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. 00015946 3 COMMITTEE NAME **OFFICE USE ONLY** Nueces County Democratic Executive Committee (CEC) Date Received **ELECTRONICALLY FILED** 07/15/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 6102 Ayers Ste. 107 Date Hand-delivered or Date Postmarked Corpus Christi, TX 78415 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Stephanie NAME NICKNAME LAST **SUFFIX** Guerrero Saenz STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 6022 Sweet Gum STREET **ADDRESS** (Residence or Business) Corpus Christi, TX 78415 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 6022 Sweet Gum MAILING **ADDRESS** Corpus Christi, TX 78415 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (361) 249-3041 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 χ Primary Runoff Other 03/03/2026 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)
Nueces County Democ	ratic Executive Com	mittee (CEC)	000159	46
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		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOAN CONTRIBUTIONS	ZED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR S MADE ELECTRONICALLY) Nort qualifies for the higher itemization threshold	\$	20.00
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	8,590.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITION	CAL EXPENDITURES	\$	10,786.76
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	L CONTRIBUTIONS MAINTAINED AS OF THE LAST ING PERIOD	DAY \$	6,645.79
OUTSTANDING LOAN TOTALS		AL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u>'</u>		<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mrs. Stephanie	Guerrero	Saenz
		Signature of Ca		
AFFIX NOTARY	STAMP / SEAL ABOV			
Sworn to and subscribed	before me, by the said	, tl	his the	day
of	_, 20, to certi	fy which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of o	officer administering oath

SUBTOTALS - CEC

FORM CEC COVER SHEET PG 3 3 of 49

				3 of 49				
17 COMMITTEE	E NAME	18 Filer ID	(Ethics Commissi	on Filers)				
Nueces Co	unty Democratic Executive Committee (CEC)	00015946						
19 SCHEDULE NAME OF S			SUBTOTAL AMOUNT					
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	8,590.00				
2. X	2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS							
3. X	\$	0.00						
4. X	4. X SCHEDULE E: LOANS							
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	10,786.76				
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00				
9.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$					
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$					
			1					

	MONEI	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/22 Rpt: 4/49	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Nueces Cou	nty Democratic Executive Committee (CEC)			00015946	
4	Date 06/30/2025	 Full name of contributor out-of-state PAC (ID#:_ Acker, Lori Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$100.00
		Corpus Christi, TX 78410				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions None	s)		
	Date 04/27/2025	Full name of contributor)		Amount of Contribution (\$)	\$25.00
		Corpus Christi, TX 78418		Ĺ		
	Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions Not Employed	s)		
	Date 06/07/2025	Full name of contributor			Amount of Contribution (\$)	\$100.00
		Corpus Christi, TX 78411				
	Principal occu Council Mem	pation / Job title (See Instructions) aber	Employer (See Instructions City of Corpus Christi	s)		
	Date 01/11/2025	Full name of contributor out-of-state PAC (ID#:_ Canales , Yolanda Contributor address; City; State; Zip Code Corpus Christi, TX 78404			Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	s)		
	Date 02/11/2025	Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	s)		

	MONET	ARY POLITICAL (CONTRIBUTION	N:	S		SCHEDUL	E A1
	The Instru	ction Guide explains hov	v to complete this fo	rm	1.	1	Total pages Schedule A1: Sch: 2/22 Rpt: 5/49	
2	FILER NAME Nueces Cou	nty Democratic Executive Co	mmittee (CEC)			3	Filer ID (Ethics Commission 00015946	n Filers)
4	Date 03/11/2025	5 Full name of contributor Canales , Yolanda6 Contributor address; City; S	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$25.00
		Corpus Christi, TX 78404						
8	Principal occu Retired	pation / Job title (See Instructions	9		Employer (See Instructions Retired	s)		
	Date 04/11/2025	Full name of contributor Canales , Yolanda Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu	Corpus Christi, TX 78404 pation / Job title (See Instructions			Employer (See Instructions Retired	 s)		
	Date 05/11/2025	Full name of contributor Canales , Yolanda Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Corpus Christi, TX 78404 pation / Job title (See Instructions			Employer (See Instructions	<u> </u> 5)		
	Date 06/11/2025	Full name of contributor Canales , Yolanda Contributor address; City; S Corpus Christi, TX 78404			Retired		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions	s)		Employer (See Instructions Retired	5)		
	Date 06/18/2025	Full name of contributor Castillo, Elida Contributor address; City; S Taft, TX 78390	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$125.00
	Principal occu Program Dire	pation / Job title (See Instructions	5)		Employer (See Instructions Chispa	;)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 3/22 Rpt: 6/49	
2	FILER NAME Nueces Cou	nty Democratic Executive Committee (CEC)			3	Filer ID (Ethics Commission 00015946	Filers)
4	Date 01/25/2025	 Full name of contributor			7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Corpus Christi, TX 78463 pation / Job title (See Instructions)	9	Employer (See Instructions	 S)		
	Date 02/25/2025	Full name of contributor out-of-state PAC (ID#:_Clower, George Contributor address; City; State; Zip Code Corpus Christi, TX 78463		None		Amount of Contribution (\$)	\$25.00
	Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions None	<u> </u>		
	Date 03/25/2025	Full name of contributor out-of-state PAC (ID#:) Clower, George Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00	
		Corpus Christi, TX 78463 pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 04/25/2025	Full name of contributor out-of-state PAC (ID#:_Clower, George Contributor address; City; State; Zip Code Corpus Christi, TX 78463		None		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions None	<u>l</u> S)		
	Date 05/25/2025	Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$25.00	
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions None	5)		

	MONEI	DNETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/22 Rpt: 7/49			
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)		
	Nueces Cou	nty Democratic Executive Co	mmittee (CEC)			00015946			
4	Date 06/25/2025	5 Full name of contributor out-of-state PAC (ID#:) Clower, George 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$25.00		
		6 Contributor address; City; S Corpus Christi, TX 78463							
•	Dringinal occu	pation / Job title (See Instruction:		9 Employer (See Instructions	-, 				
	Retired	pation / 300 title (See Instruction)	5)	None	3) 				
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)			
	02/23/2025	Connolly, Matthew					\$5.00		
		Contributor address; City; S	tate; Zip Code						
		Corpus Christi, TX 78418							
	Principal occupation / Job title (See Instructions)			Employer (See Instructions	5)				
	Appraiser			Atrium					
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)			
	04/05/2025	Dunn, Laurie & Craig					\$50.00		
		Contributor address; City; S Taos, NM 87571	tate; Zip Code						
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions	<u> </u> s)				
	Not Employe	·	•	None					
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Т	Amount of Contribution (\$)			
	05/05/2025	Dunn, Laurie & Craig				(+)	\$50.00		
		Contributor address; City; S	tate; Zip Code						
		Taos, NM 87571							
	Principal occu Not Employe	pation / Job title (See Instruction: ed	5)	Employer (See Instructions None	5)				
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)			
	06/05/2025	Dunn, Laurie & Craig					\$50.00		
		Contributor address; City; State; Zip Code							
		Taos, NM 87571							
	Principal occu Not Employe	pation / Job title (See Instruction: ed	5)	Employer (See Instructions None	5)				

