CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00089730 Date Received COMMITTEE Hidalgo County Young Democrats **ELECTRONICALLY FILED** NAME 07/16/2025 TREASURER Alvarez, Grecia NAME Date Hand-delivered or Date Postmarked **ORIGINAL** January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation Dissolution report 30th day before election Date Processed 8th day before election Other (specify) ORIGINAL PERIOD Month Year Day Year Month Day Date Imaged **COVERED THROUGH** 01/01/2025 06/30/2025 **EXPLANATION OF CORRECTION** Most contributions were done electronically and thus are reflected in the report, but there were a few in person checks given and this 100 dollar contribution in the form of a check wasn't filed in the original report. AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Grecia Alvarez Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ____, this the ___ _____, 20_____, to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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) 00089730 3 COMMITTEE NAME **OFFICE USE ONLY** Hidalgo County Young Democrats Date Received **ELECTRONICALLY FILED** 07/16/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO BOX 4585. MCALLEN TX Date Hand-delivered or Date Postmarked Change of Address Mcallen, TX 78502-4585 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Grecia NAME NICKNAME LAST **SUFFIX** Alvarez STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1201 Mayberry STREET **ADDRESS** (Residence or Business) Edinburg, TX 78541 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1201 Mayberry MAILING **ADDRESS** Edinburg, TX 78541 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 239-9964 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)
Hidalgo County Young	Democrats		00089730	
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		
		. орровия ————————————————————————————————————		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M X check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICAL (OTHER THAN PLE	IL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,780.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	1,603.59
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	1,000.00
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.		
		Grecia	Alvarez	
		Signature of Car	npaign Treasu	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	cer administering oath
e.g.iatare or omoer at	ig outi	The state of the s	01 01110	sommetoring oddi

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

	4 of 18						
17 CO	MMITTE	EE NAME	18 Filer ID	(Ethics Commissi	on Filers)		
Hic	lalgo C	ounty Young Democrats	00089730	,	,		
19 SC	HEDULI	E SUBTOTALS					
NA	ME OF	SCHEDULE		SUBTOTAL	AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,780.00		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	PR	\$			
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$			
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$			
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$			
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$			
9.	X	SCHEDULE E: LOANS		\$	1,000.00		
10.		SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$			
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.	X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	2,918.23		
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$			

