

# MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC  
COVER SHEET PG 1

|                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                      |  |                                                                                                                                                                       |  |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| The MPAC Instruction Guide explains how to complete this form.                              |                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1 Filer ID<br>(Ethics Commission Filers)<br>00015992 |  | 2 Total pages filed:<br>17                                                                                                                                            |  |
| 3 COMMITTEE NAME<br>Deputy Sheriff's Association of Bexar County Political Action Committee |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                      |  | OFFICE USE ONLY<br>Date Received<br>ELECTRONICALLY FILED<br>10/29/2025<br>Date Hand-delivered or Date Postmarked<br>Receipt # Amount<br>Date Processed<br>Date Imaged |  |
| 4 COMMITTEE ADDRESS                                                                         | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP<br>9200 Broadway, Ste. 106<br>San Antonio, TX 78217                                                                                                                                                                                                                                                                                                                                      |                                                      |  |                                                                                                                                                                       |  |
| 5 CAMPAIGN TREASURER NAME                                                                   | MS / MRS / MR FIRST MI<br>Reginald<br>NICKNAME LAST SUFFIX<br>Worlds                                                                                                                                                                                                                                                                                                                                                                       |                                                      |  |                                                                                                                                                                       |  |
| 6 CAMPAIGN TREASURER STREET ADDRESS<br>(Residence or Business)                              | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>9200 Broadway<br>Suite 106<br>San Antonio, TX 78217                                                                                                                                                                                                                                                                                                             |                                                      |  |                                                                                                                                                                       |  |
| 7 CAMPAIGN TREASURER MAILING ADDRESS                                                        | STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>9200 Broadway<br>Suite 106<br>San Antonio, TX 78217                                                                                                                                                                                                                                                                                                                      |                                                      |  |                                                                                                                                                                       |  |
| 8 CAMPAIGN TREASURER PHONE                                                                  | AREA CODE PHONE NUMBER EXTENSION<br>(210) 223-2213                                                                                                                                                                                                                                                                                                                                                                                         |                                                      |  |                                                                                                                                                                       |  |
| 9 REPORT TYPE                                                                               | <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)                                                                                                                                                                                                                                                                    |                                                      |  |                                                                                                                                                                       |  |
| 10 MONTHLY REPORT FILING DEADLINE                                                           | <input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5<br><input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input checked="" type="checkbox"/> November 5<br><input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5 |                                                      |  |                                                                                                                                                                       |  |
| 11 PERIOD COVERED                                                                           | Month Day Year    THROUGH    Month Day Year<br>09/26/2025    10/25/2025                                                                                                                                                                                                                                                                                                                                                                    |                                                      |  |                                                                                                                                                                       |  |

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# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

|                                                                                                     |                                                           |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>12 COMMITTEE NAME</b><br>Deputy Sheriff's Association of Bexar County Political Action Committee | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015992 |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------|

|                                                                                                         |                                                                                              |                                |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported                   |
|                                                                                                         |                                                                                              | B. Opposed                     |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported                   |
|                                                                                                         |                                                                                              | B. Opposed                     |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) | Ray Lopez State Representative |
|                                                                                                         |                                                                                              |                                |

|                                |                                                                                                                                                                                                                                                   |              |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>15 CONTRIBUTION TOTALS</b>  | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b><br><input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 0.00      |
|                                | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                                                                                                                                    | \$ 10,790.00 |
| <b>EXPENDITURE TOTALS</b>      | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>                                                                                                                                                                                                 | \$ 0.00      |
|                                | <b>4. TOTAL POLITICAL EXPENDITURES</b>                                                                                                                                                                                                            | \$ 5,697.13  |
| <b>CONTRIBUTION BALANCE</b>    | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>                                                                                                                                                     | \$ 66,985.29 |
| <b>OUTSTANDING LOAN TOTALS</b> | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>                                                                                                                                              | \$ 0.00      |

**16 AFFIDAVIT**

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

Reginald Worlds  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**SUBTOTALS - MPAC****FORM MPAC**  
**COVER SHEET PG 3**  
3 of 17

|                                                                                                     |                                                                                                                   |                                                           |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>17 COMMITTEE NAME</b><br>Deputy Sheriff's Association of Bexar County Political Action Committee |                                                                                                                   | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00015992 |
| <b>19 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE                                                    |                                                                                                                   | SUBTOTAL AMOUNT                                           |