	MONEI	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/22 Rpt: 8/49	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		nty Democratic Executive Committee (CEC)			00015946	
4	Date 01/02/2025	 5 Full name of contributor)	7	Amount of Contribution (\$)	\$5.00
		Corpus Christi , TX 78403				
8			9 Employer (See Instructions	5)		
	Disaster Ass	istance Department of Homeland Security	U.S. Government			
	Date 02/02/2025	Full name of contributor)		Amount of Contribution (\$)	\$5.00
		Corpus Christi , TX 78403				
	•	Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	Disaster Ass	istance Department of Homeland Security	U.S. Government			
	Date 03/02/2025	Full name of contributor			Amount of Contribution (\$)	\$5.00
		Corpus Christi , TX 78403				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Disaster Ass	istance Department of Homeland Security	U.S. Government			
	Disaster Assistance Department of Homeland Security Date O6/25/2025 Full name of contributor				Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	5)		
	Date 01/02/2025	Full name of contributor out-of-state PAC (ID#:_Galus, Christine Contributor address; City; State; Zip Code Corpus Christi, TX 78413)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions None)		

	MONET	ARY POLITICAL CONT		SCHEDULE A1			
	The Instruc	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 6/22 Rpt: 9/49	
2	FILER NAME Nueces Cour	nty Democratic Executive Committee (CEC)		3	Filer ID (Ethics Commission 00015946	Filers)
4	Date 02/02/2025	Galus, Christine 6 Contributor address; City; State; Zip C			7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Corpus Christi, TX 78413 pation / Job title (See Instructions)	9	Employer (See Instructions	 ;)		
	Not Employe	d		None			
	Date 03/02/2025	Full name of contributor out-of-Galus, Christine Contributor address; City; State; Zip C	state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Corpus Christi, TX 78413					
	Principal occupation / Job title (See Instructions)			Employer (See Instructions None	s)		
	Not Employe			Notie	_	Assessment of Ossatsila sticks (d)	
	Date 04/02/2025	Galus, Christine Contributor address; City; State; Zip C	state PAC (ID#: ode			Amount of Contribution (\$)	\$25.00
		Corpus Christi, TX 78413					
	Principal occup Not Employe	oation / Job title (See Instructions) d		Employer (See Instructions None	5)		
	Date 05/02/2025	Galus, Christine	state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occup	oation / Job title (See Instructions) d		Employer (See Instructions None	5)		
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00	
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions None	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 7/22 Rpt: 10/49	
2	FILER NAME Nueces Cou	nty Democratic Executive Committee (CEC)			3	Filer ID (Ethics Commission 00015946	n Filers)
4	Date 06/06/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$125.00
8	Principal occu	Corpus Christi, TX 78577 pation / Job title (See Instructions)	9	Employer (See Instructions) s)		
	Author Date 06/17/2025	Full name of contributor out-of-state PAC (ID#:_ Gonzalez, Caren Contributor address; City; State; Zip Code Corpus Christi, TX 78411		Self		Amount of Contribution (\$)	\$200.00
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>l</u> S)		
	Date 06/17/2025	Full name of contributor out-of-state PAC (ID#: Gonzalez, Caren Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
	Principal occu	Corpus Christi, TX 78411 pation / Job title (See Instructions)		Employer (See Instructions	 - s)		
	Teacher			Retired			
	Date Full name of contributor out-of-state PAC (ID#: 06/17/2025 Gonzalez, Caren Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu Teacher	Corpus Christi, TX 78411 pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> 5)		
	Date 06/17/2025	Date Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$25.00	
	Principal occu None	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		

	MONET	Α	RY POLITICAL C	CONTRIBUTIO)	IS		SCHEDUL	E A1
	The Instru	cti	on Guide explains how	to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 8/22 Rpt: 11/49	
2	FILER NAME Nueces Cou	nty	Democratic Executive Cor	nmittee (CEC)			3	Filer ID (Ethics Commission 00015946	n Filers)
4	Date 06/29/2025	<u> </u>	Full name of contributor Hernandez, Aidee Contributor address; City; St)	7	Amount of Contribution (\$)	\$100.00
			Corpus Christi, TX 78413						
8	Principal occu Accountant	ıpat	ion / Job title (See Instructions		9	Employer (See Instructions Self	s)		
	Date 01/15/2025		Full name of contributor Hernandez, Lisa Contributor address; City; St	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$20.00
	Dringing Loon		Corpus Christi, TX 78407			Employer (Co.) Instructions	<u></u>		
	Teacher	ıpaı	ion / Job title (See Instructions			Employer (See Instructions Retired	5)		
	Date 02/15/2025	Full name of contributor out-of-state PAC (ID#:) Hernandez, Lisa Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$20.00			
			Corpus Christi, TX 78407						
	Principal occu Teacher	ipat	ion / Job title (See Instructions			Employer (See Instructions Retired	5)		
	Date 03/15/2025		Full name of contributor Hernandez, Lisa Contributor address; City; St. Corpus Christi, TX 78407	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$20.00
	Principal occu Teacher	pat	ion / Job title (See Instructions			Employer (See Instructions Retired	5)		
	Date 04/15/2025		Full name of contributor Hernandez, Lisa Contributor address; City; St	out-of-state PAC (ID#:_			•	Amount of Contribution (\$)	\$20.00
	Principal occu Teacher	ipat	ion / Job title (See Instructions)		Employer (See Instructions Retired	5)		

	MONEI	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 9/22 Rpt: 12/49		
2	FILER NAME	aty Domogratic Evecutive Committee (CEC)		3 Filer ID (Ethics Commission Filers)		
_		nty Democratic Executive Committee (CEC)		00015946		
4 Date 05/15/2025		 Full name of contributor		7 Amount of Contribution (\$) \$20.00		
		Corpus Christi, TX 78407				
8	Principal occu Teacher	pation / Job title (See Instructions)	9 Employer (See Instructions Retired	s)		
	Date 06/15/2025	Full name of contributor		Amount of Contribution (\$) \$20.00		
		Corpus Christi, TX 78407	- / / / / / / /			
	Teacher	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
	Date 01/07/2025	Full name of contributor)	Amount of Contribution (\$) \$12.00		
		Corpus Christi, TX 78412				
	Principal occu Educator	pation / Job title (See Instructions)	Employer (See Instructions) Texas A&M University Corpus Christi			
Date 02/07/2025		Full name of contributor out-of-state PAC (ID#:_ Huerta, Carlos Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$12.00		
	Principal occu	Corpus Christi, TX 78412 pation / Job title (See Instructions)	Employer (See Instructions	<u></u>		
	Educator	valion / Job title (See instructions)	Texas A&M University C			
	Date 03/07/2025	Full name of contributor		Amount of Contribution (\$) \$12.00		
	<u> </u>	Corpus Christi, TX 78412				
	Principal occu Educator	pation / Job title (See Instructions)	Employer (See Instructions Texas A&M University C			

