FORM CEC COUNTY EXECUTIVE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The CEC Instruction Guide explains how to complete this form. 30 00055995 3 COMMITTEE NAME **OFFICE USE ONLY** Cameron County Democratic Party Executive Committee (CEC) Date Received **ELECTRONICALLY FILED** 07/15/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1411 N Stuart Place Rd Date Hand-delivered or Date Postmarked Ste C Harlingen, TX 78552 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Denise G NAME NICKNAME LAST **SUFFIX** Chavez STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 7248 Mulberry St STREET **ADDRESS** (Residence or Business) Brownsville, TX 78526 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 7248 Mulberry St MAILING **ADDRESS** Brownsville, TX 78520 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 371-7378 PHONE REPORT January 15 30th day before election Final Report **TYPE** 10th day after campaign treasurer 8th day before election 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 11/05/2024 χ General Special **GO TO PAGE 2**

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Cameron County Demo	cratic Party Executiv	ve Committee (CEC)	00055995	;
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	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.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOAN CONTRIBUTIONS Check here if this rep	ZED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR S MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold	\$	0.00
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	39,695.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITION	CAL EXPENDITURES	\$	24,836.13
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	L CONTRIBUTIONS MAINTAINED AS OF THE LAST ING PERIOD	DAY \$	26,398.75
OUTSTANDING LOAN TOTALS	•	AL AMOUNT OF ALL OUTSTANDING LOANS AS OF T E REPORTING PERIOD	THE \$	2,086.55
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Ms. Denis	e G Chavez	
		Signature of Cal	mpaign Treası	urer
AFFIX NOTARY	STAMP / SEAL ABOV	E		
Sworn to and subscribed	before me, by the said	, tł	nis the	day
		fy which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offi	cer administering oath

SUBTOTALS - CEC

10.

TO FILER

FORM CEC COVER SHEET PG 3

\$

18 Filer ID 17 COMMITTEE NAME (Ethics Commission Filers) Cameron County Democratic Party Executive Committee (CEC) 00055995 19 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 39,695.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS 3. \$ SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 24,836.13 \$ 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$

SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS	SCHEDULE	A1
	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 1/7 Rpt: 4/30		
2	FILER NAME	winty Domocratic Darty Evecu	tive Committee (CEC)		3 Filer ID (Ethics Commission I	Filers)
_		ounty Democratic Party Execu			00055995	
4	Date 01/18/2025	5 Full name of contributor Alegria, Adina6 Contributor address; City; Si	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	\$400.00
		Harlingen, TX 78552				
8	Principal occu	pation / Job title (See Instructions	(3)	9 Employer (See Instructions	s)	
	Executive Di	rector		Texas Valley Educators	Association	
	Date 01/18/2025	Full name of contributor Barreda, Albert Contributor address; City; S	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$100.00
		Brownsville, TX 78526				
		pation / Job title (See Instructions	5)	Employer (See Instructions	5)	
Not Employed			Not Employed			
	Date 01/18/2025	Full name of contributor Benavidez, Alan Contributor address; City; S	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$25.00
		Brownsville, TX 78526				
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	s)	
	Insurance Sa	ales		Primerica		
	Date Full name of contributor out-of-state PAC (ID#:_ 01/18/2025 Camarillo, Edward Contributor address; City; State; Zip Code Brownsville, TX 78520			Amount of Contribution (\$)	\$25.00	
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions Sunshine Haven	5)			
	Date 01/10/2025	Full name of contributor out-of-state PAC (ID#:) Castilo, Monique Contributor address; City; State; Zip Code Los Fresnos, TX 78566		Amount of Contribution (\$)	\$25.00	
	Principal occu Grant Writer	pation / Job title (See Instructions	(3)	Employer (See Instructions Chicanos Por La Causa		
			<u>'</u>			

