

# COUNTY EXECUTIVE COMMITTEE CAMPAIGN FINANCE REPORT

FORM CEC  
COVER SHEET PG 1

The CEC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00023943	2 Total pages filed: 62
3 COMMITTEE NAME Webb County Democratic Party (CEC)			<b>OFFICE USE ONLY</b> Date Received ELECTRONICALLY FILED 01/15/2026 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1802 Houston St.  Laredo, TX 78040		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Amber A. ----- NICKNAME LAST SUFFIX Avis		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1802 Houston St.  Laredo, TX 78040		
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1802 Houston St.  Laredo, TX 78040		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 693-9906		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final Report <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year 07/01/2025 THROUGH Month Day Year 12/31/2025		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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# COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Webb County Democratic Party (CEC)		<b>13 Filer ID</b> (Ethics Commission Filers) 00023943
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 82,633.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 25,886.45
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 66,243.86
OUTSTANDING LOAN TOTALS	<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.

Amber A. Avis

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**SUBTOTALS - CEC****FORM CEC**  
**COVER SHEET PG 3**  
3 of 62

<b>17</b> COMMITTEE NAME Webb County Democratic Party (CEC)		<b>18</b> Filer ID (Ethics Commission Filers) 00023943
<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 82,633.00
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 E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 25,886.45
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 788.81

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/29 Rpt: 4/62
<b>2</b> FILER NAME Webb County Democratic Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 10/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilera, Veronica <hr/> <b>6</b> Contributor address; City; State; Zip Code  Laredo, TX 78040	<b>7</b> Amount of Contribution (\$)  \$750.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Almaraz, David <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78041	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Altgelt, George <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78041	Amount of Contribution (\$)  \$750.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amanda, Perez <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78041	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arteaga, Antonia <hr/> Contributor address; City; State; Zip Code  San Antonio , TX 78245	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) 57th District Court

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/29 Rpt: 5/62
<b>2</b> FILER NAME Webb County Democratic Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 10/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benavides Maddox <b>6</b> Contributor address; City; State; Zip Code  Laredo, TX 78040	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benavides, Carlos Contributor address; City; State; Zip Code  Laredo, TX 78041	Amount of Contribution (\$)  \$10,000.00
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Self Employed
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benavides, Carlos Contributor address; City; State; Zip Code  Laredo, TX 78041	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Self Employed
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Border Tejano Democrats Contributor address; City; State; Zip Code  Laredo, TX 78041	Amount of Contribution (\$)  \$375.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandon, Diana Contributor address; City; State; Zip Code  Zapata, TX 78076	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Zapata ISD

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/29 Rpt: 6/62
<b>2</b> FILER NAME Webb County Democratic Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 11/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruni, Sylvia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Laredo, TX 78045	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruni, Sylvia <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78045	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruni, Sylvia <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78045	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrillo, Alicia <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78046	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) TAMIU
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrillo, Alicia <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78046	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Tamiu

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/29 Rpt: 7/62
<b>2</b> FILER NAME Webb County Democratic Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 11/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrillo, Alicia <b>6</b> Contributor address; City; State; Zip Code  Laredo, TX 78046	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrillo, Yolli Contributor address; City; State; Zip Code  Laredo, TX 78041	Amount of Contribution (\$)  \$750.00
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) Webb County
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cigarroa, Marti Contributor address; City; State; Zip Code  Lareod, TX 78041	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cigarroa, Melissa Contributor address; City; State; Zip Code  Laredo, TX 78040	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Office Administrator		Employer (See Instructions) Cigarroa Heart Clinic
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cigarroa, Melissa Contributor address; City; State; Zip Code  Laredo, TX 78040	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions) Office Administrator		Employer (See Instructions) Cigarroa Heart Clinic