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 10/22 Rpt: 13/49	
2	FILER NAME Nueces Cou	nty Democratic Executive Committee (CEC)			3	Filer ID (Ethics Commission Filers) 00015946	
4	Date 04/07/2025	 Full name of contributor			7	Amount of Contribution (\$) \$12.	00
		Corpus Christi, TX 78412					
8	Principal occu Educator	pation / Job title (See Instructions)	9	Employer (See Instructions Texas A&M University C		pus Christi	
	Date 05/07/2025	Full name of contributor out-of-state PAC (ID#:_ Huerta, Carlos Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$12.	00
	Principal occu	Corpus Christi, TX 78412 pation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
	Educator			Texas A&M University C		pus Christi	
	Date 06/07/2025	Full name of contributor out-of-state PAC (ID#:_ Huerta, Carlos Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$12.	00
		Corpus Christi, TX 78412					
	Principal occu Educator	pation / Job title (See Instructions)		Employer (See Instructions Texas A&M University C		pus Christi	
	Date 06/08/2025	Full name of contributor out-of-state PAC (ID#:_ Jifi-Bahlool, Samer Contributor address; City; State; Zip Code Corpus Christi, TX 78414				Amount of Contribution (\$) \$1,250.	00
	Principal occu Medical Doc	pation / Job title (See Instructions) tor		Employer (See Instructions Self Employed	i)		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_ Jones, Patricia Contributor address; City; State; Zip Code Corpus Christi, TX 78413				Amount of Contribution (\$) \$100.	00
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions Retired)		

	MONET	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 11/22 Rpt: 14/49	
2	FILER NAME Nueces Cou	nty Democratic Executive Committee (CEC)			3	Filer ID (Ethics Commission 00015946	ı Filers)
4	Date 06/30/2025	 Full name of contributor out-of-state PAC (ID#:_ Klein, James (Dr.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$500.00
_		Corpus Christi, TX 78411	_		Ĺ		
8	Principal occu Professor	pation / Job title (See Instructions)	9	Employer (See Instructions Del Mar College	5)		
	Date 01/31/2025	Full name of contributor out-of-state PAC (ID#:_Klein, Teresa (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Dringing aggr	Corpus Christi, TX 78411		Employer (See Instructions	<u></u>		
	Professor	pation / Job title (See Instructions)		Del Mar College	·)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Klein, Teresa (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Corpus Christi, TX 78411					
	Principal occu Professor	pation / Job title (See Instructions)		Employer (See Instructions Del Mar College	s)		
	Date 03/31/2025	Full name of contributor out-of-state PAC (ID#:_Klein, Teresa (Dr.) Contributor address; City; State; Zip Code Corpus Christi, TX 78411)		Amount of Contribution (\$)	\$50.00
	Principal occu Professor	pation / Job title (See Instructions)		Employer (See Instructions Del Mar College	<u>l</u> s)		
	Date 04/30/2025	Full name of contributor out-of-state PAC (ID#:_Klein, Teresa (Dr.) Contributor address; City; State; Zip Code Corpus Christi, TX 78411				Amount of Contribution (\$)	\$50.00
	Principal occu Professor	pation / Job title (See Instructions)		Employer (See Instructions Del Mar College	s)		

	MONET	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 12/22 Rpt: 15/49	
2	FILER NAME Nueces Cou	nty Democratic Executive Committee (CEC)			3	Filer ID (Ethics Commission 00015946	Filers)
4	Date 05/31/2025	 Full name of contributor out-of-state PAC (ID#:_ Klein, Teresa (Dr.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$50.00
_	<u> </u>	Corpus Christi, TX 78411	_				
8	Principal occu Professor	pation / Job title (See Instructions)	9	Employer (See Instructions Del Mar College	5)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Klein, Teresa (Dr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	<u> </u>	Corpus Christi, TX 78411			<u></u>		
	Principal occu Professor	pation / Job title (See Instructions)		Employer (See Instructions Del Mar College	5)		
	Date 01/15/2025	Full name of contributor out-of-state PAC (ID#:_ Koivula, Carolyn Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
		Corpus Christi, TX 78411					
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions None	5)		
	Date 02/15/2025	Full name of contributor out-of-state PAC (ID#:_Koivula, Carolyn Contributor address; City; State; Zip Code Corpus Christi, TX 78411				Amount of Contribution (\$)	\$20.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions None	<u> </u>		
	Date 03/15/2025	Full name of contributor out-of-state PAC (ID#:_ Koivula, Carolyn Contributor address; City; State; Zip Code Corpus Christi, TX 78411)		Amount of Contribution (\$)	\$20.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions None	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	N	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 13/22 Rpt: 16/49	
2	FILER NAME Nueces Cou	nty Democratic Executive Committee (CEC)			3	Filer ID (Ethics Commission 00015946	ı Filers)
4	Date 04/15/2025	 Full name of contributor			7	Amount of Contribution (\$)	\$20.00
8	Principal occu	Corpus Christi, TX 78411 pation / Job title (See Instructions)	9	Employer (See Instructions	;) 		
	Retired	salion, out the (ede institution)	•	None	,,		
	Date 05/15/2025	Full name of contributor out-of-state PAC (ID#: Koivula, Carolyn Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
		Corpus Christi, TX 78411					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions None	s)		
	Date 06/15/2025	Full name of contributor out-of-state PAC (ID#: Koivula, Carolyn Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$20.00
		Corpus Christi, TX 78411					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions None	5)		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#: Koivula, Carolyn Contributor address; City; State; Zip Code Corpus Christi, TX 78411)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions None	5)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:Lange, Michael Contributor address; City; State; Zip Code Houston, TX 77096)		Amount of Contribution (\$)	\$125.00
	Principal occu Director	pation / Job title (See Instructions)		Employer (See Instructions Aeriel Equities	s)		
		<u>'</u>					