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 2/7 Rpt: 5/30	
2	FILER NAME Cameron Co	unty Democratic Party Executive Committee (CE	C)		3	Filer ID (Ethics Commission 00055995	n Filers)
4	Date 01/18/2025	5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$25.00	
_	5	Brownsville, TX 78520	——————————————————————————————————————	5 1 (0 1 1 1	_		
8	Principal occu Teacher	pation / Job title (See Instructions)	9	Employer (See Instructions Brownsville ISD	5)		
	Date 01/18/2025	Full name of contributor out-of-state PAC (ID Cortez, Marie Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$25.00
		Brownsville, TX 78521			_		
Principal occupation / Job title (See Instructions) Judge				Employer (See Instructions State of Texas	s)		
	Date 05/14/2025	Full name of contributor out-of-state PAC (ID Dahlstrom, Lassey Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$50.00
		Harlingen, TX 78559					
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	s)		
	Date Full name of contributor out-of-state PAC (ID#:) 01/18/2025 Esparza, Jennifer Contributor address; City; State; Zip Code Brownsville, TX 78521)	•	Amount of Contribution (\$)	\$25.00	
Principal occupation / Job title (See Instructions) Teacher				Employer (See Instructions Harlingen CISD	5)		
	Date 01/18/2025	Full name of contributor out-of-state PAC (ID#:) Flores, Donna Contributor address; City; State; Zip Code Brownsville, TX 78520			Amount of Contribution (\$)	\$25.00	
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions Idea Public Schools	5)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 3/7 Rpt: 6/30		
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		ounty Democratic Party Execu			L	00055995	
4	Date 01/18/2025	5 Full name of contributor Galvan, Cassandra	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$200.00
	01/16/2025	6 Contributor address; City; Si	ate: Zin Code		ł		φ200.00
		Rancho Viejo, TX 78575	ate, Zip Code				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>s)</u>		
Ū	Business Ov		,	Sculpt1	٠,		
	Date	Full name of contributor	out-of-state PAC (ID#:		Т	Amount of Contribution (\$)	
	01/22/2025	Garza, Sylvia	out or state 1710 (IB#			7 mileant of Continuation (4)	\$200.00
		Contributor address; City; Si	ate; Zip Code		1		
		Brownsville, TX 78520					
		pation / Job title (See Instructions	(3)	Employer (See Instructions	s)		
County Clerk			Cameron County	_			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	# 000 00
	01/18/2025	Hammes, Patrick					\$200.00
		Contributor address; City; Si	ate; Zip Code				
		Brownsville, TX 78521					
Principal occupation / Job title (See Instructions) Employer (See Instructions)			Employer (See Instructions	s)			
	Educator			Brownsville ISD			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/18/2025	Hockema, Jared					\$700.00
		Contributor address; City; Si	ate; Zip Code		1		
		Harlingen, TX 78552					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	2) 		
	Consultant	pation / dob title (ede motidatione		Frontera Consultants R			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)	
	01/18/2025	LaMantia, Morgan (Ms.)	out of state 1 Ac (ID#			7 another of Contribution (4)	\$25.00
		Contributor address; City; Si	ate: Zip Code		1		
		, ,,					
		South Padre Island, TX 7					
		pation / Job title (See Instructions	(i)	Employer (See Instructions	s)		
	Attorney			L&F Distributors			

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 4/7 Rpt: 7/30		
2	FILER NAME Cameron Co	unty Democratic Party Executive	e Committee (CEC)		3	Filer ID (Ethics Commission 00055995	n Filers)
4	Date 01/18/2025	5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$25.00	
_	Dringing! aggs	Brownsville, TX 78520	I ₀	Employer (Coo Instructions	_		
8	Executive Di	pation / Job title (See Instructions) rector	9	Employer (See Instructions Mitte Cultural District	5)		
	Date 01/18/2025	Full name of contributor Martinez, Rosemary Contributor address; City; State)		Amount of Contribution (\$)	\$100.00
	Principal occu	Brownsville, TX 78520 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Not Employe			Not Employed	,		
	Date Full name of contributor out-of-state PAC (ID#: O1/18/2025 Orozco, Marcela Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00	
		Brownsville, TX 78520					
			Employer (See Instructions South West Key	5)			
Date Full name of contributor out-of-state PAC (ID#:) 01/10/2025 Reagan, Lizzie Contributor address; City; State; Zip Code Harlingen, TX 78550				Amount of Contribution (\$)	\$20.00		
			Employer (See Instructions Harlingen CISD	()			
	Date Full name of contributor out-of-state PAC (ID#:) 02/10/2025 Reagan, Lizzie Contributor address; City; State; Zip Code Harlingen, TX 78550			Amount of Contribution (\$)	\$10.00		
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions Harlingen CISD	i)		