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/29 Rpt: 8/62
<b>2</b> FILER NAME Webb County Democratic Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 10/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cigarroa, Richardo <hr/> <b>6</b> Contributor address; City; State; Zip Code  Laredo, TX 78041	<b>7</b> Amount of Contribution (\$)  \$5,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Physican		<b>9</b> Employer (See Instructions) Cigarroa Heart Clinic
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Rosa <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78216	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cuellar, Daniel <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78045	Amount of Contribution (\$)  \$2,700.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cuellar, Daniel <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78045	Amount of Contribution (\$)  \$600.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cuellar, Daniel <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78045	Amount of Contribution (\$)  \$350.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/29 Rpt: 9/62
<b>2</b> FILER NAME Webb County Democratic Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 11/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cuellar, Daniel <hr/> <b>6</b> Contributor address; City; State; Zip Code  Laredo, TX 78045	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Self Employed
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cuellar, Henry <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78041	Amount of Contribution (\$)  \$750.00
Principal occupation / Job title (See Instructions) Congressman		Employer (See Instructions) United States Congress
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Anda, Ricardo <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78040	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dominguez, Arturo <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78041	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Customs Broker		Employer (See Instructions) Self Employed
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dominguez, Jesus <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78041	Amount of Contribution (\$)  \$750.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) City of Laredo

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/29 Rpt: 10/62
<b>2</b> FILER NAME Webb County Democratic Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 11/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dominguez, Jesus <b>6</b> Contributor address; City; State; Zip Code  Laredo, TX 78041	<b>7</b> Amount of Contribution (\$)  \$750.00
<b>8</b> Principal occupation / Job title (See Instructions) Judge		<b>9</b> Employer (See Instructions) City of Laredo
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esparza, Felipe Contributor address; City; State; Zip Code  Laredo, TX 78040	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions) Self Employed
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farras, Sausana Contributor address; City; State; Zip Code  Laredo, TX 78041	Amount of Contribution (\$)  \$750.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self Employed
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Dora Contributor address; City; State; Zip Code  Laredo, TX 78043	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) UISD
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Dora Contributor address; City; State; Zip Code  Laredo, TX 78043	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) UISD

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/29 Rpt: 11/62
<b>2</b> FILER NAME Webb County Democratic Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 10/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Dora <hr/> <b>6</b> Contributor address; City; State; Zip Code  Laredo, TX 78043	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Teacher		<b>9</b> Employer (See Instructions) UISD
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Dora <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78043	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) UISD
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Dora <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78043	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) UISD
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Dora <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78043	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) UISD
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frey, Paul <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78041	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Pastor		Employer (See Instructions) Christ Church

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/29 Rpt: 12/62
<b>2</b> FILER NAME Webb County Democratic Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 10/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friends of WCDP <b>6</b> Contributor address; City; State; Zip Code  Laredo, TX 78040	<b>7</b> Amount of Contribution (\$)  \$1,100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friends of WCDP Contributor address; City; State; Zip Code  Laredo, TX 78040	Amount of Contribution (\$)  \$980.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friends of WCDP Contributor address; City; State; Zip Code  Laredo, TX 78040	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friends of WCDP Contributor address; City; State; Zip Code  Laredo, TX 78040	Amount of Contribution (\$)  \$326.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friends of WCDP Contributor address; City; State; Zip Code  Laredo, TX 78040	Amount of Contribution (\$)  \$760.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/29 Rpt: 13/62
<b>2</b> FILER NAME Webb County Democratic Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 10/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friends of WCDP <b>6</b> Contributor address; City; State; Zip Code  Laredo, TX 78040	<b>7</b> Amount of Contribution (\$)  \$845.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friends of WCDP Contributor address; City; State; Zip Code  Laredo, TX 78040	Amount of Contribution (\$)  \$1,051.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friends of WCDP Contributor address; City; State; Zip Code  Laredo, TX 78040	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friends of WCDP Contributor address; City; State; Zip Code  Laredo, TX 78040	Amount of Contribution (\$)  \$750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friends of WCDP Contributor address; City; State; Zip Code  Laredo, TX 78040	Amount of Contribution (\$)  \$425.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/29 Rpt: 14/62
<b>2</b> FILER NAME Webb County Democratic Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 11/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friends of WCDP <hr/> <b>6</b> Contributor address; City; State; Zip Code  Laredo, TX 78040	<b>7</b> Amount of Contribution (\$)  \$71.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friends of WCDP <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78040	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galindo, Mary <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78046	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) Self employed
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galindo, Mary <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78046	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) Self employed
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, David <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78040	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Webb County