	MONEI	ARY POLITICAL CONT	RIBUTIONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to com	plete this form.	1	Total pages Schedule A1: Sch: 14/22 Rpt: 17/49	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Nueces Cou	nty Democratic Executive Committee (CEC)		00015946	
4	Date 01/17/2025	 Full name of contributor out-of- Larkin, Patrick (Mr.) Contributor address; City; State; Zip C 	state PAC (ID#:		Amount of Contribution (\$)	\$150.00
0	Principal occu	Corpus Christi, TX 78404 pation / Job title (See Instructions)	Q Empl	oyer (See Instructions)		
0	Professor	Jadion / Job title (See Instructions)	•	us A&M University-Co	rnus Christi	
				T T T T T T T T T T T T T T T T T T T		
	Date 02/17/2025	Full name of contributor out-of- Larkin, Patrick (Mr.) Contributor address; City; State; Zip C	state PAC (ID#:)	Amount of Contribution (\$)	\$150.00
		Corpus Christi, TX 78404				
	Principal occu	pation / Job title (See Instructions)	•	oyer (See Instructions)		
	Professor		Texa	s A&M University-Co	rpus Christi	
	Date 03/17/2025	Full name of contributor out-of- Larkin, Patrick (Mr.) Contributor address; City; State; Zip C	state PAC (ID#:)	Amount of Contribution (\$)	\$150.00
		Corpus Christi, TX 78404				
	Principal occu	pation / Job title (See Instructions)	Empl	oyer (See Instructions)		
	Professor		•	s A&M University-Co	rpus Christi	
	Date 04/17/2025	Full name of contributor out-of- Larkin, Patrick (Mr.) Contributor address; City; State; Zip C	state PAC (ID#:		Amount of Contribution (\$)	\$150.00
	Principal occu Professor	pation / Job title (See Instructions)		oyer (See Instructions) as A&M University-Co	rpus Christi	
	Date 05/17/2025	Full name of contributor out-of- Larkin, Patrick (Mr.) Contributor address; City; State; Zip C Corpus Christi, TX 78404	state PAC (ID#:		Amount of Contribution (\$)	\$150.00
	Principal occu	pation / Job title (See Instructions)	Empl	oyer (See Instructions)		
	Professor		Texa	s A&M University-Co	rpus Christi	

	MONET	ARY POLITICAL CONTRIBUT	ION	NS .		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 15/22 Rpt: 18/49	
2	FILER NAME Nueces Cou	nty Democratic Executive Committee (CEC)			3	Filer ID (Ethics Commission 00015946	n Filers)
4	Date 06/17/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$150.00
		Corpus Christi, TX 78404					
8	Principal occu Professor	pation / Job title (See Instructions)	9	Employer (See Instructions Texas A&M University-0		pus Christi	
	Date 06/27/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	Rockport, TX 78382 pation / Job title (See Instructions)	$\overline{}$	Employer (See Instructions	<u> </u>		
	Professor			Not Employed	,		
	Date 01/04/2025	Full name of contributor out-of-state PAC (IE Mitchell, Hannah Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$5.00
		Corpus Chrisit, TX 78412					
	Principal occu Grants Spec	pation / Job title (See Instructions) alist		Employer (See Instructions TAMUCC	5)		
	Date 02/04/2025	Full name of contributor out-of-state PAC (IE Mitchell, Hannah Contributor address; City; State; Zip Code Corpus Chrisit, TX 78412)		Amount of Contribution (\$)	\$5.00
	Principal occu Grants Spec	pation / Job title (See Instructions) ialist		Employer (See Instructions	5)		
	Date 03/04/2025	Full name of contributor out-of-state PAC (IEMitchell, Hannah Contributor address; City; State; Zip Code Corpus Chrisit, TX 78412	D#:			Amount of Contribution (\$)	\$5.00
	Principal occu Grants Spec	pation / Job title (See Instructions)		Employer (See Instructions TAMUCC	5)		
	2.2			5 - 5			

	MONEI	ARY POLITICAL CO	NIRIBUTION	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 16/22 Rpt: 19/49	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Nueces Cou	nty Democratic Executive Comm	ittee (CEC)			00015946	
4	Date 04/04/2025	5 Full name of contributorMitchell, Hannah6 Contributor address; City; State	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$5.00
		Corpus Chrisit, TX 78412	la.				
8	Principal occu Grants Spec	pation / Job title (See Instructions) ialist	9	Employer (See Instructions TAMUCC)		
	Date 05/04/2025	Full name of contributor Mitchell, Hannah Contributor address; City; State	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Corpus Chrisit, TX 78412 pation / Job title (See Instructions)		Employer (See Instructions)		
	Grants Spec			TAMUCC	,		
	Date 06/04/2025	Full name of contributor Mitchell, Hannah Contributor address; City; State	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Corpus Chrisit, TX 78412					
	Principal occu Grants Spec	pation / Job title (See Instructions) ialist		Employer (See Instructions)		
	Date 04/27/2025	Full name of contributor Moczygemba, Margot Contributor address; City; State Corpus Christi, TX 78414	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 05/27/2025	Full name of contributor Moczygemba, Margot Contributor address; City; State Corpus Christi, TX 78414	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this t	or	m.	1	Total pages Schedule A1: Sch: 17/22 Rpt: 20/49	
2	FILER NAME Nueces Cour	nty Democratic Executive Committee (CEC)			3	Filer ID (Ethics Commission 00015946	n Filers)
4	Date 06/27/2025	 Full name of contributor out-of-state PAC (ID#: Moczygemba, Margot Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
8	Principal occup	Corpus Christi, TX 78414 pation / Job title (See Instructions)	9	Employer (See Instructions Not Employed	<u> </u> s)		
	Date 06/28/2025	Full name of contributor out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$100.00
	Principal occup Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u>l</u> S)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_Molina, Jesse Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$25.00
	Principal occup	Corpus Christi, TX 78410 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 06/13/2025	Full name of contributor out-of-state PAC (ID#:_Rusk, Tim Contributor address; City; State; Zip Code Corpus Christi, TX 78414)		Amount of Contribution (\$)	\$120.00
	' '	pation / Job title (See Instructions) strict Attorney		Employer (See Instructions City of Corpus Christi	<u>I</u> S)		
	Date 06/15/2025	Full name of contributor out-of-state PAC (ID#:_Rusk, Tim Contributor address; City; State; Zip Code Corpus Christi, TX 78414)	•	Amount of Contribution (\$)	\$125.00
		pation / Job title (See Instructions) strict Attorney		Employer (See Instructions City of Corpus Christi	5)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 18/22 Rpt: 21/49
2	FILER NAME Nueces Cou	nty Democratic Executive Committee (CEC)			3	Filer ID (Ethics Commission Filers) 00015946
4	Date 06/17/2025	 Full name of contributor out-of-state PAC (ID#:_Santos M.D., Juan Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$) \$1,500.00
8	Dringing con	Corpus Christi, TX 78418	0	Employer (See Instructions	<u></u>	
•	Physician Physician	pation / Job title (See Instructions)	э 	Employer (See Instructions Self	·)	
	Date 06/20/2025	Full name of contributor out-of-state PAC (ID#:_Soulas, Alexis Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$200.00
	Dringing! goog	Corpus Christi, TX 78414		Employer (See Instructions	<u></u>	
	Educator	pation / Job title (See Instructions)		Employer (See Instructions Richard Milburn Acaden		
	Date 01/12/2025	Full name of contributor out-of-state PAC (ID#:_Spann, Dorothy Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$25.00
		Corpus Christi, TX 78404				
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions None	5)	
	Date 04/07/2025	Full name of contributor out-of-state PAC (ID#:_Spann, Dorothy Contributor address; City; State; Zip Code Corpus Christi, TX 78404				Amount of Contribution (\$) \$25.00
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions None	5)	
	Date 06/07/2025	Full name of contributor out-of-state PAC (ID#:_Spann, Dorothy Contributor address; City; State; Zip Code Corpus Christi, TX 78404)		Amount of Contribution (\$) \$25.00
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions None	s)	

