FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00055120 3 COMMITTEE NAME **OFFICE USE ONLY** Coastal Bend Texas Democratic Women Date Received **ELECTRONICALLY FILED** 09/16/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 8396 Date Hand-delivered or Date Postmarked Change of Address Corpus Christi, TX 78468 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Glenda G. NAME NICKNAME LAST **SUFFIX** Turner STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 3014 Eikel Pl. STREET **ADDRESS** (Residence or Business) Corpus Christi, TX 78418 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** P.O. Box 8396 MAILING **ADDRESS** Corpus Christi, TX 78468 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (361) 937-1790 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Coastal Bend Texas D	emocratic Women		00055120	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	1,410.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,210.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	1,980.31
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	3,174.00
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	I		l	
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.		
		Mrs. Glend	la G. Turner	
		Signature of Car	mpaign Treasui	rer
AFFIX NOTARY	/ STAMP / SEAL ABOVE			
Sworn to and subscribed	d before me, by the said	, th	nis the	day
of	_, 20, to certify	which, witness my hand and seal of office.		
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of offic	er administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

				3 of 13
17 COMMITT	EE NAME	18 Filer ID	(Ethics Co	mmission Filers)
Coastal B	Bend Texas Democratic Women	00055120		
	E SUBTOTALS SCHEDULE		SUB.	TOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,210.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	!	\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (\$		
9. X	SCHEDULE E: LOANS	\$	0.00	
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	1,980.31
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS						SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/13			
2	FILER NAME Coastal Bend Texas Democratic Women			3	Filer ID (Ethics Commission 00055120	n Filers)	
4			7	Amount of Contribution (\$)	\$120.00		
8	Principal occu Attorney	Corpus Christi, TX 78418-6039 pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed) 5)		
	Date 01/26/2025	Full name of contributor out-of-state PAC (ID#:_Bell, Myriam (Mrs.) Contributor address; City; State; Zip Code Corpus Christi, TX 78418-6039)		Amount of Contribution (\$)	\$120.00
	Principal occupation / Job title (See Instructions) professor Employer (See Instructions Del Mar College			<u>l</u> s)			
	Date Full name of contributor out-of-state PAC (ID#:) 02/18/2025 Jones, Patricia (Patty) (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
	Principal occu	Corpus Christi, TX 78413 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID#: Longlois, Jana M (Mrs.) Contributor address; City; State; Zip Code Corpus Christi, TX 78412-2606)		Amount of Contribution (\$)	\$70.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u>		
	Date 01/28/2025	Full name of contributor out-of-state PAC (ID#:_ McGonagill, Darrell C (Mr.) Contributor address; City; State; Zip Code Corpus Christi, TX 78411				Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>.</u> s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/13		
2	FILER NAME Coastal Ben	nd Texas Democratic Women	3	Filer ID (Ethics Commission 00055120	n Filers)	
4			7	Amount of Contribution (\$)	\$70.00	
		Portland, TX 78374				
8	Principal occu Lawyer	upation / Job title (See Instructions)	9 Employer (See Instructions Self-Employed	s)		
	Date 01/02/2025	Full name of contributor)		Amount of Contribution (\$)	\$100.00
	Principal occu	Portland, TX 78374-2924 upation / Job title (See Instructions)	Employer (See Instructions	s)		
	District Direc	ctor	Senator Juan (Chuey) F	Hin	ojosa	
	Date 01/29/2025	Full name of contributor out-of-state PAC (ID#: Turner, Glenda Contributor address; City; State; Zip Code Corpus Christi, TX 78418			Amount of Contribution (\$)	\$120.00
	Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instructions Retired	s)		

	LOANS					SCHE	EDULE E
	The Instruction	on Guide explains how to	orm.	1	ages Schedule E: L/1 Rpt: 6/13		
	FILER NAME Coastal Bend Texas Democratic Women				3 Filer ID 00055	Ethics Commis	ssion Filers)
4	TOTAL OF UN	IITEMIZED LOANS				\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amour	nt (\$)
	Is lender a financial institution?	8 Lender address; City	; State;	Zip Code		10 Interest Rate	
						11 Maturity Date	е
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instruction	ıs)	•	
14	Description of Coll None	ateral		15 Check if personal funds w	ere deposite	ed into political acc (See Instruc	
	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Gua	ranteed (\$)
	not applicable	18 Guarantor address; City	; State;	Zip Code			
20	Principal occupation	on		21 Employer (See Instruction	is)	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/7 Rpt: 7/13	Coastal Bend Texas Democratic Women 00055120
4 Date	5 Payee name