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/29 Rpt: 15/62
<b>2</b> FILER NAME Webb County Democratic Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 09/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Rosie <b>6</b> Contributor address; City; State; Zip Code  Laredo, TX 78041	<b>7</b> Amount of Contribution (\$)  \$140.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Rosie Contributor address; City; State; Zip Code  Laredo, TX 78041	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Jerry Contributor address; City; State; Zip Code  Laredo, TX 78041	Amount of Contribution (\$)  \$750.00
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) Genesis Financial & Investment Solutions
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Jerry Contributor address; City; State; Zip Code  Laredo, TX 78041	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) Farmers Investments
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Jerry Contributor address; City; State; Zip Code  Laredo, TX 78041	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) Farmers Investments

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/29 Rpt: 16/62
<b>2</b> FILER NAME Webb County Democratic Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 11/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gelson, Geoffrey <hr/> <b>6</b> Contributor address; City; State; Zip Code  Kerrville, TX 78028	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Godines, Reynaldo <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78041	Amount of Contribution (\$)  \$225.00
Principal occupation / Job title (See Instructions) Physican		Employer (See Instructions) Self Employed
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez Druker <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78040	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Ramiro <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78045	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Ramiro <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78045	Amount of Contribution (\$)  \$750.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/29 Rpt: 17/62
<b>2</b> FILER NAME Webb County Democratic Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 11/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Ramiro <b>6</b> Contributor address; City; State; Zip Code  Laredo, TX 78045	<b>7</b> Amount of Contribution (\$)  \$300.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojosa , Susana Contributor address; City; State; Zip Code  Laredo , TX 78045	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) UISD
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojosa , Susana Contributor address; City; State; Zip Code  Laredo , TX 78045	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) UISD
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojosa , Susana Contributor address; City; State; Zip Code  Laredo , TX 78045	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) UISD
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojosa , Susana Contributor address; City; State; Zip Code  Laredo , TX 78045	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) UISD

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/29 Rpt: 18/62
<b>2</b> FILER NAME Webb County Democratic Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 10/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojosa , Susana <hr/> <b>6</b> Contributor address; City; State; Zip Code  Laredo , TX 78045	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Teacher		<b>9</b> Employer (See Instructions) UISD
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojosa , Susana <hr/> Contributor address; City; State; Zip Code  Laredo , TX 78045	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) UISD
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojosa , Susana <hr/> Contributor address; City; State; Zip Code  Laredo , TX 78045	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) UISD
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojosa , Susana <hr/> Contributor address; City; State; Zip Code  Laredo , TX 78045	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) UISD
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojosa , Susana <hr/> Contributor address; City; State; Zip Code  Laredo , TX 78045	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) UISD

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/29 Rpt: 19/62
<b>2</b> FILER NAME Webb County Democratic Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 09/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Gloria <hr/> <b>6</b> Contributor address; City; State; Zip Code  Laredo, TX 78045	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Gloria <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78045	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Gloria <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78045	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Gloria <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78045	Amount of Contribution (\$)  \$450.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaime, Ricky <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78040	Amount of Contribution (\$)  \$750.00
Principal occupation / Job title (See Instructions) Commissioner		Employer (See Instructions) Webb County

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/29 Rpt: 20/62
<b>2</b> FILER NAME Webb County Democratic Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 11/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaworski , Joe <hr/> <b>6</b> Contributor address; City; State; Zip Code  Galveston , TX 77550	<b>7</b> Amount of Contribution (\$)  \$750.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Self Employed
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Tyler (Dr.) <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78045	Amount of Contribution (\$)  \$750.00
Principal occupation / Job title (See Instructions) Family Physician		Employer (See Instructions) LMC
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamberton , Rosa <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78045	Amount of Contribution (\$)  \$750.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landeck, Michael <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78043	Amount of Contribution (\$)  \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lange , Michael <hr/> Contributor address; City; State; Zip Code  Houston, TX 77096	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Ariel Equity