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 5/7 Rpt: 8/30		
2	FILER NAME Cameron Co	unty Democratic Party Executive Committee (CEC)			3	Filer ID (Ethics Commission 00055995	n Filers)	
4	Date 03/10/2025			7	Amount of Contribution (\$)	\$10.00		
_		Harlingen, TX 78550	_					
8	Principal occu Teacher	pation / Job title (See Instructions)	9	Employer (See Instructions Harlingen CISD	5)			
	Date 04/10/2025	Full name of contributor out-of-state PAC (ID#:_ Reagan, Lizzie Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00	
	Dringing age	Harlingen, TX 78550	_	Employer (Coo Instructions	<u></u>			
Principal occupation / Job title (See Instructions) Teacher				Employer (See Instructions Harlingen CISD	5)			
	Date 05/10/2025)		Amount of Contribution (\$)	\$10.00	
		Harlingen, TX 78550						
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions Harlingen CISD	s)			
	Date 06/10/2025 Reagan, Lizzie Contributor address; City; State; Zip Code Harlingen, TX 78550		•	Amount of Contribution (\$)	\$10.00			
Principal occupation / Job title (See Instructions) Teacher			Employer (See Instructions Harlingen CISD	5)				
	Date 01/18/2025	Full name of contributor out-of-state PAC (ID#:) Sandoval, Edward Contributor address; City; State; Zip Code Lyford, TX 78569		•	Amount of Contribution (\$)	\$200.00		
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Cameron County	5)			
			<u> </u>					

	MONET	ARY POLITICAL CO	ONTRIBUTION	IS		SCHEDULE A1
	The Instruction Guide explains how to complete this form.			m.	1	Total pages Schedule A1: Sch: 6/7 Rpt: 9/30
2	FILER NAME Cameron Co	unty Democratic Party Executive	e Committee (CEC)		3	Filer ID (Ethics Commission Filers) 00055995
4	Date 06/05/2025	_ · · · · · · · · · · · · · · · · · · ·		7	Amount of Contribution (\$) \$25,000.00	
_		Washington, DC 20003				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)	
	Date 02/12/2025	Full name of contributor Texas Majority PAC Contributor address; City; State)		Amount of Contribution (\$) \$12,000.00
	Principal occu	Washington, DC 20003 pation / Job title (See Instructions)		Employer (See Instructions)	
		(00000000000000000000000000000000000000			,	
	Date 01/18/2025	Full name of contributor Tovar, Edgar Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code)		Amount of Contribution (\$) \$25.00
	Dringing age	Brownsville, TX 78520		Employer (Coo Instructions		
	Device Sales	pation / Job title (See Instructions)		Employer (See Instructions Abbott	,	
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$) \$25.00		
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)	
	Date 04/10/2025	Full name of contributor out-of-state PAC (ID#:) Vasquez, Jessica Contributor address; City; State; Zip Code Harlingen, TX 78552			Amount of Contribution (\$) \$100.00	
	Principal occu LVN	pation / Job title (See Instructions)		Employer (See Instructions)	