	MONEI	ARY POLITICAL (CONTRIBUTIO	INS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 19/22 Rpt: 22/49	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Nueces Cou	nty Democratic Executive Co	mmittee (CEC)		L	00015946	
4	Date 06/07/2025	5 Full name of contributor Spann, Dorothy	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
		6 Contributor address; City; S	,				
		Corpus Christi, TX 78404					
8	Principal occu Retired	pation / Job title (See Instructions	s) 	9 Employer (See Instructions None	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	01/14/2025	Stockman, Christen					\$3.00
		Contributor address; City; S	tate; Zip Code				
		Corpus Christi, TX 78413					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Domestic En	igineer		Self			
	Date	Full name of contributor	out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	02/14/2025	Stockman, Christen					\$3.00
		Contributor address; City; S Corpus Christi, TX 78413	,				
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	<u>. </u>		
	Domestic En	igineer		Self			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	03/14/2025	Stockman, Christen Contributor address; City; S	tate; Zip Code				\$3.00
		Corpus Christi, TX 78413					
	Principal occu Domestic En	pation / Job title (See Instructions	s)	Employer (See Instructions Self	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/14/2025	Stockman, Christen					\$3.00
		Contributor address; City; S Corpus Christi, TX 78413	,				
	Principal occu	pation / Job title (See Instructions	-	Employer (See Instructions	:) 		
	Domestic En		?)	Self	<i>יו</i>		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 20/22 Rpt: 23/49	
2	FILER NAME Nueces Cou	nty Democratic Executive Commit	tee (CEC)		3	Filer ID (Ethics Commission 00015946	n Filers)
4		 5 Full name of contributor Stockman, Christen 6 Contributor address; City; State; 2 	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$3.00
8	Principal occu	Corpus Christi, TX 78413 pation / Job title (See Instructions)	9	Employer (See Instructions Self	<u> </u> 5)		
	Date 06/25/2025	<u> </u>	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Educator	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> 5)		
	Date 01/25/2025	Westergen, Kathy Contributor address; City; State; 2	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	Corpus Christi, TX 78416 pation / Job title (See Instructions)		Employer (See Instructions Del Mar College	<u> </u> ;)		
	Date 02/25/2025	Full name of contributor Westergen, Kathy Contributor address; City; State; 2 Corpus Christi, TX 78416				Amount of Contribution (\$)	\$5.00
	Principal occu Academic Ac	pation / Job title (See Instructions)		Employer (See Instructions Del Mar College	<u> </u> 5)		
	Date 03/25/2025	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Academic Ac	pation / Job title (See Instructions) Ivisor		Employer (See Instructions Del Mar College	5)		

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 21/22 Rpt: 24/49	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Nueces Cou	nty Democratic Executive Cor	mmittee (CEC)			00015946	
4	Date 04/25/2025	Full name of contributorWestergren, KathyContributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
		Corpus Christi, TX 78416					
8	Academic Ac	pation / Job title (See Instructions	9	Employer (See Instructions Del Mar College	5)		
	Academic Ac				_		
	Date 05/25/2025	Full name of contributor Westergren, Kathy Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Corpus Christi, TX 78416					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	s)		
	Academic Ac	dvisor		Del Mar College			
	Date 06/25/2025	Full name of contributor Westergren, Kathy Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		Corpus Christi, TX 78416					
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	;) 		
	Academic Ac		, ,	Del Mar College	,		
	Date 04/28/2025	Full name of contributor Westergren, Mike (Mr.) Contributor address; City; St	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$100.00
		Corpus Christi, TX 78404					
	Principal occu attorney	pation / Job title (See Instructions		Employer (See Instructions self	<u>l</u> s)		
	Date 06/27/2025	Full name of contributor Whitworth, James C. and Contributor address; City; Si	-			Amount of Contribution (\$)	\$200.00
		Corpus Christi, TX 78413					
	Principal occu CPA/Retired	pation / Job title (See Instructions	(3)	Employer (See Instructions None	5)		

	MONET	ARY POLITICAL CONTRIBUTION	Λ	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 22/22 Rpt: 25/49	
2	FILER NAME Nueces Cou	nty Democratic Executive Committee (CEC)			3	Filer ID (Ethics Commission 00015946	n Filers)
4	Date 02/27/2025	 Full name of contributor out-of-state PAC (ID#:_Wilburn, Dora Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$40.00
8	Principal occu Jewelry Desi	Corpus Christi, TX 78415 pation / Job title (See Instructions) igner	9	Employer (See Instructions Self Employed	<u> </u> s)		
	Date 06/07/2025	Full name of contributor out-of-state PAC (ID#:_			•	Amount of Contribution (\$)	\$200.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions None	5)		
	Date 02/08/2025	Full name of contributor out-of-state PAC (ID#:_ Wood, Ben Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$3.00
	Principal occu None given	Corpus Christi, TX 78412 pation / Job title (See Instructions)		Employer (See Instructions None given	<u> </u> s)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_Young, Brittni Contributor address; City; State; Zip Code Corpus Christi, TX 78415				Amount of Contribution (\$)	\$125.00
	Principal occu Instructional	pation / Job title (See Instructions) Designer		Employer (See Instructions Idaho National Laborato			
	Date 06/08/2025	Full name of contributor out-of-state PAC (ID#:_Yzaguirre, Frank Contributor address; City; State; Zip Code Corpus Christi, TX 78403)	•	Amount of Contribution (\$)	\$225.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		

