

COUNTY EXECUTIVE COMMITTEE CAMPAIGN FINANCE REPORT

FORM CEC
COVER SHEET PG 1

The CEC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00015946	2 Total pages filed: 49
3 COMMITTEE NAME Nueces County Democratic Executive Committee (CEC)			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/15/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6102 Ayers Ste. 107 Corpus Christi, TX 78415		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Stephanie NICKNAME LAST SUFFIX Guerrero Saenz		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6022 Sweet Gum Corpus Christi, TX 78415		
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6022 Sweet Gum Corpus Christi, TX 78415		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 249-3041		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final Report <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year 01/01/2025 THROUGH Month Day Year 06/30/2025		
11 ELECTION	ELECTION DATE Month Day Year 03/03/2026	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC
COVER SHEET PG 2

12 COMMITTEE NAME Nueces County Democratic Executive Committee (CEC)		13 Filer ID (Ethics Commission Filers) 00015946
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
	15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,590.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,786.76
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6,645.79
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mrs. Stephanie Guerrero Saenz

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - CEC

FORM CEC
COVER SHEET PG 3
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17 COMMITTEE NAME Nueces County Democratic Executive Committee (CEC)		18 Filer ID (Ethics Commission Filers) 00015946
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,590.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 10,786.76
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
10.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/22 Rpt: 4/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Acker, Lori <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78410	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) None
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowman, Patricia <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78418	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campos, Sylvia <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Council Member		Employer (See Instructions) City of Corpus Christi
Date 01/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canales , Yolanda <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78404	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canales , Yolanda <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78404	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/22 Rpt: 5/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 03/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canales , Yolanda <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78404	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canales , Yolanda <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78404	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 05/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canales , Yolanda <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78404	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canales , Yolanda <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78404	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Elida <hr/> Contributor address; City; State; Zip Code Taft, TX 78390	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Program Director		Employer (See Instructions) Chispa

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/22 Rpt: 6/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 01/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clower, George 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78463	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) None
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clower, George Contributor address; City; State; Zip Code Corpus Christi, TX 78463	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 03/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clower, George Contributor address; City; State; Zip Code Corpus Christi, TX 78463	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 04/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clower, George Contributor address; City; State; Zip Code Corpus Christi, TX 78463	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 05/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clower, George Contributor address; City; State; Zip Code Corpus Christi, TX 78463	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/22 Rpt: 7/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 06/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clower, George <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78463	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) None
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connolly, Matthew <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78418	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Appraiser		Employer (See Instructions) Atrium
Date 04/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Laurie & Craig <hr/> Contributor address; City; State; Zip Code Taos, NM 87571	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 05/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Laurie & Craig <hr/> Contributor address; City; State; Zip Code Taos, NM 87571	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 06/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Laurie & Craig <hr/> Contributor address; City; State; Zip Code Taos, NM 87571	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/22 Rpt: 8/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 01/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engen, Erick <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi , TX 78403	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Disaster Assistance Department of Homeland Security		9 Employer (See Instructions) U.S. Government
Date 02/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engen, Erick <hr/> Contributor address; City; State; Zip Code Corpus Christi , TX 78403	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Disaster Assistance Department of Homeland Security		Employer (See Instructions) U.S. Government
Date 03/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engen, Erick <hr/> Contributor address; City; State; Zip Code Corpus Christi , TX 78403	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Disaster Assistance Department of Homeland Security		Employer (See Instructions) U.S. Government
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Anne <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galus, Christine <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/22 Rpt: 9/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 02/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galus, Christine 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) None
Date 03/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galus, Christine Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 04/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galus, Christine Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 05/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galus, Christine Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 06/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galus, Christine Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/22 Rpt: 10/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 06/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Thomas 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78577	7 Amount of Contribution (\$) \$125.00
8 Principal occupation / Job title (See Instructions) Author		9 Employer (See Instructions) Self
Date 06/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Caren Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Retired
Date 06/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Caren Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Retired
Date 06/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Caren Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Retired
Date 06/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Timothy Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/22 Rpt: 11/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 06/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Aidee <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions) Self
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Lisa <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78407	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Retired
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Lisa <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78407	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Retired
Date 03/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Lisa <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78407	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Retired
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Lisa <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78407	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/22 Rpt: 12/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Lisa <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78407	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Retired
Date 06/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Lisa <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78407	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Retired
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huerta, Carlos <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78412	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Texas A&M University Corpus Christi
Date 02/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huerta, Carlos <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78412	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Texas A&M University Corpus Christi
Date 03/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huerta, Carlos <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78412	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Texas A&M University Corpus Christi

