FORM CEC COUNTY EXECUTIVE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The CEC Instruction Guide explains how to complete this form. 00089274 3 COMMITTEE NAME **OFFICE USE ONLY** Cameron County Republican Party Date Received **ELECTRONICALLY FILED** 08/01/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** Po Box 3114 Date Hand-delivered or Date Postmarked Brownsville, TX 78523 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Susan NAME NICKNAME LAST **SUFFIX** Ruvalcaba STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 35 Virtudes Street STREET **ADDRESS** (Residence or Business) Brownsville, TX 78526 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 35 Virtudes Street MAILING **ADDRESS** Brownsville, TX 78526 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 592-6026 PHONE REPORT January 15 30th day before election Final Report **TYPE** 10th day after campaign treasurer 8th day before election termination 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 Runoff Other Primary 05/03/2025 χ General Special **GO TO PAGE 2**

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Cameron County Repu	00089274			
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed Ballot ID:Prop A Election Date:202	25-05-03 Des	sc:Authorizing Cameron
		County to plan and build a multi-p		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOAN CONTRIBUTIONS	ED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold	\$	0.00
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,413.02
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ED POLITICAL EXPENDITURES	\$	1,210.33
	4. TOTAL POLITION	CAL EXPENDITURES	\$	6,193.79
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	L CONTRIBUTIONS MAINTAINED AS OF THE LAST ING PERIOD	DAY \$	59,500.25
OUTSTANDING LOAN TOTALS		L AMOUNT OF ALL OUTSTANDING LOANS AS OF T E REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Sucan D	uvalcaba	
		Signature of Car		rer
AFFIX NOTARY	STAMP / SEAL ABOV		,	
Sworn to and subscribed	before me, by the said	, th	is the	day
of	_, 20, to certi	fy which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offic	eer administering oath

SUBTOTALS - CEC

FORM CEC COVER SHEET PG 3

					3 of 20				
17 CO	17 COMMITTEE NAME 18 Filer ID (Ethics Commission Filers)								
Ca	Cameron County Republican Party 00089274								
	19 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT								
NA	ME OF	SCHEDULE			JOBI OTAL AMOUNT				
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,413.02				
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	1,000.00				
3.		\$							
4.		SCHEDULE E: LOANS		\$					
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	6,193.79				
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
9.	X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	178.00				
10.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$					

	MONEI	ARY POLITICAL (SCHEDULE A1				
	The Instru	ction Guide explains hov	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/20			
2	FILER NAME	. 5 . 15 . 5 .			3	Filer ID (Ethics Commission	n Filers)
_		ounty Republican Party			Ļ	00089274	
4	Date 01/30/2025	5 Full name of contributor Bell, Deborah (Mrs.)6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$127.40
_	Drive in all account	Brownsville, TX 78526		O. Frederick (O. a. last action			
8	Home Make	pation / Job title (See Instructions	5)	9 Employer (See Instructions N/A	S)		
	Date Full name of contributor out-of-state PAC (ID#:) 04/23/2025 Dunkin, Carolyn (Mrs.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00	
	Principal occu	Laguna Vista, TX 78578 pation / Job title (See Instructions	-1	Employer (See Instructions	<u>-,</u>		
	Retired	pation / 300 title (See Instructions	5)	Employer (See instructions	>)		
	Date 04/24/2025	Full name of contributor out-of-state PAC (ID# 2/2025 Ezzell, Jennifer (Mrs.) Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$100.00
		Harlingen, TX 78552					
	Principal occu Marketing	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$100.00	
	Principal occu retired	pation / Job title (See Instruction:	Employer (See Instructions	5)			
	Date 05/07/2025	Full name of contributor Hudson, William (Mr.) Contributor address; City; S Brownsville, TX 78526	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$400.00
	Principal occu Bus. Owner	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instruc	etion Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/20	
2	FILER NAME Cameron Co	unty Republican Party		3	Filer ID (Ethics Commission 00089274	n Filers)
4	Date 04/24/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$94.80
		Harlingen, TX 78550				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 04/23/2025	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$94.80
	Principal occu	Rancho Viejo, TX 78575 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	self imployed					
	Date 04/22/2025	Full name of contributor)		Amount of Contribution (\$)	\$300.00
		Los Fresnos, TX 78566				
	Principal occu Realtor	oation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/29/2025	Full name of contributor out-of-state PAC (ID#:_Nelson, Harry (Mr.) Contributor address; City; State; Zip Code San Benito, TX 78586			Amount of Contribution (\$)	\$25.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 04/24/2025	Full name of contributor out-of-state PAC (ID#:_Simpson, Minerva (Mrs.) Contributor address; City; State; Zip Code Harlingen, TX 78552			Amount of Contribution (\$)	\$71.02
	Principal occu Business ow	pation / Job title (See Instructions) ner	Employer (See Instructions)		
		•				