PLE	DGED CONTRIBU	TIONS			SCHEDULE B
T	he Instruction Guide exp	plains how to com	olete this form.	1 Total pages S Sch: 1/1 Rp	
2 FILER N	AME			3 Filer ID	(Ethics Commission Filers)
Nueces	County Democratic Executiv	e Committee (CEC)		00015946	
4 TOTAL	OF UNITEMIZED PLEDO	SES		\$	0.00
5 Date	6 Full name of pledgor	out-of-state PAC (I	D#:	8 Amount of	9 In-kind description
				pledge (\$)	(If applicable)
	7 Pledgor Address;	City; State; Zip Co	ode		
					l el outside of Texas. Complete Schedule T
10 Principal	occupation / Job title (See Instru	ictions)	11 Employer (See In	ructions)	

L	OANS					SCHEDUL	ΕE
Т	he Instructio	on Guide explains how	to complete this f	orm.	1	ges Schedule E: 1 Rpt: 27/49	
	ILER NAME lueces County	Democratic Executive Cor	nmittee (CEC)		3 Filer ID 000159	(Ethics Commission F	Filers)
4 T	OTAL OF UN	IITEMIZED LOANS			•	\$	0.00
5 D	ate of loan	7 Name of lender	out-of-state PA	C (ID#:)	9 Loan Amount (\$)	
fii	s lender a nancial nstitution?	8 Lender address; (City; State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12 P	rincipal occupation	on / Job title (See Instructions	:)	13 Employer (See Instructions	5)		
14 D	escription of Coll None	ateral		15 Check if personal funds we	ere deposited	d into political account (See Instructions)	
	GUARANTOR NFORMATION	17 Name of guarantor				19 Amount Guarantee	ed (\$)
	not applicable	18 Guarantor address; C	City; State;	Zip Code			
20 P	rincipal occupation	on		21 Employer (See Instructions	s)	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comi 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					
-	Total pages Cabadula E4:					
1	Total pages Schedule F1: Sch: 1/22 Rpt: 28/49	2 FILER NAME Nueces County Democratic Executive Committee (CEC) 3 Filer ID (Ethics Commission Filers) 00015946				
4	Date	5 Payee name				
	01/27/2025	AT&T				
6	Amount (\$) \$63.80	7 Payee address; City; State; Zip Code PO BOX 5001				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
		Carol Stream , IL 60197				
8	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				
		phone				
L						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	02/26/2025	AT&T				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$63.79	PO BOX 5001				
		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				
		phone				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	03/27/2025	AT&T				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$63.79	PO BOX 5001				
		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 Austin, TX, officeholder living expense				
		phone				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					

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 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 complete this form.
1	Total pages Schedule F1: Sch: 2/22 Rpt: 29/49	2 FILER NAME Nueces County Democratic Executive Committee (CEC) 3 Filer ID (Ethics Commission Filers) 00015946
4	Date 04/28/2025	5 Payee name AT&T
6	Amount (\$) \$63.79	7 Payee address; City; State; Zip Code PO BOX 5001
8	PURPOSE OF EXPENDITURE	Carol Stream , IL 60197 (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 Electric
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 06/27/2025	Payee name AT&T
	Amount (\$) \$63.79	Payee address; City; State; Zip Code PO BOX 5001 Carol Stream , IL 60197
	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 phone
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 06/26/2025	Payee name AT&T
	Amount (\$) \$63.79	Payee address; City; State; Zip Code PO BOX 5001
		Carol Stream , IL 60197
	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 phone
	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
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

	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: 3/22 Rpt: 30/49	Nueces County Democratic Executive Committee (CEC) 00015946
4	Date	5 Payee name
	06/30/2025	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.97	366 Summer Street
		Sommerville, MA 02144
8	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.
		Check if Austin, TX, officeholder living expense Service
		SCIVICO
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	•	
	Date	Payee name
	06/29/2025	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.80	366 Summer Street
		Sommerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Service
		Scrvice
	Complete ONLY if direct	Condidate/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
	06/22/2025	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$90.87	366 Summer Street
		Sommerville, MA 02144
	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.
		Check if Austin, TX, officeholder living expense
		Service
	Complete ONLY if direct	Condidate/Officeholder name Office cought
	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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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					
_		·				
1	Total pages Schedule F1: Sch: 4/22 Rpt: 31/49	2 FILER NAME Nueces County Democratic Executive Committee (CEC) 3 Filer ID (Ethics Commission Filers) 00015946				
4	Date	5 Payee name				
	06/15/2025	ActBlue				
6	Amount (\$) \$7.63	7 Payee address; City; State; Zip Code 366 Summer Street				
		Sommerville, MA 02144				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense				
		Service				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				
	Date	Payee name				
	06/08/2025	ActBlue				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$79.70	366 Summer Street				
		Sommerville, MA 02144				
	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.				
		Check if Austin, TX, officeholder living expense Service				
		Service				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				
	Date	Payee name				
	06/01/2025	ActBlue				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$2.97	366 Summer Street				
		Sommerville, MA 02144				
	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.				
	-	Check if Austin, TX, officeholder living expense				
		Service				
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					

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

	Candidate/Officenoider/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: 5/22 Rpt: 32/49	Nueces County Democratic Executive Committee (CEC) 00015946
4	Date	5 Payee name
	05/25/2025	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.19	366 Summer Street
		Sommerville, MA 02144
8	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. Check if Austin, TX, officeholder living expense
		Service
		Service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	05/18/2025	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.63	366 Summer Street
		Sommerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		service
		Service
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		
	Date	Payee name
	05/11/2025	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.44	366 Summer Street
		Sommerville, MA 02144
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		service
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to benefit eyer	