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/22 Rpt: 13/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 04/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huerta, Carlos <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78412	7 Amount of Contribution (\$) \$12.00
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) Texas A&M University Corpus Christi
Date 05/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huerta, Carlos <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78412	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Texas A&M University Corpus Christi
Date 06/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huerta, Carlos <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78412	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Texas A&M University Corpus Christi
Date 06/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jifi-Bahlool, Samer <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$1,250.00
Principal occupation / Job title (See Instructions) Medical Doctor		Employer (See Instructions) Self Employed
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Patricia <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/22 Rpt: 14/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, James (Dr.) 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78411	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Del Mar College
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Teresa (Dr.) Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Del Mar College
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Teresa (Dr.) Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Del Mar College
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Teresa (Dr.) Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Del Mar College
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Teresa (Dr.) Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Del Mar College

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/22 Rpt: 15/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 05/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Teresa (Dr.) <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78411	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Del Mar College
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Teresa (Dr.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Del Mar College
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koivula, Carolyn <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koivula, Carolyn <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 03/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koivula, Carolyn <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/22 Rpt: 16/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 04/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koivula, Carolyn 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78411	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) None
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koivula, Carolyn Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 06/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koivula, Carolyn Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koivula, Carolyn Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lange, Michael Contributor address; City; State; Zip Code Houston, TX 77096	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Aerial Equities

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/22 Rpt: 17/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 01/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Patrick (Mr.) 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78404	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Texas A&M University-Corpus Christi
Date 02/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Patrick (Mr.) Contributor address; City; State; Zip Code Corpus Christi, TX 78404	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Texas A&M University-Corpus Christi
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Patrick (Mr.) Contributor address; City; State; Zip Code Corpus Christi, TX 78404	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Texas A&M University-Corpus Christi
Date 04/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Patrick (Mr.) Contributor address; City; State; Zip Code Corpus Christi, TX 78404	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Texas A&M University-Corpus Christi
Date 05/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Patrick (Mr.) Contributor address; City; State; Zip Code Corpus Christi, TX 78404	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Texas A&M University-Corpus Christi

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/22 Rpt: 18/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 06/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Patrick (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78404	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Texas A&M University-Corpus Christi
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAuliffe, Cathleen (Dr.) <hr/> Contributor address; City; State; Zip Code Rockport, TX 78382	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Not Employed
Date 01/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Hannah <hr/> Contributor address; City; State; Zip Code Corpus Chrisit, TX 78412	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Grants Specialist		Employer (See Instructions) TAMUCC
Date 02/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Hannah <hr/> Contributor address; City; State; Zip Code Corpus Chrisit, TX 78412	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Grants Specialist		Employer (See Instructions) TAMUCC
Date 03/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Hannah <hr/> Contributor address; City; State; Zip Code Corpus Chrisit, TX 78412	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Grants Specialist		Employer (See Instructions) TAMUCC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/22 Rpt: 19/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 04/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Hannah <hr/> 6 Contributor address; City; State; Zip Code Corpus Chrisit, TX 78412	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Grants Specialist		9 Employer (See Instructions) TAMUCC
Date 05/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Hannah <hr/> Contributor address; City; State; Zip Code Corpus Chrisit, TX 78412	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Grants Specialist		Employer (See Instructions) TAMUCC
Date 06/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Hannah <hr/> Contributor address; City; State; Zip Code Corpus Chrisit, TX 78412	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Grants Specialist		Employer (See Instructions) TAMUCC
Date 04/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moczygemba, Margot <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moczygemba, Margot <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/22 Rpt: 20/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 06/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moczygemba, Margot <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78414	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moczygemba, Margot <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molina, Jesse <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78410	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) LCDC		Employer (See Instructions) STARS
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rusk, Tim <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$120.00
Principal occupation / Job title (See Instructions) Assistant District Attorney		Employer (See Instructions) City of Corpus Christi
Date 06/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rusk, Tim <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Assistant District Attorney		Employer (See Instructions) City of Corpus Christi

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/22 Rpt: 21/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 06/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santos M.D., Juan <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78418	7 Amount of Contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soulas, Alexis <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Richard Milburn Academy
Date 01/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spann, Dorothy <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78404	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 04/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spann, Dorothy <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78404	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 06/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spann, Dorothy <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78404	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/22 Rpt: 22/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 06/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spann, Dorothy <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78404	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) None
Date 01/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockman, Christen <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Domestic Engineer		Employer (See Instructions) Self
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockman, Christen <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Domestic Engineer		Employer (See Instructions) Self
Date 03/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockman, Christen <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Domestic Engineer		Employer (See Instructions) Self
Date 05/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockman, Christen <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Domestic Engineer		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/22 Rpt: 23/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 06/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockman, Christen <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Domestic Engineer		9 Employer (See Instructions) Self
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber, Cynthia <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Retired
Date 01/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westergen, Kathy <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78416	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Academic Advisor		Employer (See Instructions) Del Mar College
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westergen, Kathy <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78416	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Academic Advisor		Employer (See Instructions) Del Mar College
Date 03/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westergen, Kathy <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78416	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Academic Advisor		Employer (See Instructions) Del Mar College

