJ 07724
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Software
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	4
Date	Payee name
01/21/2025	Constant Contact
Amount (\$)	Payee address; City; State; Zip Code
\$70.36	1601 Trapelo Rd #329
Expenditure from corporate funds	Waltham, MA 02451-7357
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Ether
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to beliefft G/O	•

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/7 Rpt: 11/14	Harris County Tejano Democrats 00054190
4 Date	5 Payee name
02/18/2025	Constant Contact
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$70.36	1601 Trapelo Rd #329
	'
Expenditure from corporate funds	Waltham, MA 02451-7357
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Ethernet
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to beriefit C/Or	
Date	Payee name
03/18/2025	Constant Contact
Amount (\$)	Payee address; City; State; Zip Code
\$70.36	1601 Trapelo Rd #329
Ψ10.30	1001 Παρείο Να #323
Expenditure from	M-H MA 00454 7057
corporate funds	Waltham, MA 02451-7357
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Ethernet
	Linemet
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
04/18/2025	Constant Contact
Amount (\$)	Payee address; City; State; Zip Code
\$70.36	1601 Trapelo Rd #329
Expenditure from corporate funds	Waltham, MA 02451-7357
·	1
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expanse (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Ethernet
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 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 co	mplete t	this form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 5/7 Rpt: 12/14	Harris County Tejano Democrats			00054190	
4 Date	5 Payee name		<u> </u>		
05/19/2025	Constant Contact				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$70.36	1601 Trapelo Rd #329				
Expenditure from corporate funds	Waltham, MA 02451-7357				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) De	escription		
OF	Advertising Expense		Check if travel outsid	le of Texas. Com	plete Schedule T.
EXPENDITURE			Check if Austin, TX,	officeholder living	expense
		Etl	hernet		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıght		Office he	eld
experience to someth eye.					
Date	Payee name				
06/18/2025	Constant Contact				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$76.76	1601 Trapelo Rd #329				
Expenditure from					
corporate funds	Waltham, MA 02451-7357				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) De	escription		
OF EXPENDITURE	Advertising Expense		Check if travel outsid		
			Check if Austin, TX, i hernet	officeholder living	expense
		= "	nemet		
Complete ONLY if direct	Candidate/Officeholder name Office sou	l Ight		Office he	ald
expenditure to benefit C/O		ignt		Office fie	aiu .
D-1-					
Date	Payee name				
01/23/2025	Reliant Energy				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$28.67	P.O. Box 3765				
Expenditure from					
corporate funds	Houston, TX 77253				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) De	escription		
EXPENDITURE	Office Overhead/Rental Expense	ΙH	Check if travel outsid		
		Uti	tilities	omeenolder hving	Схропос
Complete ONLY if direct	Candidate/Officeholder name Office sou	ı <u> </u>		Office he	eld
expenditure to benefit C/O		-			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

divertising Expense Event Expense Loan Repayment/Reimbu

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

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 comp	elete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 6/7 Rpt: 13/14	Harris County Tejano Democrats	00054190
4 Date	5 Payee name	
02/11/2025	Reliant Energy	
6 Amount (\$)	7 Payee address; City; State; Zip Code	,
\$63.97	P.O. Box 3765	
Expenditure from corporate funds	Houston, TX 77253	
8 PURPOSE OF	, -	Description
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Utilities
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/OI		t Office field
Date	Payee name	
03/24/2025	Reliant Energy	
Amount (\$)	Payee address; City; State; Zip Code	
\$30.40	P.O. Box 3765	
— F		
Expenditure from corporate funds	Houston, TX 77253	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	'	Check if Austin, TX, officeholder living expense
		Utilities
Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/OI	1	
Date	Payee name	
04/09/2025	Reliant Energy	
Amount (\$)	Payee address; City; State; Zip Code	
\$21.46	P.O. Box 3765	
Expenditure from corporate funds	Houston, TX 77253	
PURPOSE) Description
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overfleau/Refital Expense	Check if Austin, TX, officeholder living expense
		Utilities
Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/OI		

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	
Great Gara i ayınıcın	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/7 Rpt: 14/14	Harris County Tejano Democrats 00054190
4 Date	5 Payee name
05/08/2025	Reliant Energy
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$21.91	P.O. Box 3765
Expenditure from corporate funds	Houston, TX 77253
8 PURPOSE	1
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	Check if Austin, TX, officeholder living expense
	Utilities
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
06/12/2025	Reliant Energy
Amount (\$)	Payee address; City; State; Zip Code
\$37.81	P.O. Box 3765
Expenditure from corporate funds	Houston, TX 77253
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
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
experialiture to benefit C/OI	<u>'</u>
Date	Payee name
06/09/2025	State Tejano Democrats
Amount (\$)	Payee address; City; State; Zip Code
\$2,520.00	168 Cimarron Park Loop
Expenditure from corporate funds	Buda, TX 78610
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAI LINDITORE	Check if Austin, TX, officeholder living expense
	Membership
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belieff C/OI	•