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/29 Rpt: 21/62
<b>2</b> FILER NAME Webb County Democratic Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 11/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Joe <hr/> <b>6</b> Contributor address; City; State; Zip Code  Laredo, TX 78040	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Judge		<b>9</b> Employer (See Instructions) Webb County
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marengo, Rosario <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78045	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marengo, Rosario <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78045	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marengo, Rosario <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78045	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Emmanuel <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78045	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Physican		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/29 Rpt: 22/62
<b>2</b> FILER NAME Webb County Democratic Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 11/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Emmanuel <hr/> <b>6</b> Contributor address; City; State; Zip Code  Laredo, TX 78041	<b>7</b> Amount of Contribution (\$)  \$150.00
<b>8</b> Principal occupation / Job title (See Instructions) Physican		<b>9</b> Employer (See Instructions) Gateway Community Health Center
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Leticia <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78042	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Webb County
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxstadt, John <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78041	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mines Road Community Developers <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78041	Amount of Contribution (\$)  \$750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Rudy <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78041	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Martinez, Franklin & Morales, PLLC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/29 Rpt: 23/62
<b>2</b> FILER NAME Webb County Democratic Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 11/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumann, Pamela <hr/> <b>6</b> Contributor address; City; State; Zip Code  Laredo, TX 78045	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Professor		<b>9</b> Employer (See Instructions) TAMIU
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nickolson, Elsa <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78041	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliveira , Celina <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78045	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions) Audiologist		Employer (See Instructions) Oliveira Audiology & Hearing
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palomo, Rebecca <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78040	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Webb County
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pappas, Josie <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78041	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/29 Rpt: 24/62
<b>2</b> FILER NAME Webb County Democratic Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 11/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Payle, Linda <hr/> <b>6</b> Contributor address; City; State; Zip Code  Laredo, TX 78045	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Parent Engagement Coordinator		<b>9</b> Employer (See Instructions) Webb County Head Start
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paz, Juan <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78040	Amount of Contribution (\$)  \$750.00
Principal occupation / Job title (See Instructions) Justice of the Peace		Employer (See Instructions) Webb County
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) People Business Solutions <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78041	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, Claudette <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quintanilla, Maria Lucy <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78041	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/29 Rpt: 25/62
<b>2</b> FILER NAME Webb County Democratic Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 09/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Anna Laura <b>6</b> Contributor address; City; State; Zip Code  Laredo, TX 78041	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Retired
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Anna Laura Contributor address; City; State; Zip Code  Laredo, TX 78041	Amount of Contribution (\$)  \$375.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Retired
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramos, Jacqueline Contributor address; City; State; Zip Code  Austin, TX 78744	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) State of Texas
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond, Richard Contributor address; City; State; Zip Code  Laredo, TX 78042	Amount of Contribution (\$)  \$10,000.00
Principal occupation / Job title (See Instructions) State Representative		Employer (See Instructions) State of Texas
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Raul Contributor address; City; State; Zip Code  Laredo, TX 78041	Amount of Contribution (\$)  \$750.00
Principal occupation / Job title (See Instructions) Treasurer		Employer (See Instructions) Webb County

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/29 Rpt: 26/62
<b>2</b> FILER NAME Webb County Democratic Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 12/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios, Leticia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Laredo, TX 78046	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Student		<b>9</b> Employer (See Instructions) Student
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Noe <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78045	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Laredo ISD
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubio, Jose <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78040	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruelea, Elvra <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78045	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Ana <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78043	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/29 Rpt: 27/62
<b>2</b> FILER NAME Webb County Democratic Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 08/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Ana <b>6</b> Contributor address; City; State; Zip Code  Laredo, TX 78043	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Ana Contributor address; City; State; Zip Code  Laredo, TX 78043	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Ana Contributor address; City; State; Zip Code  Laredo, TX 78043	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Ana Contributor address; City; State; Zip Code  Laredo, TX 78043	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Ana Contributor address; City; State; Zip Code  Laredo, TX 78043	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/29 Rpt: 28/62
<b>2</b> FILER NAME Webb County Democratic Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 11/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Ana <hr/> <b>6</b> Contributor address; City; State; Zip Code  Laredo, TX 78043	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Ana <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78043	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Ana <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78043	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Rosario <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78041	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shrout , Will <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78045	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Bartender		Employer (See Instructions) The Tack Room