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/22 Rpt: 24/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 04/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westergren, Kathy <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78416	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Academic Advisor		9 Employer (See Instructions) Del Mar College
Date 05/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westergren, Kathy <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78416	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Academic Advisor		Employer (See Instructions) Del Mar College
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westergren, Kathy <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78416	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Academic Advisor		Employer (See Instructions) Del Mar College
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westergren, Mike (Mr.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78404	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) self
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitworth, James C. and Sylvia <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) CPA/Retired		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/22 Rpt: 25/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 02/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilburn, Dora <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78415	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Jewelry Designer		9 Employer (See Instructions) Self Employed
Date 06/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Sylvia <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 02/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Ben <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78412	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) None given		Employer (See Instructions) None given
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Brittni <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78415	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Instructional Designer		Employer (See Instructions) Idaho National Laboratory
Date 06/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yzaguirre, Frank <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78403	Amount of Contribution (\$) \$225.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 26/49

2 FILER NAME

Nueces County Democratic Executive Committee (CEC)

3 Filer ID (Ethics Commission Filers)
00015946

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)

7 Pledgor Address; City; State; Zip Code

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 27/49
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/22 Rpt: 28/49	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 01/27/2025	5 Payee name AT&T	
6 Amount (\$) \$63.80	7 Payee address; City; State; Zip Code PO BOX 5001 Carol Stream , IL 60197	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense phone
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/26/2025	Candidate/Officeholder name Office sought Office held	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense phone
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/27/2025	Candidate/Officeholder name Office sought Office held	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense phone
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

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 Carol Stream , IL 60197	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Electric
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense phone
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense phone
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/22 Rpt: 30/49	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 06/30/2025	5 Payee name ActBlue	
6 Amount (\$) \$2.97	7 Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/29/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$32.80	Payee name ActBlue Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/22/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$90.87	Payee name ActBlue Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