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 7/7 Rpt: 10/30
2	FILER NAME Cameron County Democratic Party Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00055995
4	Date 01/18/2025 5 Full name of contributor out-of-state PAC (ID#: Zamora, Daisy 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$25.0
	Brownsville, TX 78520	
8	Principal occupation / Job title (See Instructions) 9 Employer (S UNC Chap	see Instructions) el Hill
	Date Full name of contributor out-of-state PAC (ID#:	Amount of Contribution (\$) \$25.0
	Contributor address; City; State; Zip Code	
	Brownsville, TX 78520	
	Principal occupation / Job title (See Instructions) Employer (Superployed Unemployed	see Instructions)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ		
1	Total pages Schedule F1: Sch: 1/20 Rpt: 11/30	2 FILER NAME Cameron County Democratic Party Executive Committee 3 Filer ID (Ethics Commission Filers) 00055995
4	Date	5 Payee name
	01/19/2025	Act Blue Tech Svcs
6	Amount (\$) \$88.91	7 Payee address; City; State; Zip Code PO Box 962017 Boston, MA 02196
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 Service Charge
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/12/2025	Act Blue Tech Svcs
	Amount (\$) \$0.21	Payee address; City; State; Zip Code PO Box 962017
		Boston, MA 02196
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Service Charge
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/10/2025	Act Blue Tech Svcs
	Amount (\$) \$0.40	Payee address; City; State; Zip Code PO Box 962017
		Boston, MA 02196
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Service Charge
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
se Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		
1	Total pages Schedule F1: Sch: 2/20 Rpt: 12/30	2 FILER NAME Cameron County Democratic Party Executive Committee 3 Filer ID (Ethics Commission Filers) 00055995
4	Date	5 Payee name
	03/10/2025	Act Blue Tech Svcs
6	Amount (\$) \$0.40	7 Payee address; City; State; Zip Code PO Box 962017 Boston, MA 02196
	DUDDOCE	1
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Service Charge
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/10/2025	Act Blue Tech Svcs
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	PO Box 962017
		Boston, MA 02196
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Service Charge
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/10/2025	Act Blue Tech Svcs
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	PO Box 962017
		Boston, MA 02196
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Service Charge
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cor Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	1
1 Total pages Schedule F1: Sch: 3/20 Rpt: 13/30	2 FILER NAME Cameron County Democratic Party Executive Committee 3 Filer ID (Ethics Commission Filers) 00055995
4 Date	5 Payee name
05/18/2025	Act Blue Tech Svcs
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.98	PO Box 962017
Φ1.98	LO DOV 2050T1
	Boston, MA 02196
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
	Service Charge
O Commission Chilly W. F.	Open districts (Office health a group of the seconds)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
p. 1	
Date	Payee name
06/10/2025	Act Blue Tech Svcs
Amount (\$)	Payee address; City; State; Zip Code
\$0.40	PO Box 962017
	Boston, MA 02196
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 Service Charge
	Service Charge
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
02/28/2025	Carisma Graphics
Amount (\$)	Payee address; City; State; Zip Code
\$217.91	2100 Central Blvd
	Brownsville, TX 78520
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Printing of Sign
Complete ONLY if direct	Candidate/Officeholder name Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/20 Rpt: 14/30	Cameron County Democratic Party Executive Committee 00055995
4	Date	5 Payee name
	04/02/2025	City of Brownsville
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$130.00	PO Box 911
		Brownsville, TX 78520
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Building Inspection Fee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/09/2025	Dollar General
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.50	1304 Central Blvd
	Ψ3.30	1304 Central Diva
		BROWNSVILLE, TX 78520