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

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: 6/22 Rpt: 33/49	Nueces County Democratic Executive Committee (CEC) 00015946				
4	Date	5 Payee name				
	05/04/2025	ActBlue				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$3.17	366 Summer Street				
		Sommerville, MA 02144				
8	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.				
		Check if Austin, TX, officeholder living expense				
		service				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	experialitate to beliefit 6/01	'				
	Date	Payee name				
	04/27/2025	ActBlue				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$3.17	366 Summer Street				
	73.2.					
		Common illo MA 02144				
		Sommerville, MA 02144				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		service				
		Solvies				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
	Date	Payee name				
	04/20/2025	ActBlue				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$7.66	366 Summer Street				
		Sommerville, MA 02144				
	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.				
	LAFENDITORE	Check if Austin, TX, officeholder living expense				
		service				
	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: 7/22 Rpt: 34/49	Nueces County Democratic Executive Committee (CEC) 00015946				
4	Date	5 Payee name				
	04/13/2025	ActBlue				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$2.46	366 Summer Street				
		Sommerville, MA 02144				
8	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.				
		Check if Austin, TX, officeholder living expense Service				
		Screece				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
9	expenditure to benefit C/O					
\vdash	Data					
	Date	Payee name				
	04/06/2025	ActBlue				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$3.17	366 Summer Street				
		Sommerville, MA 02144				
	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.				
		Check if Austin, TX, officeholder living expense Service				
		Service				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	Complete ONLY if direct expenditure to benefit C/OH					
	Date	Payee name				
	03/31/2025	ActBlue				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1.98	366 Summer Street				
		Sommerville, MA 02144				
	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.				
		Check if Austin, TX, officeholder living expense				
		service				
_	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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 The Instruction Guide explains how to complete this form.				OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAME			-		3	Filer ID	(Ethics Commission	n Filers)
-	Sch: 8/22 Rpt: 35/49		- unty Democratic Exec	cutive Commit	tee	(CEC)	3	00015946	(Euros Commissio	
4	Date	5 Payee name								
	03/30/2025	ActBlue								
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode					
	\$1.19	366 Summ	er Street							
		Sommervill	e, MA 02144							
8	PURPOSE	(a) Category (S	ee Categories listed at the top o	f this schedule)	(b)	Description				
	OF EXPENDITURE	Fees						de of Texas. Comp		
						—	, TX,	officeholder living	expense	
						service				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ceholder name	Office sou	ight			Office he	eld	
	Date	Payee name								
	03/23/2025	ActBlue								
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$5.93	366 Summ	er Street							
		Sommervill	e, MA 02144							
	PURPOSE	(a) Category (S	ee Categories listed at the top o	f this schedule)	(b)	Description				
	OF EXPENDITURE	Fees				=		de of Texas. Comp		
						ш.	, TX,	officeholder living	expense	
						service				
					Ļ					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ceholder name	Office sou	ight			Office he	eld	
	Date	Payee name								
	03/16/2025	ActBlue								
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$2.69	366 Summ	er Street							
		Sommervill	e, MA 02144							
	PURPOSE	(a) Category (S	ee Categories listed at the top o	f this schedule)	(b)	Description				
	OF EXPENDITURE	Fees				브		de of Texas. Comp		
						ш.	, TX,	officeholder living	expense	
						service				
					Ļ					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		iceholder name	Office sou	ight			Office he	eld	
	oxpenditure to beliefft C/Of	•								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 9/22 Rpt: 36/49	Nueces County Democratic Executive Committee (CEC) 00015946				
4	Date	5 Payee name				
	03/09/2025	ActBlue				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$0.68	366 Summer Street				
		Sommerville, MA 02144				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Service				
		Screece				
_	Complete ONU V if alice	Condidate/Officeholder name Office sought				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	<u> </u>					
	Date	Payee name				
	03/02/2025	ActBlue				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$5.94	366 Summer Street				
		Sommerville, MA 02144				
	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.				
		Check if Austin, TX, officeholder living expense Service				
		Scrvice				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	Complete ONLY if direct expenditure to benefit C/O	•				
	Date	Payee name				
	02/23/2025	ActBlue				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$6.13	366 Summer Street				
		Sommerville, MA 02144				
	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.				
		Check if Austin, TX, officeholder living expense				
		service				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	experialitare to benefit 6/00					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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: 10/22 Rpt: 37/49	Nueces County Democratic Executive Committee (CEC) 00015946
4	Date	5 Payee name
	06/09/2025	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.80	366 Summer Street
		Sommerville, MA 02144
8	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.
		Check if Austin, TX, officeholder living expense Service
		Service
_		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit 6/01	'
	Date	Payee name
	02/02/2025	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.17	366 Summer Street
		Sommerville, MA 02144
	DUDD 0.05	In .
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxes, Complete Schedule T
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
	5.	
	Date	Payee name
	01/26/2025	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.19	366 Summer Street
		Sommerville, MA 02144
	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.
		Check if Austin, TX, officeholder living expense
		service
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Superioritate to belieff 0/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/22 Rpt: 38/49	Nueces County Democratic Executive Committee (CEC) 00015946
4	Date	5 Payee name
	01/19/2025	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.37	366 Summer Street
		Sommerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Service
		Solvies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	01/12/2025	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.46	366 Summer Street
		Sommerville, MA 02144
	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.
	EXI ENDITORE	Coming Check if Austin, TX, officeholder living expense
		Service
_	Occupated ONLY if alice at	On alidate (Office helder game)
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	'	
	Date	Payee name
	01/05/2025	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.39	366 Summer Street
		Sommerville, MA 02144
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		service
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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 C

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/22 Rpt: 39/49	Nueces County Democratic Executive Committee (CEC) 00015946
4	Date	5 Payee name
	02/10/2025	BlueHost
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$220.00	1958 South 950 East
		Provo, UT 84606
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense Website
		Website .
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/23/2025	BlueHost
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.17	1958 South 950 East
		Provo, UT 84606
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense Website
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	01/24/2025	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$87.41	Reservoir Place
		1601 Trapelo Road
		Waltham, MA 02451
	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 Email
		Linai
	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 Committee

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

	Candidate/Officenoider/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: 13/22 Rpt: 40/49	Nueces County Democratic Executive Committee (CEC) 00015946
4	Date	5 Payee name
	02/24/2025	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$87.41	Reservoir Place
		1601 Trapelo Road
		Waltham, MA 02451
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense Email
		Linai
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/24/2025	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$87.41	Reservoir Place
		1601 Trapelo Road
		Waltham, MA 02451
	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Email
	Committee ONII V if direct	Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
_		
	Date	Payee name
	05/27/2025	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$87.41	Reservoir Place
		1601 Trapelo Road
		Waltham, MA 02451
	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
		Email
	Complete ONLY if direct	Candidate/Officeholder name Office sought 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 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/Officenoider/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: 14/22 Rpt: 41/49	Nueces County Democratic Executive Committee (CEC) 00015946
4	Date	5 Payee name
	06/24/2025	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$97.00	Reservoir Place
		1601 Trapelo Road
		Waltham, MA 02451
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 Email
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/25/2025	Dominos
	Amount (\$)	Payee address; City; State; Zip Code
	\$69.19	5845 Weber Rd
		Corpus Christi, TX 78411
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CEC Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
	Date	Payee name
	02/19/2025	HEB #139
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	5801 Weber Rd.
		Corpus Christi, TX 78415
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Gift Cards
		Gill Calus
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
l		

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)

	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: 15/22 Rpt: 42/49	Nueces County Democratic Executive Committee (CEC)	00015946
4	Date	5 Payee name	
	02/21/2025	Janet's Cakery	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$60.00	Everhart 5800 Everhart Rd	
		Corpus Christi, TX 78413	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense	outside of Texas. Complete Schedule T. ı, TX, officeholder living expense
		TDP Welcom	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_	Date	Payee name	
	06/18/2025	Mansion Royal	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,500.00	8001 S Padre Island Dr	
	, ,		
		Corpus Christi, TX 78412	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	L EVERT EXPENSE	outside of Texas. Complete Schedule T. ı, TX, officeholder living expense
		Deposit	, 1A, unicerolder living expense
		· '	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	05/30/2025	Monica , Salinas (Officer)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00	430 E Main Ave	
		Robstown, TX 78380	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/ Wages/ Cornitact Eabor	outside of Texas. Complete Schedule T.
		Check if Austin	ı, TX, officeholder living expense
		Security	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	Office field
l			

SCHEDULE F1

Advertising Expense Event I
Accounting/Banking Fees
Consulting Expense Food/E
Contributions/ Donations Made By - Gift/www.