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/29 Rpt: 29/62
<b>2</b> FILER NAME Webb County Democratic Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 07/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shrout , Will <b>6</b> Contributor address; City; State; Zip Code  Laredo, TX 78045	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Bartender		<b>9</b> Employer (See Instructions) The Tack Room
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solis, Delia Contributor address; City; State; Zip Code  Laredo, TX 78040	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solis, Delia Contributor address; City; State; Zip Code  Laredo, TX 78040	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Jerry Contributor address; City; State; Zip Code  Laredo, TX 78041	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) TAMIU
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tijerina, Rosaura Contributor address; City; State; Zip Code  Laredo, TX 78040	Amount of Contribution (\$)  \$375.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/29 Rpt: 30/62
<b>2</b> FILER NAME Webb County Democratic Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 11/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tijerina, Rosaura <hr/> <b>6</b> Contributor address; City; State; Zip Code  Laredo, TX 78040	<b>7</b> Amount of Contribution (\$)  \$750.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Self Employed
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Jose <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78040	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valle, Carlos <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78040	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) TAMIU
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, John <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78041	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Rossina <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78041	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/29 Rpt: 31/62
<b>2</b> FILER NAME Webb County Democratic Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 11/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villegas, Roberto <hr/> <b>6</b> Contributor address; City; State; Zip Code  Laredo, TX 78041	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Physican		<b>9</b> Employer (See Instructions) Doctors Hospital of Laredo
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wirsching, Anna <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78045	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wirsching, Anna <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78045	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wirsching, Anna <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78045	Amount of Contribution (\$)  \$80.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wirsching, Anna <hr/> Contributor address; City; State; Zip Code  Laredo, TX 78045	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/29 Rpt: 32/62
<b>2</b> FILER NAME Webb County Democratic Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 11/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yoker, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Laredo, TX 78041	<b>7</b> Amount of Contribution (\$)  \$75.00
<b>8</b> Principal occupation / Job title (See Instructions) Professor		<b>9</b> Employer (See Instructions) TAMIU
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zaffirini, Carlos <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$10,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Adelanto Healthcare Ventures LLC



# 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: Sch: 1/29 Rpt: 33/62	<b>2</b> FILER NAME Webb County Democratic Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 07/01/2025	<b>5</b> Payee name ActBlue Technical Services	
<b>6</b> Amount (\$) \$1.19	<b>7</b> Payee address; City; State; Zip Code 366 Summer St.  Somerville, MA 02144-3132	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/14/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue Technical Services		
Amount (\$) \$2.18	Payee address; City; State; Zip Code 366 Summer St.  Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/14/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue Technical Services		
Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer St.  Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
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: Sch: 2/29 Rpt: 34/62	<b>2</b> FILER NAME Webb County Democratic Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 08/11/2025	<b>5</b> Payee name ActBlue Technical Services	
<b>6</b> Amount (\$) \$0.79	<b>7</b> Payee address; City; State; Zip Code 366 Summer St.  Somerville, MA 02144-3132	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/21/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue Technical Services		
Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer St.  Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/02/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue Technical Services		
Amount (\$) \$0.79	Payee address; City; State; Zip Code 366 Summer St.  Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
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: Sch: 3/29 Rpt: 35/62	<b>2</b> FILER NAME Webb County Democratic Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 09/17/2025	<b>5</b> Payee name ActBlue Technical Services	
<b>6</b> Amount (\$) \$0.99	<b>7</b> Payee address; City; State; Zip Code 366 Summer St.  Somerville, MA 02144-3132	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/01/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue Technical Services		
Amount (\$) \$0.79	Payee address; City; State; Zip Code 366 Summer St.  Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/14/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue Technical Services		
Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer St.  Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
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: Sch: 4/29 Rpt: 36/62	<b>2</b> FILER NAME Webb County Democratic Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 10/13/2025	<b>5</b> Payee name ActBlue Technical Services	
<b>6</b> Amount (\$) \$1.58	<b>7</b> Payee address; City; State; Zip Code 366 Summer St.  Somerville, MA 02144-3132	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/21/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue Technical Services		
Amount (\$) \$4.94	Payee address; City; State; Zip Code 366 Summer St.  Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/04/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue Technical Services		
Amount (\$) \$63.01	Payee address; City; State; Zip Code 366 Summer St.  Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
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: Sch: 5/29 Rpt: 37/62	<b>2</b> FILER NAME Webb County Democratic Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 11/17/2025	<b>5</b> Payee name ActBlue Technical Services	
<b>6</b> Amount (\$) \$8.70	<b>7</b> Payee address; City; State; Zip Code 366 Summer St.  Somerville, MA 02144-3132	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/17/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue Technical Services		
Amount (\$) \$421.69	Payee address; City; State; Zip Code 366 Summer St.  Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/24/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue Technical Services		
Amount (\$) \$32.60	Payee address; City; State; Zip Code 366 Summer St.  Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
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: Sch: 6/29 Rpt: 38/62	<b>2</b> FILER NAME Webb County Democratic Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 12/04/2025	<b>5</b> Payee name ActBlue Technical Services	
<b>6</b> Amount (\$) \$0.99	<b>7</b> Payee address; City; State; Zip Code 366 Summer St.  Somerville, MA 02144-3132	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/09/2025	Payee name ActBlue Technical Services	
Amount (\$) \$0.79	Payee address; City; State; Zip Code 366 Summer St.  Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/22/2025	Payee name ActBlue Technical Services	
Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer St.  Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing fee
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.