| 1.                                                                                                  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 | \$ 10,790.00                                              |
| 2.                                                                                                  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                              | \$                                                        |
| 3.                                                                                                  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                                        | \$                                                        |
| 4.                                                                                                  | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION               | \$                                                        |
| 5.                                                                                                  | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$                                                        |
| 6.                                                                                                  | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                     | \$                                                        |
| 7.                                                                                                  | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                 | \$                                                        |
| 8.                                                                                                  | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                 | \$                                                        |
| 9.                                                                                                  | <input type="checkbox"/> SCHEDULE E: LOANS                                                                        | \$                                                        |
| 10.                                                                                                 | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS              | \$ 5,697.13                                               |
| 11.                                                                                                 | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                                 | \$                                                        |
| 12.                                                                                                 | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                        | \$                                                        |
| 13.                                                                                                 | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                            | \$                                                        |
| 14.                                                                                                 | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                      | \$                                                        |
| 15.                                                                                                 | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER       | \$                                                        |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|                                                                                                |                                                                                                                                                                                                                            |                                                          |
|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                               |                                                                                                                                                                                                                            | <b>1</b> Total pages Schedule A1:<br>Sch: 1/1 Rpt: 4/17  |
| <b>2</b> FILER NAME<br>Deputy Sheriff's Association of Bexar County Political Action Committee |                                                                                                                                                                                                                            | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015992 |
| <b>4</b> Date<br>09/29/2025                                                                    | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Deputy Sheriff's Association Members<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78217 | <b>7</b> Amount of Contribution (\$)<br>\$10,790.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)                                   |                                                                                                                                                                                                                            | <b>9</b> Employer (See Instructions)                     |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                                                     |                                                                                                                         |                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/13 Rpt: 5/17                                            | <b>2</b> FILER NAME<br>Deputy Sheriff's Association of Bexar County Political Action                                    | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015992                                                                                                                                                            |
| <b>4</b> Date<br>10/01/2025                                                                         | <b>5</b> Payee name<br>3D Screen Printing                                                                               |                                                                                                                                                                                                                     |
| <b>6</b> Amount (\$)<br>\$1,764.48<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>8015 W 2ND ST.<br><br>SOMERSET, TX 78069                               |                                                                                                                                                                                                                     |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense                             | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Sign Printing Expenditure |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 |                                                                                                                         |                                                                                                                                                                                                                     |
| Date<br>10/14/2025                                                                                  | Candidate/Officeholder name<br>Office sought<br>Office held                                                             |                                                                                                                                                                                                                     |
| Payee name<br>All American Car                                                                      |                                                                                                                         |                                                                                                                                                                                                                     |
| Amount (\$)<br>\$40.00<br><br><input type="checkbox"/> Expenditure from corporate funds             | Payee address; City; State; Zip Code<br>4343 Vance Jackson Rd<br><br>San Antonio, TX 78230                              |                                                                                                                                                                                                                     |
| PURPOSE OF EXPENDITURE                                                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Vehicle Expenditure       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          |                                                                                                                         |                                                                                                                                                                                                                     |
| Date<br>10/23/2025                                                                                  | Candidate/Officeholder name<br>Office sought<br>Office held                                                             |                                                                                                                                                                                                                     |
| Payee name<br>Angel's Mexican Haven                                                                 |                                                                                                                         |                                                                                                                                                                                                                     |
| Amount (\$)<br>\$50.30<br><br><input type="checkbox"/> Expenditure from corporate funds             | Payee address; City; State; Zip Code<br>2302 E Commerce S<br><br>San Antonio, TX 78203                                  |                                                                                                                                                                                                                     |
| PURPOSE OF EXPENDITURE                                                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense                        | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Pac Meeting               |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          |                                                                                                                         |                                                                                                                                                                                                                     |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                                                  |                                                                                                  |                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/13 Rpt: 6/17                                         | <b>2</b> FILER NAME<br>Deputy Sheriff's Association of Bexar County Political Action             | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015992                                                                                                                                              |