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 1/4 Rpt: 5/18	
2	FILER NAME Hidalgo County Young Democrats			3	Filer ID (Ethics Commission 00089730	on Filers)	
4			7	Amount of Contribution (\$)	\$20.00		
8	Principal occur	McAllen, TX 78504 pation / Job title (See Instructions)	a	Employer (See Instructions	;) 		
0	Cook server	oation 7 Job title (See matrictions)	3	Isd	P)		
	Date Full name of contributor out-of-state PAC (ID#:) Charles, Leticia Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$30.00	
		McAllen, TX 78504					
	Principal occupation / Job title (See Instructions) Employer (See Instructions) Cook server Isd			s)			
	Date Full name of contributor out-of-state PAC (ID#:) 06/26/2025 Daniel Gonzales, Richard Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00	
		Edinburg, TX 78539					
	Principal occu Lawyer	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	s)		
	Date 06/04/2025	Full name of contributor out-of-state PAC (ID#:_Eduardo Martinez, Efrain Contributor address; City; State; Zip Code Edinburg , TX 78539				Amount of Contribution (\$)	\$1,500.00
	Principal occu Consultant	oation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date O6/24/2025 Esquivel, Orlando Contributor address; City; State; Zip Code Edinburg, TX 78541			Amount of Contribution (\$)	\$100.00		
	Principal occu JUDGE	pation / Job title (See Instructions)		Employer (See Instructions State of Texas	s)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 2/4 Rpt: 6/18	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)	
		nty Young Democrats			L	00089730	
4	Date 06/25/2025	5 Full name of contributorGarcia, JoAnne6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$250.00
•	Dringing Local	McAllen, TX 78501 pation / Job title (See Instructions	s	9 Employer (See Instruction:			
0	Judge	pation / Job title (See Instructions)	Hidalgo County	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/24/2025 Garza, Matt Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00		
	Principal occu	Mission, TX 78572 pation / Job title (See Instructions	3)	Employer (See Instructions	<u> </u> s)		
	Not Employe		,	Not Employed			
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$250.00	
		McAllen, TX 78502					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
	Attorney			Self			
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$20.00	
Principal occupation / Job title (See Instructions) Employer (S		Employer (See Instructions Edinburg CISD	<u>I</u> S)				
	Date Full name of contributor out-of-state PAC (ID#:) 06/24/2025 Holguin, Eric Contributor address; City; State; Zip Code Mission, TX 78573			Amount of Contribution (\$)	\$100.00		
	Principal occu Tx state dire	pation / Job title (See Instructions ctor	5)	Employer (See Instructions UnidosUS	s)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/4 Rpt: 7/18		
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)	
	Hidalgo Cou	nty Young Democrats			00089730		
4	Date 06/25/2025			7	Amount of Contribution (\$)	\$100.00	
		Edinburg, TX 78541					
8	Principal occu Legal	oation / Job title (See Instructions)	9 Employer (See Instructions Hidalgo County	s)			
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_Mcleaish, Laurel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
	Principal occur	Mcallen, TX 78501	Employer (See Instructions				
	Principal occupation / Job title (See Instructions) Lawyer Employer (See Instruction Self Employed			5)			
	Date Full name of contributor out-of-state PAC (ID#:) 06/25/2025 Peden, Jennifer Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00	
		Brownsville, TX 78521					
	Principal occu Not Employe	oation / Job title (See Instructions) d	Employer (See Instructions Not Employed	s)			
	Date Full name of contributor out-of-state PAC (ID#:) 06/25/2025 Resendez, Jaime Contributor address; City; State; Zip Code Harlingen, TX 78552				Amount of Contribution (\$)	\$50.00	
Principal occupation / Job title (See Instructions) Not Employed Not Employed			Employer (See Instructions Not Employed	s)			
	Date Full name of contributor out-of-state PAC (ID#:) 06/25/2025 Resendez, Ramiro Contributor address; City; State; Zip Code Harlingen, TX 78552			Amount of Contribution (\$)	\$100.00		
	Principal occu Business ow	oation / Job title (See Instructions) ner	Employer (See Instructions Tejano brick	s)			

The Instruction Guide explains how to complete this form. 2 FILER NAME Hidalgo County Young Democrats 3 Field name of contributor out-of-state PAC (IDM:	MONETARY POLITICAL CONTRIBUTIONS							
2 FILER NAME Hidalgo County Young Democrats 4 Date 04/02/2025 Sanchez, Abraham 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 3 Filer ID (Ethics Commonwell) 00089730 7 Amount of Contribution 6 Contributor address; City; State; Zip Code 9 Employer (See Instructions)	The Instruction Guide explains how to complete this form.							
04/02/2025 Sanchez, Abraham 6 Contributor address; City; State; Zip Code Edinburg, TX 78542 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					emocrats			2
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)			D#:		, Abraham	Sanchez,		
Sen Employed						ıpation / Job title		8

LOANS				SCHEDULE E
The Instruction	on Guide explains how to complete this f	orm.	l	ges Schedule E: 1 Rpt: 9/18
2 FILER NAME Hidalgo County	Young Democrats		3 Filer ID 000897	(Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS			\$
5 Date of loan 06/26/2025	7 Name of lender	C (ID#:)	9 Loan Amount (\$) \$1,000.00
6 Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate 0 11 Maturity Date
INU	McAllen , TX 78501			09/26/2025
12 Principal occupati Lawyer	ion / Job title (See Instructions)	13 Employer (See Instructions Self	5)	•
14 Description of Col	llateral	15 Check if personal funds we	ere deposited	l into political account (See Instructions)
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
X not applicable	18 Guarantor address; City; State;	Zip Code		
20 Principal occupati	ion	21 Employer (See Instructions	3)	