	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
		Office Supplies
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/31/2025	Dollar General
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.20	1304 Central Blvd
		BROWNSVILLE, TX 78520
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office Supplies
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 5/20 Rpt: 15/30	Cameron County Democratic Party Executive Committee 00055995
4	Date	5 Payee name
	01/13/2025	Fiesta Graphics
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	205 Paredes Line Rd
		Brownsville, TX 78520
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Printing of Materials
		1 mung of Materials
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	•	
	Date	Payee name
	06/28/2025	GoDaddy.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.49	7145 E 1st St
		Scottsdale, AZ 85251
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Web Hosting Fee
		Web Hosting Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	- · · · · · · · · · · · · · · · · · · ·
L		
	Date	Payee name
L	03/06/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.59	1628 Central Blvd
		Brownsville, TX 78520
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Office Supplies
	Complete ONLY if allowers	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								
1	Total pages Schedule F1: Sch: 6/20 Rpt: 16/30	2 FILER NAME Cameron County Democratic Party Executive Committee 3 Filer ID (Ethics Commission Filers) 00055995							
Ļ									
4	Date 01/31/2025	5 Payee name HEB							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$11.81	1628 Central Blvd							
		Brownsville, TX 78520							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		Office Supplies							
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	01/01/2025	Intuit Inc.							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,266.36	2700 Coast Ave							
		Mountain View, CA 94043							
	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							
		QuickBooks Fees							
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	01/06/2025	Intuit Inc.							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$853.36	2700 Coast Ave							
		Mountain View, CA 94043							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		Accounting Fee							
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F4	1
1 Total pages Schedule F1: Sch: 7/20 Rpt: 17/30	2 FILER NAME Cameron County Democratic Party Executive Committee 3 Filer ID (Ethics Commission Filers) 00055995
4 Date	5 Payee name
06/05/2025	Lone Star National Bank
6 Amount (\$) \$15.00	7 Payee address; City; State; Zip Code 3300 N Expwy Brownsville, TX 78520
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 Wire Fee
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/12/2025	Lone Star National Bank
Amount (\$)	Payee address; City; State; Zip Code
\$15.00	3300 N Expwy
DUDDOCE	Brownsville, TX 78520
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Wire Fee
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/31/2025	Lone Star National Bank
Amount (\$)	Payee address; City; State; Zip Code
\$15.00	3300 N Expwy
	Brownsville, TX 78520
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Bank Fee
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>		· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 8/20 Rpt: 18/30	2 FILER NAME Cameron County Democratic Party Executive Committee 3 Filer ID (Ethics Commission Filers) 00055995
4	Date	5 Payee name
	06/09/2025	MailChimp
6	Amount (\$) \$28.25	7 Payee address; City; State; Zip Code 405 N Angier Ave NE Atlanta, GA 30308
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense E-mails
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/16/2025	MailChimp
	Amount (\$) \$14.12	Payee address; City; State; Zip Code 405 N Angier Ave NE
		Atlanta, GA 30308
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense E-Mail
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 06/03/2025	Payee name NGP VAN
	Amount (\$) \$111.93	Payee address; City; State; Zip Code 655 15 St NW Ste 650 Washington, DC 20005
	PURPOSE OF EXPENDITURE	(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. Check if Austin, TX, officeholder living expense Data Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee	Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Salaries	Expens /Wages	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 N	AME				3	Filer ID	(Ethics Commission Filers)		