| <b>4</b> Date<br>10/14/2025                                                                      | <b>5</b> Payee name<br>BILL MILLER BBQ                                                           |                                                                                                                                                                                                       |
| <b>6</b> Amount (\$)<br>\$25.01<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>1004 SAN PEDRO<br><br>SAN ANTONIO, TX 78212     |                                                                                                                                                                                                       |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Pac Meeting |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                              |                                                                                                  |                                                                                                                                                                                                       |
| Date<br>10/14/2025                                                                               | Candidate/Officeholder name<br>Office sought<br>Office held                                      |                                                                                                                                                                                                       |
| Payee name<br>Blanco Cafe                                                                        |                                                                                                  |                                                                                                                                                                                                       |
| Amount (\$)<br>\$47.49<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>1720 Blanco Rd<br><br>San Antonio, TX 78212              |                                                                                                                                                                                                       |
| PURPOSE OF EXPENDITURE                                                                           | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Pac Meeting        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       |                                                                                                  |                                                                                                                                                                                                       |
| Date<br>10/02/2025                                                                               | Candidate/Officeholder name<br>Office sought<br>Office held                                      |                                                                                                                                                                                                       |
| Payee name<br>Brendas Mexican Restaurant                                                         |                                                                                                  |                                                                                                                                                                                                       |
| Amount (\$)<br>\$54.64<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>11888 Starcrest Dr<br><br>San Antonio, TX 78247          |                                                                                                                                                                                                       |
| PURPOSE OF EXPENDITURE                                                                           | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Pac Meeting        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       |                                                                                                  |                                                                                                                                                                                                       |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                                                  |                                                                                                  |                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/13 Rpt: 7/17                                         | <b>2</b> FILER NAME<br>Deputy Sheriff's Association of Bexar County Political Action             | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015992                                                                                                                                              |
| <b>4</b> Date<br>10/06/2025                                                                      | <b>5</b> Payee name<br>Chris Madrid's                                                            |                                                                                                                                                                                                       |
| <b>6</b> Amount (\$)<br>\$59.11<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>1901 Blanco Road<br><br>San Antonio, TX 78201   |                                                                                                                                                                                                       |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Pac Meeting |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                              |                                                                                                  |                                                                                                                                                                                                       |
| Date<br>09/26/2025                                                                               | Candidate/Officeholder name<br>Garcia Mexican Restraurant                                        |                                                                                                                                                                                                       |
| Amount (\$)<br>\$74.35<br><br><input type="checkbox"/> Expenditure from corporate funds          | Office sought<br>842 Fredricksburg<br><br>San Antonio, TX 78201                                  |                                                                                                                                                                                                       |
| PURPOSE OF EXPENDITURE                                                                           | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>PAC Meeting        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       |                                                                                                  |                                                                                                                                                                                                       |
| Date<br>10/22/2025                                                                               | Candidate/Officeholder name<br>Golden Wok                                                        |                                                                                                                                                                                                       |
| Amount (\$)<br>\$71.66<br><br><input type="checkbox"/> Expenditure from corporate funds          | Office sought<br>8822 Wurzbach Rd<br><br>San Antonio, TX 78240                                   |                                                                                                                                                                                                       |
| PURPOSE OF EXPENDITURE                                                                           | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Pac Meeting        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       |                                                                                                  |                                                                                                                                                                                                       |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                                                 |                                                                                                                            |                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 4/13 Rpt: 8/17                                        | <b>2</b> FILER NAME<br>Deputy Sheriff's Association of Bexar County Political Action                                       | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015992                                                                                                                                                              |
| <b>4</b> Date<br>09/26/2025                                                                     | <b>5</b> Payee name<br>HTEAO                                                                                               |                                                                                                                                                                                                                       |
| <b>6</b> Amount (\$)<br>\$8.64<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>14423 Northwest Military Highway Shavano Par<br><br>San Antonio, TX 78231 |                                                                                                                                                                                                                       |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                 | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense                           | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Miscellaneous Drinks W/ Pac |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                             |                                                                                                                            |                                                                                                                                                                                                                       |