03/25/2025	Corpus Christi American Federation Teachers Union
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$50.00	4455S Padre Island Dr, #48
Expenditure from corporate funds	Corpus Christi, TX 78411
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Room rental for monthly meeting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialiture to benefit C/O	'
Date	Payee name
02/26/2025	Gary Office Machines LLC
Amount (\$)	Payee address; City; State; Zip Code
\$121.67	1320 Leopard Street
Expenditure from corporate funds	Corpus Christi, TX 78401
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Rental of copier for printing newsletter
	remain of copies for printing newsletter
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
03/31/2025	Gary Office Machines LLC
	·
Amount (\$) \$41.80	Payee address; City; State; Zip Code 1320 Leopard Street
Φ41.00	1520 Leopard Street
Expenditure from	Council Christi TV 70404
corporate funds	Corpus Christi, TX 78401
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Printing Expanse (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Rental of copier for newsletter printing
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	-

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/7 Rpt: 8/13	Coastal Bend Texas Democratic Women 00055120
4 Date	5 Payee name
01/23/2025	Gethsemane Lutheran Church
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$40.00	3434 Holy RD
Expenditure from	
corporate funds	Corpus Christi, TX 78415
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense Room Rental for Newsletter Assembly
	Room Rental for Newsletter Assembly
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/19/2025	Gethsemane Lutheran Church
Amount (\$)	Payee address; City; State; Zip Code
\$40.00	3434 Holy RD
Ψ+0.00	OHOH HOLY IND
Expenditure from corporate funds	Corpus Christi, TX 78415
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense
	Room rental for assembly of newsletter
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payoo namo
03/19/2025	Payee name Gethsemane Lutheran Church
Amount (\$)	Payee address; City; State; Zip Code
\$40.00	3434 Holy RD
φ40.00	3434 Huly KD
Expenditure from corporate funds	Corpus Christi, TX 78415
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Room Rental assemble newsletter
	ROUIII REIILAI ASSEIIIDIE HEWSIELLEI
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	plete this form.
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Coastal Bend Texas Democratic Women	00055120
5 Payee name	
Gethsemane Lutheran Church	
7 Payee address; City; State; Zip Cod	e
3434 Holy RD	
Corpus Christi, TX 78415	
, (************************************	(b) Description
Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Room rental for newsletter assembly
	recommendation newsload assembly
Candidate/Officeholder name Office sour	ht Office held
	Tit Office field
Payee name	
Gethsemane Lutheran Church	
Payee address; City; State; Zip Cod	e
3434 Holy RD	
Corpus Christi, TX 78415	
(a) Category (See Categories listed at the top of this schedule)	(b) Description
Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Room rental for assembly of newsletter
	Room remail of assembly of newsletter
Condidate/Officeledday page	ht Office held
•	nt Office neid
Payee name	
Postmaster	
Payee address; City; State; Zip Cod	e
809 Nueces Bay Blvd	
Corpus Christi, TX 78468	
(a) Category (See Categories listed at the top of this schedule)	(b) Description
Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Bulk Mail Permit Printing expense
	ht Office held
1	
	The Instruction Guide explains how to come 2 FILER NAME Coastal Bend Texas Democratic Women 5 Payee name Gethsemane Lutheran Church 7 Payee address; City; State; Zip Cod 3434 Holy RD Corpus Christi, TX 78415 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Gethsemane Lutheran Church Payee address; City; State; Zip Cod 3434 Holy RD Corpus Christi, TX 78415 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Office soug H Payee name Postmaster Payee address; City; State; Zip Cod 809 Nueces Bay Blvd Corpus Christi, TX 78468 (a) Category (See Categories listed at the top of this schedule) Advertising Expense

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 4/7 Rpt: 10/13	Coastal Bend Texas Democratic Women 00055120	
4 Date	5 Payee name	
02/20/2025	Postmaster	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$171.84	809 Nueces Bay Blvd	
- "		
Expenditure from corporate funds	Corpus Christi, TX 78468	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	Stamps, and returned mail expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experialitate to belieff of of		
Date	Payee name	
03/19/2025	Postmaster	
Amount (\$)	Payee address; City; State; Zip Code	
\$150.00	809 Nueces Bay Blvd	
Ψ100.00	Soo Hassas Bay Bira	
Expenditure from	Communa Obritati TV 70400	
corporate funds	Corpus Christi, TX 78468	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Bulk Mail Permit for mailing newsletter	
	Bulk Mail Fermit for mailing newsietter	
Operation ONLY if allowed	Our distance (Office health and a second to the control of the con	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