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 6/20 FILER NAME 3 Filer ID (Ethics Commission Filers) Cameron County Republican Party 00089274 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 8 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 04/24/2025 Jennings, Steve \$1,000.00 Billboard for opposition to 7 Contributor address; City; State; Zip Code ballot initiative - Prop A Combes, TX 78535 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) Retired Retired 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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: 1/11 Rpt: 7/20	Cameron County Republican Party 00089274	
4	Date	5 Payee name	
	02/27/2025	Affordable Attic	
6	Amount (\$) \$88.00	7 Payee address; City; State; Zip Code 3065 Paredes Line Rd	
		Brownsville, TX 78526	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Storage facility rental for CCRP	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	03/24/2025	Affordable Attic	
	Amount (\$) \$78.00	Payee address; City; State; Zip Code 3065 Paredes Line Rd	
		Brownsville, TX 78526	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Storage Rental Monthly Fee	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	=
	04/24/2025	Affordable Attic	
	Amount (\$) \$78.00	Payee address; City; State; Zip Code 3065 Paredes Line Rd	
		Brownsville, TX 78526	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Storage rental for CCRP Recurring Fee	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	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: 2/11 Rpt: 8/20	Cameron County Republican Party 00089274
4	Date	5 Payee name
	05/22/2025	Affordable Attic
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$78.00	3065 Paredes Line Rd
		Brownsville, TX 78526
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Recurring fee for storage for CCRP
		Reculting fee for Storage for CCRF
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
_	Dete	
	Date	Payee name
	06/24/2025	Affordable Attic
	Amount (\$)	Payee address; City; State; Zip Code
	\$156.00	3065 Paredes Line Rd
		Brownsville, TX 78526
	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 Recurring monthly expense for storage for CCRP
		Recurring monthly expense for storage for CCRF
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	David and the second se
	Date 01/24/2025	Payee name Affordable Attic
	Amount (\$)	Payee address; City; State; Zip Code
	\$78.00	3065 Paredes Line Rd
L		Brownsville, TX 78526
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Recurring expense for Storage for CCRP
		reculting expense for storage for CCRF
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/11 Rpt: 9/20	Cameron County Republican Party 00089274
4	Date	5 Payee name
	03/25/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$124.35	440 Terry Ave N
		Seattle, WA 98109
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
		Supplies for County Party Administration
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	- · · · · · · · · · · · · · · · · · · ·
L		
	Date	Payee name
	01/23/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$151.48	440 Terry Ave N
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Purchase of Flags Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Purchase of Flags for CEC events and meetings
		Fulctiase of Flags for CEC events and meetings
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Data	Power name
	Date 04/30/2025	Payee name Coefficient Group, LLC
	04/30/2025	Coefficient Group, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,567.80	1881 Main St. #307
L		Kansas City , MO 64108
	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 Text Messaging Campaing Opposing County
		Proposition on ballot
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
_	Tatal manage October 11 51		2 Files ID /Files Ormaticing Eth.
1	Total pages Schedule F1: Sch: 4/11 Rpt: 10/20	2 FILER NAME Cameron County Republican Party	3 Filer ID (Ethics Commission Filers) 00089274
4	Date 06/06/2025	5 Payee name Coefficient Group, LLC	
_		•	
6	Amount (\$) \$417.90	7 Payee address; City; State; Zip Code 1881 Main St. #307 Kansas City , MO 64108	
Ļ			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense
			ng Campaign for Candidates in special
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/24/2025	DLX for Small Business	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$228.23	801 S Marquette Ave	
		Minneapolis, MN 55402	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	/ tecounting/ Banking	outside of Texas. Complete Schedule T.
		CHeck order	TX, officeholder living expense
		Check order	ioi com
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/02/2025	EHLJ, LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$254.86	652 W. Levee St	
		Brownsville, TX 78520	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	outside of Texas. Complete Schedule T.
		ı	TX, officeholder living expense roduction for Opposition to Ballot
		Measure	οσασείοι τοι Ορροσιίιου το Βαιίοι
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica	
	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/11 Rpt: 11/20	Cameron County Republican Party 00089274
4	Date	5 Payee name
	05/27/2025	Friends 4 Life BTX
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	1600 Boca Chica Blvd
		Brownsville, TX 78520
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Donation for Pro Life Organization 501.c.3
_	Complete ONL V if direct	Candidata/Officeholder name Office country Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Data	
	Date 01/15/2025	Payee name
		GT Goldsports
	Amount (\$)	Payee address; City; State; Zip Code
	\$320.00	107 E Price Rd
		Brownsville, TX 78521
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Award Plaques for Lincoln/Reagan Dinner
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/28/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.56	2155 Paredes Line Road
		Brownsville, TX 78526
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		Refreshments for CEC monthly meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	U