| Date<br>10/06/2025                                                                              | Candidate/Officeholder name<br>Office sought<br>Office held                                                                |                                                                                                                                                                                                                       |
| Payee name<br>HTEAO                                                                             |                                                                                                                            |                                                                                                                                                                                                                       |
| Amount (\$)<br>\$6.48<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>14423 Northwest Military Highway Shavano Par<br><br>San Antonio, TX 78231          |                                                                                                                                                                                                                       |
| PURPOSE OF EXPENDITURE                                                                          | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense                                  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Pac Meeting                        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                      |                                                                                                                            |                                                                                                                                                                                                                       |
| Date<br>10/14/2025                                                                              | Candidate/Officeholder name<br>Office sought<br>Office held                                                                |                                                                                                                                                                                                                       |
| Payee name<br>Jalisco                                                                           |                                                                                                                            |                                                                                                                                                                                                                       |
| Amount (\$)<br>\$11.92<br><br><input type="checkbox"/> Expenditure from corporate funds         | Payee address; City; State; Zip Code<br>6502 Babcock Rd<br><br>San Antonio , TX 78249                                      |                                                                                                                                                                                                                       |
| PURPOSE OF EXPENDITURE                                                                          | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense                                  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Pac Meeting                        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                      |                                                                                                                            |                                                                                                                                                                                                                       |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                                                  |                                                                                                  |                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 5/13 Rpt: 9/17                                         | <b>2</b> FILER NAME<br>Deputy Sheriff's Association of Bexar County Political Action             | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015992                                                                                                                                              |
| <b>4</b> Date<br>10/16/2025                                                                      | <b>5</b> Payee name<br>LUBY'S CAFETERIA # 24                                                     |                                                                                                                                                                                                       |
| <b>6</b> Amount (\$)<br>\$32.17<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>911 N Main Ave<br><br>San Antonio, TX 78212     |                                                                                                                                                                                                       |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Pac Meeting |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                              |                                                                                                  |                                                                                                                                                                                                       |
| Date<br>10/03/2025                                                                               | Candidate/Officeholder name<br>Office sought<br>Office held                                      |                                                                                                                                                                                                       |
| Payee name<br>La Madeleine                                                                       |                                                                                                  |                                                                                                                                                                                                       |
| Amount (\$)<br>\$36.79<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>11745 IH 10 West Ste 101<br><br>San Antonio , TX 78230   |                                                                                                                                                                                                       |
| PURPOSE OF EXPENDITURE                                                                           | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Pac Meeting        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       |                                                                                                  |                                                                                                                                                                                                       |
| Date<br>10/07/2025                                                                               | Candidate/Officeholder name<br>Office sought<br>Office held                                      |                                                                                                                                                                                                       |
| Payee name<br>La Panaderia                                                                       |                                                                                                  |                                                                                                                                                                                                       |
| Amount (\$)<br>\$29.50<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>8305 Broadway St<br><br>San Antonio, TX 78209            |                                                                                                                                                                                                       |
| PURPOSE OF EXPENDITURE                                                                           | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Pac Meeting        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       |                                                                                                  |                                                                                                                                                                                                       |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 6/13 Rpt: 10/17                                        | <b>2</b> FILER NAME<br>Deputy Sheriff's Association of Bexar County Political Action             | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015992                                                                                                                                                      |
| <b>4</b> Date<br>10/09/2025                                                                      | <b>5</b> Payee name<br>Lowes                                                                     |                                                                                                                                                                                                               |
| <b>6</b> Amount (\$)<br>\$51.77<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>203 SW Loop 410<br><br>San Antonio, TX 78245    |                                                                                                                                                                                                               |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Supplies              | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Office Pac Supplies |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                              | Candidate/Officeholder name                                                                      | Office sought Office held                                                                                                                                                                                     |
| Date<br>10/03/2025                                                                               | Payee name<br>Mi Celayense                                                                       |                                                                                                                                                                                                               |
| Amount (\$)<br>\$60.09<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>2907 Fredericksburg Rd<br><br>San Antonio, TX 78201      |                                                                                                                                                                                                               |