	The Instruction Guide explains how to complete this form.
1 Total pages Schedule I:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/9 Rpt:	Hidalgo County Young Democrats 00089730
4 Date	5 Payee name
06/30/2025	*DOORDASH P.TERRYSB
6 Amount (\$)	7 Payee Address; City; State; Zip
51.85	
Expenditure from	Augtin TV
corporate funds	Austin, TX (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)
8 PURPOSE OF	Food/Beverage Expense Food
EXPENDITURE	
Date	Payee name
06/27/2025	AIRBNB
Amount (\$)	Payee Address; City; State; Zip
748.03	
Expenditure from	
corporate funds	CA (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Travel Out of District (b) Description (See instructions regarding type of information required.) Lodging
EXPENDITURE	Loughly
Date	Payee name
06/09/2025	Amazon
Amount (\$)	Payee Address; City; State; Zip
227.15	
Expenditure from	l _{wa}
corporate funds PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)
OF	Phone Light stands Phone Light stands
EXPENDITURE	
Date	Payee name
06/09/2025	Amazon
Amount (\$)	Payee Address; City; State; Zip
54.05	
Expenditure from	WA WA
corporate funds	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Phone Cases (b) Description (See instructions regarding type of information required.) Phone Cases
EXPENDITURE	1
	<u> </u>

	The Instruction Guide explains how to complete this form.				
Total pages Schedule I: Sch: 2/9 Rpt:	2 FILER NAME Hidalgo County Young Democrats 3 Filer ID (Ethics Commission Filers) 00089730				
4 Date 06/18/2025	5 Payee name Bark.us				
6 Amount (\$) 14.00 Expenditure from corporate funds	7 Payee Address; City; State; Zip Atlanta, GA				
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Phone Software (b) Description (See instructions regarding type of information required.) Phone Software				
Date 06/30/2025	Payee name Buc-ees #22				
Amount (\$) 16.07 Expenditure from corporate funds	Payee Address; City; State; Zip New Braunfels, TX				
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Travel Out of District Gas (b) Description Gas				
Date 06/30/2025	Payee name Buc-ees #22				
Amount (\$) 22.11 Expenditure from corporate funds	Payee Address; City; State; Zip NEW BRAUNFELS, TX				
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Travel Out of District (b) Description Gas				
Date 06/30/2025	Payee name CAPITOL GIFTSHOP EXT				
Amount (\$) 51.96 Expenditure from corporate funds	Payee Address; City; State; Zip Austin, TX				
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) knick knacks (b) Description (See instructions regarding type of information required.) knick knacks				
	1				

	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I: Sch: 3/9 Rpt:	2 FILER NAME Hidalgo County Young Democrats 3 Filer ID (Ethics Commission Filers) 00089730				
4 Date 06/30/2025	5 Payee name CAPITOL VISITORS PARKIG AUSTIN				
6 Amount (\$) 8.00 Expenditure from	7 Payee Address; City; State; Zip Austin, TX				
Corporate funds 8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Travel Out of District (b) Description Parking Fee				
Date 06/30/2025	Payee name Circle K				
Amount (\$) 14.25 Expenditure from corporate funds	Payee Address; City; State; Zip San Antonio, TX				
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Travel Out of District (b) Description Gas				
Date 06/30/2025	Payee name Circle K				
Amount (\$) 25.00 Expenditure from corporate funds	Payee Address; City; State; Zip San Antonio, TX				
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Travel Out of District (b) Description Gas				
Date 06/06/2025	Payee name Cricket Wireless				
Amount (\$) 422.57 Expenditure from corporate funds	Payee Address; City; State; Zip Edinburg , TX				
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Phone (b) Description (See instructions regarding type of information required.) Phone Bill, and activation of phone lines				