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

	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: 16/22 Rpt: 43/49	Nueces County Democratic Executive Committee (CEC) 00015946
4	Date	5 Payee name
	05/28/2025	Morin, Michael (Officer)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	430 E Main Ave
		Robstown, TX 78380
8	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 Security
		Society
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name Payee name
	01/24/2025	Noyola-Martin, Isabel
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.00	6613 Mountain Wood Dr
		Corpus Christi, TX 78413
	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 Phone banker
		Thore banker
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/07/2025	Office Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$59.52	1737 S Staples St
		Corpus Christi, TX 78404
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Supplies
	0 1. 0	
	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

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	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
L		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 17/22 Rpt: 44/49	Nueces County Democratic Executive Committee (CEC) 00015946
4	Date	5 Payee name
L	01/21/2025	Office Depot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.89	1737 S Staples St
		Corpus Christi, TX 78404
8	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
		Office Supplies
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	oxperialitate to beliefit 6/01	<u> </u>
	Date	Payee name
	03/12/2025	Office Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.44	1737 S Staples St
		Corpus Christi, TX 78404
	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 Office Supplies
		Office Supplies
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	o
_	Date	Payros namo
	01/13/2025	Payee name Reliant Energy
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.77	PO Box 650475
		Dallas, TX 75265-0475
	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
		Electric
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	o

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 18/22 Rpt: 45/49	Nueces County Democratic Executive Committee (CEC) 00015946
4	Date	5 Payee name
	02/14/2025	Reliant Energy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$28.39	PO Box 650475
		Dallas, TX 75265-0475
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
		electric
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/17/2025	Reliant Energy
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.88	PO Box 650475
		Dallas, TX 75265-0475
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LA LABITORE	Check if Austin, TX, officeholder living expense electric
		Clectric
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
	Date	Payee name
	04/14/2025	Reliant Energy
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.43	PO Box 650475
		Dallas, TX 75265-0475
	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
		electric
	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 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	
┢	Total manage Calcadala 54	
1	Total pages Schedule F1: Sch: 19/22 Rpt: 46/49	2 FILER NAME Nueces County Democratic Executive Committee (CEC) 3 Filer ID (Ethics Commission Filers) 00015946
4	Date	5 Payee name
	05/14/2025	Reliant Energy
6	Amount (\$) \$34.26	7 Payee address; City; State; Zip Code PO Box 650475 Dallas, TX 75265-0475
_	DUDDOOF	
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 Electric
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/13/2025	Reliant Energy
	Amount (\$) \$72.22	Payee address; City; State; Zip Code PO Box 650475
		Dallas, TX 75265-0475
	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 Electric
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/10/2025	Sam's Club
	Amount (\$) \$15.96	Payee address; City; State; Zip Code 4833 South Padre Island Drive
		Corpus Christi, TX 78411
	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
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

	Candidate/Officeholder/Politica Credit Card Payment	Il 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: 20/22 Rpt: 47/49	Nueces County Democratic Executive Committee (CEC) 00015946
4	Date	5 Payee name
	03/17/2025	Sam's Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.92	4833 South Padre Island Drive
		Corpus Christi, TX 78411
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
		Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Data	
	Date	Payee name
L	04/28/2025	Sam's Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$225.58	4833 South Padre Island Drive
		Corpus Christi, TX 78411
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense State Chair Event
		State Chair Event
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Data	
	Date	Payee name
	01/06/2025	Stellar Point
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,100.00	6102 Ayers
		Suite 106
		Corpus Christi, TX 78415
	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
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
Ļ		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		iers)
	Sch: 21/22 Rpt: 48/49	Nueces County Democratic Executive Committee (CEC) 00015946	
4	Date	5 Payee name	
	02/13/2025	Stellar Point	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,100.00	6102 Ayers	
		Suite 106	
		Corpus Christi, TX 78415	
8	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	
		Rent	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/Of	// I	
	Date	Payee name	
	03/11/2025	Stellar Point	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,100.00	6102 Ayers	
		Suite 106	
		Corpus Christi, TX 78415	
	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	
		Rent	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
	Date	Payee name	
	04/17/2025	Stellar Point	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,100.00	6102 Ayers	
		Suite 106	
		Corpus Christi, TX 78415	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Rent	
	Operation ONE V. C. P		
	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 Git/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-			xpense /ages/	e 'Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1: 2 FILER NAM		R NAME	E				3	Filer ID	(Ethics Commission F	ilers)
	Sch: 22/22 Rpt: 49/49	Nue	Nueces County Democratic Executive Committee (CEC) 00015946								
4	Date	5 Paye	e name								
	05/08/2025		ar Point								
6	Amount (\$)	7 Payee address; City; State; Zip Code									
	\$1,100.00	6102 Ayers									
		Suite	e 106								
		Corp	ous Christi, TX 78415								
8	PURPOSE	(a) Cate	gory (See Categories listed	at the ton of this sche	edule)	(b)	Description				
	OF	Expense	,uuic)	,	_ ·	el outside of Texas. Complete Schedule T.					
	EXPENDITURE Check if Austin, TX, officeholder							officeholder living	expense		
	rent						rent				
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH											
	Date	Paye	e name								
	06/10/2025	Stell	Stellar Point								
	Amount (\$)	Payee address; City; State; Zip Code									
	\$1,100.00	6102 Ayers									
	Suite 106										
Corpus Christi, TX 78415											
	PURPOSE				edule)	(b)	Description				
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.						olete Schedule T.			
	LAFEINDITURE	Check if Austin, TX, officeholder living expense									
	Rent										
								1-1			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held						·lα			
L											
	Date	Payee name									
	05/09/2025	Texas State Museum of Asian Cultures									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$100.00	1809 N. Chaparral St.									
	Corpus Christi TV 79401										
			Corpus Christi, TX 78401								
	PURPOSE OF		gory (See Categories listed	at the top of this sche	edule)	(b)	Description	outo:-l	o of Toyon Co	oloto Cobodulo T	
EVENDITURE EVENT EXPENSE								side of Texas. Complete Schedule T. K, officeholder living expense			
	Town Hall										
	Complete ONLY if direct		date/Officeholder name	0	ffice sou	ght			Office he	ld	
	expenditure to benefit C/OH										