| PURPOSE OF EXPENDITURE                                                                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Pac Meeting         |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       | Candidate/Officeholder name                                                                      | Office sought Office held                                                                                                                                                                                     |
| Date<br>10/06/2025                                                                               | Payee name<br>Mi Celayense                                                                       |                                                                                                                                                                                                               |
| Amount (\$)<br>\$38.64<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>2907 Fredericksburg Rd<br><br>San Antonio, TX 78201      |                                                                                                                                                                                                               |
| PURPOSE OF EXPENDITURE                                                                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Pac Meeting         |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       | Candidate/Officeholder name                                                                      | Office sought Office held                                                                                                                                                                                     |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 7/13 Rpt: 11/17                                        | <b>2</b> FILER NAME<br>Deputy Sheriff's Association of Bexar County Political Action                 | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015992                                                                                                                                              |
| <b>4</b> Date<br>10/14/2025                                                                      | <b>5</b> Payee name<br>Mi Celayense                                                                  |                                                                                                                                                                                                       |
| <b>6</b> Amount (\$)<br>\$38.62<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>2907 Fredericksburg Rd<br><br>San Antonio, TX 78201 |                                                                                                                                                                                                       |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Pac Meeting |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                              |                                                                                                      |                                                                                                                                                                                                       |
| Date<br>10/15/2025                                                                               | Candidate/Officeholder name<br>Office sought<br>Office held                                          |                                                                                                                                                                                                       |
| Payee name<br>Peter El Norteno                                                                   |                                                                                                      |                                                                                                                                                                                                       |
| Amount (\$)<br>\$24.52<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>542 Fredericksburg Rd<br><br>San Antonio , TX 78201          |                                                                                                                                                                                                       |
| PURPOSE OF EXPENDITURE                                                                           | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense            | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Pac Meeting        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       |                                                                                                      |                                                                                                                                                                                                       |
| Date<br>10/20/2025                                                                               | Candidate/Officeholder name<br>Office sought<br>Office held                                          |                                                                                                                                                                                                       |
| Payee name<br>Peter Piper Pizza                                                                  |                                                                                                      |                                                                                                                                                                                                       |
| Amount (\$)<br>\$27.45<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>803 SW Military Dr<br><br>San Antonio, TX 78221              |                                                                                                                                                                                                       |
| PURPOSE OF EXPENDITURE                                                                           | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense            | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Pac Meeting        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       |                                                                                                      |                                                                                                                                                                                                       |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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| <b>1</b> Total pages Schedule F1:<br>Sch: 8/13 Rpt: 12/17                                        | <b>2</b> FILER NAME<br>Deputy Sheriff's Association of Bexar County Political Action                                    | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015992                                                                                                                                                             |
| <b>4</b> Date<br>10/01/2025                                                                      | <b>5</b> Payee name<br>Petes Tako House                                                                                 |                                                                                                                                                                                                                      |
| <b>6</b> Amount (\$)<br>\$33.81<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>502 Brooklyn Ave<br><br>San Antonio , TX 78215                         |                                                                                                                                                                                                                      |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense                        | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Pac Meeting                |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                              |                                                                                                                         |                                                                                                                                                                                                                      |
| Date<br>10/24/2025                                                                               | Candidate/Officeholder name<br>Office sought<br>Office held                                                             |                                                                                                                                                                                                                      |
| Payee name<br>Powell Quality Cleaners Alterations                                                |                                                                                                                         |                                                                                                                                                                                                                      |
| Amount (\$)<br>\$70.18<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>1401 Blanco Rd,<br><br>San Antonio , TX 78212                                   |                                                                                                                                                                                                                      |
| PURPOSE OF EXPENDITURE                                                                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Clothing & Uniform Expenditure               | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Union Clothing Alterations |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       |                                                                                                                         |                                                                                                                                                                                                                      |
| Date<br>09/29/2025                                                                               | Candidate/Officeholder name<br>Office sought<br>Office held                                                             |                                                                                                                                                                                                                      |
| Payee name<br>QT                                                                                 |                                                                                                                         |                                                                                                                                                                                                                      |