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services			ages	/Contract Labor		OTHER (enter a	strict category not listed abo	ove)
				The Instruction G	uide explains ho	w to cor	nple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 6/11 Rpt: 12/20		Cameron Co	ounty Republica	an Party					00089274		
4	Date	5	Payee name									
	03/25/2025		HEB									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$242.06		2155 Pared	es Line Road								
			Brownsville,	TX 78526								
8	PURPOSE	(a)	Category (Se	ee Categories listed at t	the top of this schedu	ule)	(b)	Description				
	OF EXPENDITURE			age Expense				=			plete Schedule T.	
	LXI LINDITORL							—		officeholder living		
								Food/Bevera	ge	Expense foi	CEC monthly	meeting
_	0 1 0 0 1 1 1 1	L	0 1:1 : 10.5		0"					0,11		
9	Complete ONLY if direct expenditure to benefit C/Ol		Jandidate/Offic	ceholder name	Off	ice souç	gnt			Office h	eld	
—		_										
	Date		Payee name									
	04/15/2025		HEB									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$160.00		2155 Pared	es Line Road								
			Brownsville,	TX 78526								
	PURPOSE	(a)	Category (Se	ee Categories listed at t	the top of this schedu	ule)	(b)	Description				
	OF EXPENDITURE		Food/Bever	age Expense				=			nplete Schedule T.	
								ш		officeholder living	CEC Meeting	
								Γυσανσενειαί	ye i	Expense ioi	CLC Meeting	
_	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	Off	ice soug	thr			Office h	eld	
	expenditure to benefit C/O		Janaraato, Omi	ceriolaer riame	Oil	ice sout	giit			Omee n	Ciu	
_	Date	Г	Doves name									
	05/29/2025		Payee name HEB									
				City II	Ctata	7:n Co.	al a					
	Amount (\$) \$140.42		Payee addres	ss; City; es Line Road	State;	Zip Co	ue					
	Φ140.42		2133 Pareu	es Line Roau								
			5	TV 70500								
			Brownsville,			i						
	PURPOSE OF	(a)		ee Categories listed at t	the top of this schedu	ule)	(b)	Description	outoi.	do of Toyon Com	nplete Schedule T.	
	EXPENDITURE		Food/Bever	age Expense				ш		officeholder living		
								_			CEC Meeting	
								•	-	•	J	
	Complete ONLY if direct		Candidate/Offi	ceholder name	Off	ice souç	ght			Office h	eld	
	expenditure to benefit C/O											
I												