L	Sch: 9/20 Rpt: 19/30	Camero	on County Democratic I	Party Executive	Con	nmittee		00055995			
4	Date	5 Payee n	ame								
	05/02/2025	NGP V	AN								
6	Amount (\$)	7 Payee a	ddress; City;	State; Zip C	Code						
	\$111.93	655 15	St NW								
		Ste 650	1								
		Washin	gton, DC 20005								
8	PURPOSE	(a) Categor	(See Categories listed at the to	on of this schedule)	(b)	Description					
	OF EXPENDITURE		Overhead/Rental Exper		` `		outsi	de of Texas. Comp	olete Schedule T.		
	EXPENDITORE					—	n, TX,	officeholder living	expense		
						Data Fee					
<u> </u>	0 1. 0		101111111111111111111111111111111111111		<u> </u>						
9	Complete ONLY if direct expenditure to benefit C/O		e/Officeholder name	Office so	ought			Office he	eld		
	Date	Payee n	ame								
	04/28/2025	NGP V	AN								
	Amount (\$)	Payee a	ddress; City;	State; Zip C	Code						
	\$111.93	655 15	655 15 St NW								
		Ste 650	1								
		Washin	gton, DC 20005								
	PURPOSE	(a) Categor	(See Categories listed at the to	op of this schedule)	(b)	Description					
	OF EXPENDITURE		Overhead/Rental Exper			_ `	outsi	de of Texas. Com	plete Schedule T.		
	LAI LINDITORE		•				n, TX,	officeholder living	expense		
						Data Fee					
_	Complete ONII V if allows:	Compliate	/Officebolder ====	Off:	N 1 e 1 - 4			O#: 1	.id		
	Complete ONLY if direct expenditure to benefit C/O		e/Officeholder name	Office so	ougnt			Office he	eia		
	Date	Payee n	ame								
	04/07/2025	NGP V	AN								
	Amount (\$)	Payee a	ddress; City;	State; Zip C	Code						
	\$111.93	655 15	St NW								
		Ste 650	Ste 650								
		Washin	gton, DC 20005								
	PURPOSE	(a) Categor	(See Categories listed at the to	on of this schedule)	(b)	Description					
	OF		Overhead/Rental Exper		'		outsi	de of Texas. Comp	plete Schedule T.		
	EXPENDITURE		1			_	n, TX,	officeholder living	expense		
						Data Fee					
	Complete ONLY if direct expenditure to benefit C/O		e/Officeholder name	Office so	ought			Office he	eld		
	- parameter solitone of or										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal S		Salar		es/Contract			OTHER (enter	a category not listed ab	ove)
	oroan oara'r aymon		The In	struction Guid	de explains how to	comp	lete this f	form.				
1	Total pages Schedule F1:	2 FILER	NAME						3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 10/20 Rpt: 20/30	Came	ron County	Democration	Party Executi	ve Co	mmittee	:		00055995		
4	Date	5 Payee	name					•				
	02/06/2025	NGP										
6	Amount (\$)	7 Payee	address;	City;	State; Zip	Code						
	\$106.60	655 1	5 St NW	•	•							
		Ste 6!	50									
			ington, DC	20005								
8	PURPOSE					l/h	\ D					
°	OF	1			top of this schedule)	(0	Descri	•	outsi	de of Texas, Co	mplete Schedule T.	
	EXPENDITURE	Office	: Overneau/	Rental Expe	ense					officeholder livir	•	
							Data I	Fee				
9	Complete ONLY if direct		ate/Officehold	ler name	Office	sough	t			Office h	neld	
	expenditure to benefit C/O	+										
	Date	Payee	name									
	01/03/2025	NGP										
	Amount (\$)	Payee	address;	City;	State; Zip	Code						
	\$106.60	655 1	5 St NW									
		Ste 6	50									
		 Wash	ington, DC	20005								
	PURPOSE				top of this schedule)	[(b) Descri	ntion				
	OF	l				("	_	•	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Expense L					Che	Check if Austin, TX, officeholder living expense				
							Data I	Fee				
	Complete ONLY if direct expenditure to benefit C/O		ate/Officehold	ler name	Office	sough	t			Office h	neld	
	experiulture to beriefit C/O	1										
	Date	Payee	name									
	06/16/2025	Provid	dencia Capi	tal								
	Amount (\$)	Payee	address;	City;	State; Zip	Code						
	\$1,200.00	1801	S 2nd St									
		McAll	en, TX 7852	20								
	PURPOSE	(a) Categ	ory (See Categ	ories listed at the	top of this schedule)	(b) Descri	ption				
	OF EXPENDITURE			Rental Expe							mplete Schedule T.	
	LAI LINDITORL							ck if Austin,	, TX,	officeholder livir	ng expense	
							Rent					
_	Complete ONLY if direct	Condida	oto/Officabel=	lor nome	Office	courals	:			Office	oold	
	Complete ONLY if direct expenditure to benefit C/Ol		ate/Officehold	iei name	Office	sougn	L			Office h	leiu	
_												