SCHEDULE I

	The Instruction Guide explains how to	complete thi	s form.
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 4/9 Rpt:	Hidalgo County Young Democrats		00089730
4 Date	5 Payee name		
06/30/2025	Door Dash		
6 Amount (\$)	7 Payee Address; City; State; Zip		
4.99			
Expenditure from			
corporate funds	CA		
8 PURPOSE OF		(b) Description	(See instructions regarding type of information required.)
EXPENDITURE	Food/Beverage Expense	Food	
Date	Payee name		
06/30/2025	KERBEY LANE CAFE		
Amount (\$)			
. ,	Payee Address; City; State; Zip		
222.80			
Expenditure from corporate funds	Austin, TX		
PURPOSE	1	(b) Description	(See instructions regarding type of information required.)
OF	Food/Beverage Expense	Food	
EXPENDITURE			
Date	Payee name		
05/01/2025	Lone Star National Bank		
Amount (\$)	Payee Address; City; State; Zip		
3.00	206 Ferguson Avenue		
Expenditure from			
corporate funds	Pharr, TX 78577		
PURPOSE OF		(b) Description	(See instructions regarding type of information required.)
EXPENDITURE	Accounting/Banking	Bank Fee	
Date	Payee name		
04/02/2025	Lone Star National Bank		
Amount (\$)	Payee Address; City; State; Zip		
	206 Ferguson Avenue		
10.00	200 r orgadom r worldo		
Expenditure from corporate funds	Pharr, TX 78577		
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description	(See instructions regarding type of information required.)
OF EXPENDITURE	Accounting/Banking	Bank Fee	
EXPENDITORE			

SCHEDULE I

	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 5/9 Rpt:	Hidalgo County Young Democrats	00089730			
4 Date	5 Payee name				
06/06/2025	Lone Star National Bank				
6 Amount (\$)	7 Payee Address; City; State; Zip				
5.00	206 Ferguson Avenue				
Expenditure from					
corporate funds	Pharr, TX 78577				
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories)	· ·			
OF EXPENDITURE	Accounting/Banking	Debit Card Replacement			
Date	Payee name				
06/24/2025	Lone Star National Bank				
Amount (\$)	Payee Address; City; State; Zip				
10.00	206 W Ferguson Avenue				
Expenditure from	DI TV 70577				
corporate funds	Pharr, TX 78577				
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)	· ·			
EXPENDITURE	Fees	Return Mail Fee			
Date	Payee name				
06/30/2025	Lone Star National Bank				
Amount (\$)	Payee Address; City; State; Zip 206 W Ferguson Avenue				
3.00	200 W Ferguson Avenue				
Expenditure from corporate funds	Pharr, TX 78577				
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)			
OF	Fees	Paper Statement Fee			
EXPENDITURE		T upon cranoment oc			
Date	Payee name				
06/27/2025	Pilot				
Amount (\$)	Payee Address; City; State; Zip				
10.90	1419 US HIGHWAY 281 FALFURRIAS				
Expenditure from					
corporate funds	Falfurrias, TX				
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)			
OF EXPENDITURE	Travel Out of District	Gas			
LAFENDITORE					

SCHEDULE I

The Instruction Guide explains how to complete this form.					
Total pages Schedule I: Sch: 6/9 Rpt:	FILER NAME Hidalgo County Young Democrats		3 Filer ID 00089730	(Ethics Commission Filers)	
·			1 00069730		
4 Date 06/27/2025	5 Payee name Pilot				
6 Amount (\$)	7 Payee Address; City; State; Zip				
23.97	1419 US HIGHWAY 281 FALFURRIAS				
Expenditure from corporate funds	Falfurrias, TX				
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Travel Out of District	(b) Description Gas	(See instructions regard	ling type of information required.)	
Date	Payee name				
06/27/2025	Pilot				
Amount (\$)	Payee Address; City; State; Zip				
24.79	1419 US HIGHWAY 281 FALFURRIAS				
Expenditure from corporate funds	Falfurrias, TX				
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description	(See instructions regard	ling type of information required.)	
OF EXPENDITURE	Travel Out of District	Snacks			
EXPENDITORE					
Date	Payee name				
06/30/2025	SHAKE SHACK				
Amount (\$)	Payee Address; City; State; Zip				
72.61					
Expenditure from corporate funds	Austin, TX				
PURPOSE OF		() Description	(See instructions regard	ling type of information required.)	
EXPENDITURE	Food/Beverage Expense	Food			
Date	Payee name				
06/30/2025	SQ *ADDI				
Amount (\$)	Payee Address; City; State; Zip				
17.50					
Expenditure from corporate funds	Austin, TX				
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description	(See instructions regard	ling type of information required.)	
OF EXPENDITURE	Travel Expense	Travel Expen	ise		