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials E Legal Services The Instruction Gui	xpense		nse es/Contract Labor		Travel III Distric Travel Out of Di OTHER (enter a	
1	Total pages Schedule F1:	2 FILER	NAME		- -		3	Filer ID	(Ethics Commission Filers)
	Sch: 7/11 Rpt: 13/20		eron County Republicar	n Party				00089274	(,
4	Date	5 Payee	name				_		
	05/29/2025	HEB							
6	Amount (\$)	7 Payee	address; City;	State;	Zip Code				
	\$141.80	2155	Paredes Line Road						
		Brown	nsville, TX 78526						
8	PURPOSE	(a) Categ	Ory (See Categories listed at the	top of this sched	dule) (b)	Description			
	OF EXPENDITURE	Food/	Beverage Expense						nplete Schedule T.
						_		, officeholder livin	or CEC Meeting
						. 000,2010.0	.90		o. 0_0oog
9			ate/Officeholder name	Off	fice sough	·		Office h	eld
	expenditure to benefit C/OI	H 							
	Date	Payee	name						
	02/18/2025	Rio B	ank						
	Amount (\$)	Payee	address; City;	State;	Zip Code				
	\$1.76	3401	Old Highway 77						
		Brown	nsville, TX 78526						
	PURPOSE OF	(a) Categ	Ory (See Categories listed at the	top of this sched	dule) (b)	Description			
	EXPENDITURE	Accou	unting/Banking			=		side of Texas. Con I, officeholder livin	nplete Schedule T.
						Debit Card M			g expense
								,	
	Complete ONLY if direct		ate/Officeholder name	Off	fice sough			Office h	eld
	expenditure to benefit C/OI	H							
	Date	Payee	name						
	02/18/2025	Rio B	ank						
	Amount (\$)	Payee	address; City;	State;	Zip Code				
	\$1.76	3401	Old Highway 77						
		Brown	nsville, TX 78526						
	PURPOSE OF	1	Ory (See Categories listed at the	top of this sched	dule) (b	Description			
	EXPENDITURE	Accou	unting/Banking					side of Texas. Con I, officeholder livin	nplete Schedule T.
						Debit Card M			g expense
						200.1 Oald IV		, . 00	
	Complete ONLY if direct	L Candida	ate/Officeholder name	Off	fice sought			Office h	eld
	expenditure to benefit C/OI			3	,			30011	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/11 Rpt: 14/20	Cameron County Republican Party 00089274
4	Date	5 Payee name
	03/17/2025	Rio Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.76	3401 Old Highway 77
		Brownsville, TX 78526
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Debit Card Monthly Fee
		Besit Gard Monthly 1 ce
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
۱	expenditure to benefit C/O	
\vdash	Date	Dougo nomo
	03/17/2025	Payee name Rio Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.76	3401 Old Highway 77
		Brownsville, TX 78526
	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
		Debit Card Monthly Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	04/11/2025	Rio Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	3401 Old Highway 77
		Brownsville, TX 78526
	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 Need to reactivate account
		וופבע נט ובמבנוימנב מכנטעוונ
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 9/11 Rpt: 15/20	Cameron County Republican Party 00089274			
4	Date	5 Payee name			
	04/11/2025	Rio Bank			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$50.00	3401 Old Highway 77			
		Brownsville, TX 78526			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Reactivate account fee			
		Nedadivate account for			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
_	Date	Payee name			
	04/15/2025	Rio Bank			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1.76	3401 Old Highway 77			
	Ψ1.70	3401 Old Flighway 17			
		Brownsville, TX 78526			
	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 Debit Card Monthly Fee			
		Debit Cald Monthly Fee			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
_	Date	Payee name			
	04/15/2025	Payee name Rio Bank			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1.76	3401 Old Highway 77			
		Brownsville, TX 78526			
	PURPOSE				
	OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Debit Card Monthly Fee			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	1			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/11 Rpt: 16/20	Cameron County Republican Party 00089274
4	Date	5 Payee name
	05/15/2025	Rio Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.76	3401 Old Highway 77
		Brownsville, TX 78526
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Debit Card Monthly Fee
		Debit Gard Monthly 1 ee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/16/2025	Rio Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.76	3401 Old Highway 77
		Brownsville, TX 78526
	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 Debit card monthly fee
		Debit card monthly fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	01/15/2025	Rio Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.76	3401 Old Highway 77
		Brownsville, TX 78526
	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
		Debit Card Monthly Fee
	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to beliefit 6/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Gu		Wages	s/Contract Labor		OTHER (enter a	category not listed a	oove)
_	T-4-1 O-1 F1.	6 EU ED NA		The explains from to o	Jp.		_	Ell ID	(Ethios Commission	-: F:I\
1	Total pages Schedule F1:	l					3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 11/11 Rpt: 17/20	Cameror	County Republica	n Party				00089274		
4	Date	5 Payee nar	me							
	03/25/2025	Walmart								
6	Amount (\$)	7 Payee add	dress; City;	State; Zip C	ode					
	\$122.57	1 1	ca Chica Blvd	, ,						
		Brownsvi	ille, TX 78526							
8	PURPOSE	(a) Category	(See Categories listed at th	on top of this schodule)	(b)	Description				
	OF	Event Ex		ie top of this schedule)	`´		outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE					Check if Austin	, TX	, officeholder living	g expense	
						Event expens	ses	for commu	nity engageme	nt commity
9	Complete ONLY if direct		Officeholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI	-								
	Date	Payee nar	me							
	05/27/2025	Walmart								
	Amount (\$)	Payee add	dress; City;	State; Zip C	ode					
	\$75.48	2721 Boo	ca Chica Blvd							
		Brownsvi	ille, TX 78526							
	PURPOSE	(a) Category	(See Categories listed at th	ne top of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Bev	verage Expense			<u></u>			plete Schedule T.	
								, officeholder living		
						Event UTRG		jes ioi Comi	munity Engage	ement
	2	- "			<u> </u>					
	Complete ONLY if direct expenditure to benefit C/OI		Officeholder name	Office so	ught			Office h	eld	
		-								
	Date	Payee nar	me							
	05/29/2025	Walmart								
	Amount (\$)	Payee add	dress; City;	State; Zip C	ode					
	\$44.11	2721 Boo	ca Chica Blvd							
		Brownsvi	ille, TX 78526							
	PURPOSE				(h)	Description				
	OF		(See Categories listed at the verage Expense	ne top of this schedule)	(5)		outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE	Food/De	verage Expense					, officeholder living		
						Flags/Cakes	for	Community	Engagement	Event
	Complete ONLY if direct	Candidate/0	Officeholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI				•					