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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/20 Rpt: 21/30	Cameron County Democratic Party Executive Committee 00055995
4	Date	5 Payee name
	05/06/2025	Providencia Capital
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,200.00	1801 S 2nd St
		McAllen, TX 78520
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Rent
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	04/09/2025	Providencia Capital
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,200.00	1801 S 2nd St
		McAllen, TX 78520
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Rent
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/02/2025	Providencia Capital
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,200.00	1801 S 2nd St
		McAllen, TX 78520
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Rent
		Kein
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

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 Salaries (Contract Labor

sement Solicitation/Fundraising Expense
pense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a extraory not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·								
_	Sch: 12/20 Rpt: 22/30	Cameron County Democratic Party Executive Committee 00055995								
4	Date	Payee name								
	06/16/2025	Public Utilities Board								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$51.28	1425 Robinhood Dr								
		Brownsville, TX 78521								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.								
		Check if Austin, TX, officeholder living expense Utilities								
		Othites								
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
9	expenditure to benefit C/OI									
	Date	Payee name								
	05/16/2025	Public Utilities Board								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$56.09	1425 Robinhood Dr								
		Brownsville, TX 78521								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Office Overhead/Rental Expense								
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense								
		Utilities								
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
	Date	Payee name								
	04/14/2025	Public Utilities Board								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$48.93	1425 Robinhood Dr								
		Brownsville, TX 78521								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Office Overhead/Rental Expense								
	EXI ENDITORE	Check if Austin, TX, officeholder living expense								
		Utiliies								
	0 1: 0:::::::::::::::::::::::::::::::::									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 13/20 Rpt: 23/30	2 FILER NAME Cameron County Democratic Party Executive Committee 3 Filer ID (Ethics Commission Filers) 00055995
4	Date 03/17/2025	5 Payee name Public Utilities Board
6	Amount (\$) \$52.15	7 Payee address; City; State; Zip Code 1425 Robinhood Dr Brownsville, TX 78521
8	PURPOSE OF EXPENDITURE	(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. Check if Austin, TX, officeholder living expense Utilities
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 04/17/2025	Payee name Sam's Club
	Amount (\$) \$50.00	Payee address; City; State; Zip Code 3570 Alton gloor blvd. Brownsville, TX 78520
	PURPOSE OF EXPENDITURE	(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. Check if Austin, TX, officeholder living expense Office Supplies
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/31/2025	Payee name Sam's Club
	Amount (\$) \$4.72	Payee address; City; State; Zip Code 3570 Alton gloor blvd.
		Brownsville, TX 78520
	PURPOSE OF EXPENDITURE	(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. Check if Austin, TX, officeholder living expense Office Supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
Ļ	Sch: 14/20 Rpt: 24/30	Cameron County Democratic Party Executive Committee 00055995
4	Date 01/17/2025	5 Payee name Sam's Club
6		
٥	Amount (\$) \$139.36	7 Payee address; City; State; Zip Code 3570 Alton gloor blvd.
	Ψ100.00	3370 / Iton giodi biva.
		Brownsville, TX 78520
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Office Supplies
		Стоб Сарриос
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	06/04/2025	Scale to Win
	Amount (\$)	Payee address; City; State; Zip Code
	\$514.28	13742 Harper St
		Santa Ana , CA 92703
	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		Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Text Message Charges
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorare to benefit C/Of	
	Date	Payee name
	05/06/2025	Scale to Win
	Amount (\$)	Payee address; City; State; Zip Code
	\$111.93	13742 Harper St
		Santa Ana , CA 92703
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Text Messages
	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

	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: 15/20 Rpt: 25/30	Cameron County Democratic Party Executive Committee 00055995
4	Date	5 Payee name
L	06/09/2025	Southwest Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$410.59	2702 Love Field
		Dallas, TX 75235
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel to SDEC Meeting, Ben Whitman
		3 , 1 1 1 3 , 1 1 1 3
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/10/2025	Spectrum
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.41	2309 W Lincoln Ave
		Ste B
		Harlingen, TX 78552
	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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	05/12/2025	Spectrum
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.41	2309 W Lincoln Ave
		Ste B
		Harlingen, TX 78552
	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 ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions Made B Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made by - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services		alaries/Wa		pes/Contract Labor OTHER (enter a category not listed abo				ve)		
	Credit Card Payment			The Instruction G	uide explains ho	w to con	nple	te this form.					
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	n Filers)	
	Sch: 16/20 Rpt: 26/30		Cameron Co	ounty Democra	tic Party Exec	utive C	om	mittee		00055995			
4	Date	5	Payee name										
	04/10/2025		Spectrum										
6	Amount (\$)	7	Payee addres	ss; City;	State; Z	Zip Cod	de						
	\$80.41		2309 W Lind	coln Ave									
			Ste B										
			Harlingen, T	X 78552									
8	PURPOSE	\vdash				1	(h)	Description					
ľ	OF			e Categories listed at t nead/Rental Ex		ile)	(1)		outsi	de of Texas. Con	nplete Schedule T.		
	EXPENDITURE		Office Over	icaa/Nemai Ex	perise			므		officeholder livin	•		
								Internet					
9	Complete ONLY if direct		andidate/Offic	ceholder name	Offi	ce soug	jht			Office h	eld		
	expenditure to benefit C/OI	Н											
	Date		Payee name										
	03/10/2025		Spectrum										
	Amount (\$)		Payee addres	ss; City;	State; Z	Zip Cod	de						
	\$80.41		2309 W Lind	coln Ave									
			Ste B										
			Harlingen, T	X 78552									
	PURPOSE	├		e Categories listed at t	he top of this sehedu	(a)	(b)	Description					
	OF					ile)	(,	`	outsi	de of Texas. Con	nplete Schedule T.		
	EXPENDITURE		Office Overhead/Rental Expense					Check if Austin	Check if Austin, TX, officeholder living expense				
								Internet					
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	ceholder name	Offic	ce soug	jht			Office h	eld		
	experialitate to beliefit C/O												
	Date		Payee name										
	06/18/2025		State Farm	Insurance									
	Amount (\$)		Payee addres	ss; City;	State; Z	Zip Cod	de						
	\$70.50		P.O. Box 58	8002									
			North Metro	, GA 30029									
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this schedu	ıle) ((b)	Description					
	OF EXPENDITURE			nead/Rental Ex							nplete Schedule T.		
	EXPENDITORE								ı, TX,	officeholder livin	g expense		
								Insurance					
	Complete ONLY if allower	<u> </u>	andidate (Off.	acholder record	000	00.05::	٠			Off: 1	ald		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Offic	ceholder name	Offic	ce soug	ınt			Office h	eiu		