| Amount (\$)<br>\$41.62<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>4142 S Loop 1604 East<br><br>San Antonio , TX 78264                             |                                                                                                                                                                                                                      |
| PURPOSE OF EXPENDITURE                                                                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fuel Expenditure           |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       |                                                                                                                         |                                                                                                                                                                                                                      |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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| <b>1</b> Total pages Schedule F1:<br>Sch: 9/13 Rpt: 13/17                                        | <b>2</b> FILER NAME<br>Deputy Sheriff's Association of Bexar County Political Action                                                           | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015992                                                                                                                                                   |
| <b>4</b> Date<br>10/06/2025                                                                      | <b>5</b> Payee name<br>QT                                                                                                                      |                                                                                                                                                                                                            |
| <b>6</b> Amount (\$)<br>\$63.02<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>4142 S Loop 1604 East<br><br>San Antonio , TX 78264                                           |                                                                                                                                                                                                            |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense                        | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fuel Expense     |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                              |                                                                                                                                                |                                                                                                                                                                                                            |
| Date<br>10/24/2025                                                                               | Candidate/Officeholder name<br>Office sought<br>Office held                                                                                    |                                                                                                                                                                                                            |
| Payee name<br>QT                                                                                 |                                                                                                                                                |                                                                                                                                                                                                            |
| Amount (\$)<br>\$34.40<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>4142 S Loop 1604 East<br><br>San Antonio , TX 78264                                                    |                                                                                                                                                                                                            |
| PURPOSE OF EXPENDITURE                                                                           | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense                               | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fuel Expenditure        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       |                                                                                                                                                |                                                                                                                                                                                                            |
| Date<br>10/06/2025                                                                               | Candidate/Officeholder name<br>Office sought<br>Office held                                                                                    |                                                                                                                                                                                                            |
| Payee name<br>Ray Lopez Campaign                                                                 |                                                                                                                                                |                                                                                                                                                                                                            |
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds       | Payee address; City; State; Zip Code<br>PO Box 461753<br><br>San Antonio, TX 78246                                                             |                                                                                                                                                                                                            |
| PURPOSE OF EXPENDITURE                                                                           | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Contributions |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       |                                                                                                                                                |                                                                                                                                                                                                            |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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| <b>1</b> Total pages Schedule F1:<br>Sch: 10/13 Rpt: 14/17                                          | <b>2</b> FILER NAME<br>Deputy Sheriff's Association of Bexar County Political Action                  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015992                                                                                                                                                               |
| <b>4</b> Date<br>10/14/2025                                                                         | <b>5</b> Payee name<br>Reggie Flowers                                                                 |                                                                                                                                                                                                                        |
| <b>6</b> Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>9200 Broadway, Ste. 106<br><br>San Antonio, TX 78217 |                                                                                                                                                                                                                        |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contract Labor             | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Miscellaneous Contract Labor |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 | Candidate/Officeholder name                                                                           | Office sought Office held                                                                                                                                                                                              |
| Date<br>10/14/2025                                                                                  | Payee name<br>Sam's Club                                                                              |                                                                                                                                                                                                                        |
| Amount (\$)<br>\$105.85<br><br><input type="checkbox"/> Expenditure from corporate funds            | Payee address; City; State; Zip Code<br>5565 Dezavala Rd San Antonio<br><br>San Antonio, TX 78249     |                                                                                                                                                                                                                        |
| PURPOSE OF EXPENDITURE                                                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Supplies                   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Office Pac Supplies          |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          | Candidate/Officeholder name                                                                           | Office sought Office held                                                                                                                                                                                              |
| Date<br>10/24/2025                                                                                  | Payee name<br>Sam's Club                                                                              |                                                                                                                                                                                                                        |
| Amount (\$)<br>\$53.28<br><br><input type="checkbox"/> Expenditure from corporate funds             | Payee address; City; State; Zip Code<br>5565 Dezavala Rd San Antonio<br><br>San Antonio, TX 78249     |                                                                                                                                                                                                                        |
| PURPOSE OF EXPENDITURE                                                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Supplies                   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Pac Office Supplies          |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                          | Candidate/Officeholder name                                                                           | Office sought Office held                                                                                                                                                                                              |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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| <b>1</b> Total pages Schedule F1:<br>Sch: 11/13 Rpt: 15/17                                       | <b>2</b> FILER NAME<br>Deputy Sheriff's Association of Bexar County Political Action             | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015992                                                                                                                                              |