SCHEDULE |

	The Instruction Guide explains how to	complete this form.				
Total pages Schedule I: Sch: 1/3 Rpt:	2 FILER NAME Cameron County Republican Party 3 Filer ID (Ethics Commis 00089274					
Date 01/31/2025	5 Payee name Rio Bank					
Amount (\$) 6.56	7 Payee Address; City; State; Zip 3401 Old Highway 77 Brownsville, TX 78526					
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Bank Fee for Admin Account				
Date 02/28/2025	Payee name Rio Bank					
Amount (\$) 6.56	Payee Address; City; State; Zip 3401 Old Highway 77 Brownsville, TX 78526					
PURPOSE OF EXPENDITURE		(b) Description (See instructions regarding type of information required.) Bank Fee for Admin Account				
Date 03/31/2025	Payee name Rio Bank	<u> </u>				
Amount (\$) 18.97	Payee Address; City; State; Zip 3401 Old Highway 77					
PURPOSE OF EXPENDITURE	Brownsville, TX 78526 (a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Bank Fee for Admin Account				
Date 04/30/2025	Payee name Rio Bank					
Amount (\$) 18.97	Payee Address; City; State; Zip 3401 Old Highway 77 Brownsville, TX 78526					
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required. Bank Fee for Admin Account				

SCHEDULE |

	The Instruction Guide explains how to	complete this form.				
Total pages Schedule I: Sch: 2/3 Rpt:	2 FILER NAME Cameron County Republican Party	3 Filer ID (Ethics Commission Filers) 00089274				
Date 05/30/2025	5 Payee name Rio Bank					
Amount (\$) 18.97	7 Payee Address; City; State; Zip 3401 Old Highway 77 Brownsville, TX 78526					
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Bank Fee for Admin Account				
Date 06/30/2025	Payee name Rio Bank					
Amount (\$) 18.97	Payee Address; City; State; Zip 3401 Old Highway 77 Brownsville, TX 78526					
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required. Bank Fee for Admin Account				
Date 01/31/2025	Payee name Rio Bank					
Amount (\$) 6.56	Payee Address; City; State; Zip 3401 Old Highway 77 Brownsville, TX 78526					
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required. Bank Fee for Admin Account				
Date 02/28/2025	Payee name Rio Bank					
Amount (\$) 6.56	Payee Address; City; State; Zip 3401 Old Highway 77 Brownsville, TX 78526					
PURPOSE OF EXPENDITURE		(b) Description (See instructions regarding type of information required. Bank Fee for Admin Account				

SCHEDULE |

	The Instruction Guide explains how to	complete this form.				
Total pages Schedule I: Sch: 3/3 Rpt:	2 FILER NAME Cameron County Republican Party	3 Filer ID (Ethics Commission Filers) 00089274				
Date 03/31/2025	5 Payee name Rio Bank					
Amount (\$) 18.97	7 Payee Address; City; State; Zip 3401 Old Highway 77 Brownsville, TX 78526					
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information require Bank Fee for Admin Account					
Date 04/30/2025	Payee name Rio Bank					
Amount (\$) 18.97	Payee Address; City; State; Zip 3401 Old Highway 77 Brownsville, TX 78526					
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required. Bank Fee for Admin Account				
Date 05/30/2025	Payee name Rio Bank					
Amount (\$) 18.97	Payee Address; City; State; Zip 3401 Old Highway 77 Brownsville, TX 78526					
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Bank Fee for Admin Account				
Date 06/30/2025	Payee name Rio Bank					
Amount (\$) 18.97	Payee Address; City; State; Zip 3401 Old Highway 77 Brownsville, TX 78526					
PURPOSE OF EXPENDITURE		(b) Description (See instructions regarding type of information required. Bank Fee for Admin Account				