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

Reimbursement Solicitation/Fundraising Expense
ental 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	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 17/20 Rpt: 27/30	Cameron County Democratic Party Executive Committee 00055995							
4	Date	5 Payee name							
	05/16/2025	State Farm Insurance							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$70.50	P.O. Box 588002							
		North Metro, GA 30029							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		Insurance							
		institutios							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
9	expenditure to benefit C/O								
	Date	Payee name							
	04/16/2025	State Farm Insurance							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$70.50	P.O. Box 588002							
North Metro, GA 30029									
	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							
		Insurance							
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·							
_	D 4-								
	Date	Payee name State Form Incurance							
	03/17/2025	State Farm Insurance							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$70.50	P.O. Box 588002							
		North Metro, GA 30029							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE		Office Overhead/Rental Expense							
		Check if Austin, TX, officeholder living expense							
		Insurance							
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 18/20 Rpt: 28/30	Cameron County Democratic Party Executive Committee 00055995
4	Date	5 Payee name
	06/30/2025	Target
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.29	301 Morrison
		Brownsville, TX 78526
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Supplies
		Cinice Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
-	Date	Payee name
	06/28/2025	Textedly
	Amount (\$)	
	\$278.76	2536 E Workman Ave
		Corvina
		CA, TX 91791
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Text Messages
		Text Wessages
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	Davida marra
	Date 03/05/2025	Payee name Textedly
		,
	Amount (\$)	Payee address; City; State; Zip Code
	\$119.96	2536 E Workman Ave
		Corvina
		CA, TX 91791
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Text Messages
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 19/20 Rpt: 29/30	Cameron County Democratic Party Executive Committee 00055995							
4	Date	5 Payee name							
	01/03/2025	Textedly							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$339.54	2536 E Workman Ave							
		Corvina							
		CA, TX 91791							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense Text Messages							
		TOAL MESSAGES							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI								
	Date	Payee name							
	06/06/2025	Whitman, Benjamin							
Amount (\$) Payee address; City; State; Zip Code									
\$8,124.00 16984 Crystal Ln									
	Harlingen, TX 78552								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
EXPENDITURE		Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
Salary									
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	1							
	Date	Payee name							
	04/09/2025	Whitman, Benjamin							
	Amount (\$) Payee address; City; State; Zip Code								
	\$1,875.00 16984 Crystal Ln								
		Harlingen, TX 78552							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Salaries/Wages/Contract Labor							
		Check if Austin, TX, officeholder living expense Salary							
		Salary							
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held									
	expenditure to benefit C/OH								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp		se s/Contract Labor	Travel in Disti Travel Out of OTHER (ente	
1	Total pages Schedule F1:					3 Filer ID	(Ethics Commission Filers)
L	Sch: 20/20 Rpt: 30/30	Cameron	County Democratic Part	y Executive Cor	mmittee	00055999	5
4	Date	5 Payee nam					
	03/17/2025	Whitman,	Benjamin				
6 Amount (\$) 7 Payee address; City; State; Zip Code							
	\$3,750.00	16984 Cry	stal Ln				
		Harlingen,	TX 78552				
8	PURPOSE	(a) Category	(See Categories listed at the top of t	his schedule) (b)	Description		
	OF EXPENDITURE	Salaries/V	Vages/Contract Labor		_		omplete Schedule T.
					Wages	n, TX, officeholder liv	ing expense
					3		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/O H	fficeholder name	Office sought		Office	held