| <b>4</b> Date<br>09/30/2025                                                                      | <b>5</b> Payee name<br>Sea Island                                                                |                                                                                                                                                                                                       |
| <b>6</b> Amount (\$)<br>\$52.56<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>10303 I-10<br><br>San Antonio, TX 78230         |                                                                                                                                                                                                       |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Pac Meeting |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                              |                                                                                                  |                                                                                                                                                                                                       |
| Date<br>10/09/2025                                                                               | Candidate/Officeholder name<br>Office sought<br>Office held                                      |                                                                                                                                                                                                       |
| Payee name<br>Seasons 52                                                                         |                                                                                                  |                                                                                                                                                                                                       |
| Amount (\$)<br>\$116.34<br><br><input type="checkbox"/> Expenditure from corporate funds         | Payee address; City; State; Zip Code<br>255 E Basse Rd #1400<br><br>San Antonio , TX 78209       |                                                                                                                                                                                                       |
| PURPOSE OF EXPENDITURE                                                                           | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Pac Meeting        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       |                                                                                                  |                                                                                                                                                                                                       |
| Date<br>10/06/2025                                                                               | Candidate/Officeholder name<br>Office sought<br>Office held                                      |                                                                                                                                                                                                       |
| Payee name<br>TACO CABANA                                                                        |                                                                                                  |                                                                                                                                                                                                       |
| Amount (\$)<br>\$14.59<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>2627 Northwest Loop 410<br><br>SAN ANTONIO, TX 78230     |                                                                                                                                                                                                       |
| PURPOSE OF EXPENDITURE                                                                           | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Pac Meeting        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       |                                                                                                  |                                                                                                                                                                                                       |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                                                  |                                                                                                  |                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 12/13 Rpt: 16/17                                       | <b>2</b> FILER NAME<br>Deputy Sheriff's Association of Bexar County Political Action             | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015992                                                                                                                                                |
| <b>4</b> Date<br>10/01/2025                                                                      | <b>5</b> Payee name<br>Taco House                                                                |                                                                                                                                                                                                         |
| <b>6</b> Amount (\$)<br>\$26.41<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>6307 San Pedro Ave<br><br>San Antonio, TX 78216 |                                                                                                                                                                                                         |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Pac Meeting   |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                              |                                                                                                  |                                                                                                                                                                                                         |
| Date<br>10/10/2025                                                                               | Candidate/Officeholder name<br>Taste of Asia                                                     |                                                                                                                                                                                                         |
| Amount (\$)<br>\$100.36<br><br><input type="checkbox"/> Expenditure from corporate funds         | Office sought<br>300 W Bitters Rd<br><br>San Antonio, TX 78216                                   |                                                                                                                                                                                                         |
| PURPOSE OF EXPENDITURE                                                                           | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Pac Meeting          |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       |                                                                                                  |                                                                                                                                                                                                         |
| Date<br>10/16/2025                                                                               | Candidate/Officeholder name<br>Teresa Ochoa                                                      |                                                                                                                                                                                                         |
| Amount (\$)<br>\$400.00<br><br><input type="checkbox"/> Expenditure from corporate funds         | Office sought<br>9200 Broadway, Ste. 106<br><br>San Antonio, TX 78217                            |                                                                                                                                                                                                         |
| PURPOSE OF EXPENDITURE                                                                           | (a) Category (See Categories listed at the top of this schedule)<br>Contract Labor               | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Union Contract Labor |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       |                                                                                                  |                                                                                                                                                                                                         |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|                                                                                                  |                                                                                                      |                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 13/13 Rpt: 17/17                                       | <b>2</b> FILER NAME<br>Deputy Sheriff's Association of Bexar County Political Action                 | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015992                                                                                                                                              |
| <b>4</b> Date<br>10/07/2025                                                                      | <b>5</b> Payee name<br>The Orginal Donut                                                             |                                                                                                                                                                                                       |
| <b>6</b> Amount (\$)<br>\$31.08<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>3307 Fredericksburg Rd<br><br>San Antonio, TX 78216 |                                                                                                                                                                                                       |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Pac Meeting |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                              | Candidate/Officeholder name                                                                          | Office sought Office held                                                                                                                                                                             |