03/31/2025	Postmaster	
Amount (\$)	Payee address; City; State; Zip Code	
\$350.00	809 Nueces Bay Blvd	
Expenditure from corporate funds	Corpus Christi, TX 78468	
•		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Tayon Complete Schedule T	
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Renewal of Bulk mail permit	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expens Legal Services	Salaries	Expens /Wages	se s/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)
			The Instruction Guide ex	xpiains now to c	ompie	ete this form.	_		
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commission Filers)
	Sch: 5/7 Rpt: 11/13	Coastal B	end Texas Democration	Women				00055120	
4	Date	5 Payee nam	e						
	04/23/2025	Postmaste							
6	Amount (\$)	7 Payee add	ress; City;	State; Zip C	ode:				
Ū	\$175.00	_	es Bay Blvd	Otato, Zip o	, ouc				
	Ψ173.00	003 14400	cs bay biva						
	Expenditure from corporate funds	Corpus Cl	nristi, TX 78468						
8	PURPOSE	(a) Category	(See Categories listed at the top of	of this schedule)	(b)	Description			
	OF	Printing E		,		Check if travel	outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITURE					ш		, officeholder living	
						renewal Bulk	ma	ail Permit for	newsletter
9	Complete ONLY if direct expenditure to benefit C/Oh		fficeholder name	Office so	ught			Office he	eld
	Date	Payee nam	e						
	01/25/2025	Texas De	emocratic Women						
	Amount (\$)	Payee add	ress; City;	State; Zip C	ode				
	\$380.00	Po Box 22	•	Otato, E.p. o					
	Ψ300.00	1 0 00 22	.11						
	Expenditure from corporate funds	Austin, TX	C 78768						
	PURPOSE	(a) Category	(See Categories listed at the top of	of this schedule)	(b)	Description			
	OF EXPENDITURE	State Mer	nbership Dues					ide of Texas. Com	
								, officeholder living	
						Dues's to, Sta	ate	tor 38 mem	pers
	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Office so	ught			Office he	eld
	Date	Payee nam	e						
	01/25/2025	1	emocratic Women						
				State: Zin C	, odo				
	Amount (\$)	Payee add	•	State; Zip C	oue				
	\$40.00	Po Box 22	(11						
	Expenditure from corporate funds	Austin, TX	(78768						
	PURPOSE	(a) Category	(See Categories listed at the top of	of this schedule)	(b)	Description			
	OF EXPENDITURE		ds/Memorials Expense			Check if travel		ide of Texas. Com	•
	EXPENDITURE							, officeholder living	
						Chapter Dues	s to	State TDW	
						renewal			
	Complete ONLY if direct		fficeholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	4							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 6/7 Rpt: 12/13	Coastal Bend Texas Democratic Women 00055120	
4 Date	5 Payee name	
05/17/2025	Texas State of Asian Culture Musem	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$100.00	1809 N Chaparral Street	
Expenditure from		
corporate funds	Corpus Christ, TX 78411	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	
	Check if Austin, TX, officeholder living expense Room Rental for Monhtly Meeting	
	Room Rental for Mornity Meeting	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
Date	Payee name	_
01/10/2025	Wells fargo Bank	
Amount (\$)		
\$10.00		
\$10.00	615 Upper North Broadway	
Expenditure from corporate funds	Corpus Christi, TX 78401	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Bank Charge/ Statements	
	Bank Charger Statements	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
Date	Payee name	_
02/10/2025	Wells fargo Bank	
Amount (\$)	Payee address; City; State; Zip Code	
\$10.00	615 Upper North Broadway	
Ψ10.00	013 Opper North Broadway	
Expenditure from corporate funds	Corpus Christi, TX 78401	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Bank charge/Statements	
	Dank charge/Statements	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to complet	e this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 7/7 Rpt: 13/13	Coastal Bend Texas Democratic Women	00055120
4 Date	5 Payee name	•
03/10/2025	Wells fargo Bank	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$10.00	615 Upper North Broadway	
Expenditure from corporate funds	Corpus Christi, TX 78401	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
LXI LINDITORE		Check if Austin, TX, officeholder living expense
		Bank statements
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		Office field
Data		
Date 04/10/2025	Payee name Wolls farge Pank	
	Wells fargo Bank	
Amount (\$)	Payee address; City; State; Zip Code	
\$10.00	615 Upper North Broadway	
Expenditure from		
corporate funds	Corpus Christi, TX 78401	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	Description
EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bank charge for bank statements
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	-1	
Date	Payee name	
05/09/2025	Wells fargo Bank	
Amount (\$)	Payee address; City; State; Zip Code	
\$10.00	615 Upper North Broadway	
Expenditure from corporate funds	Corpus Christi, TX 78401	
PURPOSE		Description
OF	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	[Check if Austin, TX, officeholder living expense
		Bank charge / statements
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
5	•	