		=			
The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 7/9 Rpt:	Hidalgo County Young Democrats 00089730				
4 Date	5 Payee name				
06/06/2025	Sanchez, Abraham				
6 Amount (\$)	7 Payee Address; City; State; Zip	_			
100.00	3628 Spicewood dr				
Expenditure from corporate funds	Edinburg , TX 78542				
8 PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)				
EXPENDITURE	Accounting/Banking Bank Start Up payback				
Date	Payee name	_			
06/30/2025	TST*CAPITOL CAFE				
Amount (\$)	Payee Address; City; State; Zip				
7.03					
Expenditure from					
corporate funds	Austin, TX				
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)				
EXPENDITURE	Food/Beverage Expense coffee				
Date	Payee name	=			
06/30/2025	WholeFoods				
Amount (\$)	Payee Address; City; State; Zip	_			
90.40	525 N LAMAR BLVD AUSTIN				
Expenditure from	AUGTINI TV				
corporate funds	AUSTIN, TX				
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense (b) Description (See instructions regarding type of information required.) Food				
EXPENDITURE	Food				
Date	Payee name	_			
06/09/2025	godaddy.com				
Amount (\$)	Payee Address; City; State; Zip				
174.12					
Expenditure from					
corporate funds	Tempe, AZ				
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.) Fees Website Hosting Fee				
EXPENDITURE	Fees Website Hosting Fee				

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 8/9 Rpt:	Hidalgo County Young Democrats	00089730			
4 Date	5 Payee name				
06/13/2025	iMyFone				
6 Amount (\$)	7 Payee Address; City; State; Zip				
87.99					
Expenditure from	Kowloon City Hong Kong				
corporate funds 8 PURPOSE		(b) Description (See instructions regarding type of information required.)			
OF	Phone Software	Phone Software			
EXPENDITURE					
Date	Payee name				
06/13/2025	iMyFone				
Amount (\$)	Payee Address; City; State; Zip				
87.99					
Expenditure from	Kowloon City Hong Kong				
corporate funds	Kowloon City Hong Kong (a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)			
PURPOSE OF	Phone Software	(b) Description (See instructions regarding type of information required.) Phone Software			
EXPENDITURE					
Date	Payee name				
06/13/2025	iMyFone				
Amount (\$)	Payee Address; City; State; Zip				
87.99					
Expenditure from	Kowloon City Hong Kong				
corporate funds PURPOSE	· · · · · ·	(b) Description (See instructions regarding type of information required.)			
OF	Phone Software	Phone Software			
EXPENDITURE					
Date	Payee name				
06/13/2025	iMyFone				
Amount (\$)	Payee Address; City; State; Zip				
109.99					
Expenditure from	Hong Kong				
corporate funds	Hong Kong	(b) Description (Conjectuations regarding time of information required)			
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Phone Software	(b) Description (See instructions regarding type of information required.) Phone Software			
EXPENDITURE		Thomas delimate			

SCHEDULE.

MADE FROM I	POLITICAL CONTRIBUTIONS	SCHEDULE I
	The Instruction Guide explains how to	complete this form.
Total pages Schedule I: Sch: 9/9 Rpt:	2 FILER NAME Hidalgo County Young Democrats	3 Filer ID (Ethics Commission Filers) 00089730
Date 06/09/2025	5 Payee name www.imyfone.com	
Amount (\$)	7 Payee Address; City; State; Zip	
109.12 Expenditure from corporate funds	Hong Kong	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Phone Software