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 06/15/2025	5 Payee name ActBlue	
6 Amount (\$) \$7.63	7 Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/08/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$79.70	Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/01/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$2.97	Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/22 Rpt: 32/49	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 05/25/2025	5 Payee name ActBlue	
6 Amount (\$) \$1.19	7 Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense service
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/18/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$7.63	Payee name ActBlue Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/11/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$4.44	Payee name ActBlue Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/22 Rpt: 33/49	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 05/04/2025	5 Payee name ActBlue	
6 Amount (\$) \$3.17	7 Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense service
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/27/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$3.17	Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/20/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$7.66	Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/22 Rpt: 34/49	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 04/13/2025	5 Payee name ActBlue	
6 Amount (\$) \$2.46	7 Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense service
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/06/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$3.17	Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/31/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$1.98	Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/22 Rpt: 35/49	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 03/30/2025	5 Payee name ActBlue	
6 Amount (\$) \$1.19	7 Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense service
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/23/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$5.93	Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/16/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$2.69	Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/22 Rpt: 36/49	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 03/09/2025	5 Payee name ActBlue	
6 Amount (\$) \$0.68	7 Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense service
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/02/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$5.94	Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/23/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$6.13	Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/22 Rpt: 37/49	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 06/09/2025	5 Payee name ActBlue	
6 Amount (\$) \$0.80	7 Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense service
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/02/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$3.17	Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/26/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue		
Amount (\$) \$1.19	Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/22 Rpt: 38/49	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 01/19/2025	5 Payee name ActBlue	
6 Amount (\$) \$12.37	7 Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense service
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/12/2025	Payee name ActBlue	
Amount (\$) \$2.46	Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/05/2025	Payee name ActBlue	
Amount (\$) \$1.39	Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/22 Rpt: 40/49	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 02/24/2025	5 Payee name Constant Contact	
6 Amount (\$) \$87.41	7 Payee address; City; State; Zip Code Reservoir Place 1601 Trapelo Road Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/24/2025	Payee name Constant Contact	
Amount (\$) \$87.41	Payee address; City; State; Zip Code Reservoir Place 1601 Trapelo Road Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/27/2025	Payee name Constant Contact	
Amount (\$) \$87.41	Payee address; City; State; Zip Code Reservoir Place 1601 Trapelo Road Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/22 Rpt: 41/49	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 06/24/2025	5 Payee name Constant Contact	
6 Amount (\$) \$97.00	7 Payee address; City; State; Zip Code Reservoir Place 1601 Trapelo Road Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/25/2025	Payee name Dominos	
Amount (\$) \$69.19	Payee address; City; State; Zip Code 5845 Weber Rd Corpus Christi, TX 78411	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CEC Meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/19/2025	Payee name HEB #139	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 5801 Weber Rd. Corpus Christi, TX 78415	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gift Cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/22 Rpt: 42/49	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 02/21/2025	5 Payee name Janet's Cakery	
6 Amount (\$) \$60.00	7 Payee address; City; State; Zip Code Everhart 5800 Everhart Rd Corpus Christi, TX 78413	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TDP Welcome lunch
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/18/2025	Payee name Mansion Royal	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 8001 S Padre Island Dr Corpus Christi, TX 78412	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Deposit
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/30/2025	Payee name Monica , Salinas (Officer)	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 430 E Main Ave Robstown, TX 78380	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Security
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/22 Rpt: 43/49	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 05/28/2025	5 Payee name Morin, Michael (Officer)	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 430 E Main Ave Robstown, TX 78380	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Security
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/24/2025	Payee name Noyola-Martin, Isabel	
Amount (\$) \$45.00	Payee address; City; State; Zip Code 6613 Mountain Wood Dr Corpus Christi, TX 78413	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone banker
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/07/2025	Payee name Office Depot	
Amount (\$) \$59.52	Payee address; City; State; Zip Code 1737 S Staples St Corpus Christi, TX 78404	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/22 Rpt: 44/49	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 01/21/2025	5 Payee name Office Depot	
6 Amount (\$) \$24.89	7 Payee address; City; State; Zip Code 1737 S Staples St Corpus Christi, TX 78404	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/12/2025	Payee name Office Depot	
Amount (\$) \$48.44	Payee address; City; State; Zip Code 1737 S Staples St Corpus Christi, TX 78404	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/13/2025	Payee name Reliant Energy	
Amount (\$) \$27.77	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Electric
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/22 Rpt: 45/49	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 02/14/2025	5 Payee name Reliant Energy	
6 Amount (\$) \$28.39	7 Payee address; City; State; Zip Code PO Box 650475 Dallas, TX 75265-0475	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense electric
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/17/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$42.88	Payee name Reliant Energy 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense electric
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/14/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$34.43	Payee name Reliant Energy 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense electric
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

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 05/14/2025	5 Payee name Reliant Energy	
6 Amount (\$) \$34.26	7 Payee address; City; State; Zip Code PO Box 650475 Dallas, TX 75265-0475	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Electric
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/13/2025	Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Electric
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/10/2025	Payee name 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/22 Rpt: 47/49	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 03/17/2025	5 Payee name Sam's Club	
6 Amount (\$) \$15.92	7 Payee address; City; State; Zip Code 4833 South Padre Island Drive Corpus Christi, TX 78411	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/28/2025	Payee name Sam's Club	
Amount (\$) \$225.58	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) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense State Chair Event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/06/2025	Payee name Stellar Point	
Amount (\$) \$1,100.00	Payee address; City; State; Zip Code 6102 Ayers Suite 106 Corpus Christi, TX 78415	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/22 Rpt: 48/49	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 02/13/2025	5 Payee name Stellar Point	
6 Amount (\$) \$1,100.00	7 Payee address; City; State; Zip Code 6102 Ayers Suite 106 Corpus Christi, TX 78415	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rent
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/11/2025	Payee name Stellar Point	
Amount (\$) \$1,100.00	Payee address; City; State; Zip Code 6102 Ayers Suite 106 Corpus Christi, TX 78415	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/17/2025	Payee name Stellar Point	
Amount (\$) \$1,100.00	Payee address; City; State; Zip Code 6102 Ayers Suite 106 Corpus Christi, TX 78415	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/22 Rpt: 49/49	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 05/08/2025	5 Payee name Stellar Point	
6 Amount (\$) \$1,100.00	7 Payee address; City; State; Zip Code 6102 Ayers Suite 106 Corpus Christi, TX 78415	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense rent
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/10/2025	Payee name Stellar Point	
Amount (\$) \$1,100.00	Payee address; City; State; Zip Code 6102 Ayers Suite 106 Corpus Christi, TX 78415	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/09/2025	Payee name Texas State Museum of Asian Cultures	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 1809 N. Chaparral St. Corpus Christi, TX 78401	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Town Hall
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held