<b>1</b> Total pages Schedule F1: Sch: 7/29 Rpt: 39/62	<b>2</b> FILER NAME Webb County Democratic Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 08/25/2025	<b>5</b> Payee name Agaserviceo Mar	
<b>6</b> Amount (\$) \$15.87	<b>7</b> Payee address; City; State; Zip Code 9950 Mayland Drive  Henrico, VA 23233	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Insurance expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/25/2025	Candidate/Officeholder name Office sought Office held	
Payee name Agaserviceo Mar		
Amount (\$) \$16.99	Payee address; City; State; Zip Code 9950 Mayland Drive  Henrico, VA 23233	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Insurance expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/03/2025	Candidate/Officeholder name Office sought Office held	
Payee name Blue Top Companies		
Amount (\$) \$64.95	Payee address; City; State; Zip Code 101 Hillside Rd Ste 11A  Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing expense
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: Sch: 8/29 Rpt: 40/62	<b>2</b> FILER NAME Webb County Democratic Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 09/08/2025	<b>5</b> Payee name Cinco Villa	
<b>6</b> Amount (\$) \$125.86	<b>7</b> Payee address; City; State; Zip Code 8511 McPherson Rd  Laredo, TX 78045	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Volunteer meals
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/10/2025	Candidate/Officeholder name Office sought Office held	
Payee name East India Co.		
Amount (\$) \$850.00	Payee address; City; State; Zip Code 103 Regal Dr  Laredo, TX 78041	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rent Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/14/2025	Candidate/Officeholder name Office sought Office held	
Payee name East India Co.		
Amount (\$) \$750.00	Payee address; City; State; Zip Code 103 Regal Dr  Laredo, TX 78041	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rent expense
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: Sch: 9/29 Rpt: 41/62	<b>2</b> FILER NAME Webb County Democratic Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 10/14/2025	<b>5</b> Payee name East India Co.	
<b>6</b> Amount (\$) \$100.00	<b>7</b> Payee address; City; State; Zip Code 103 Regal Dr  Laredo, TX 78041	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Utilities
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/10/2025	Payee name East India Co.	
Amount (\$) \$850.00	Payee address; City; State; Zip Code 103 Regal Dr  Laredo, TX 78041	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rent expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2025	Payee name East India Co.	
Amount (\$) \$850.00	Payee address; City; State; Zip Code 103 Regal Dr  Laredo, TX 78041	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rent expense
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.

<b>1</b> Total pages Schedule F1: Sch: 10/29 Rpt: 42/62	<b>2</b> FILER NAME Webb County Democratic Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 12/17/2025	<b>5</b> Payee name G&G Promotions	
<b>6</b> Amount (\$) \$625.00	<b>7</b> Payee address; City; State; Zip Code 6402 N Bartlett  Laredo, TX 78041	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wine
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/08/2025	Candidate/Officeholder name Office sought Office held	
Payee name Glorias Coffee Bar		
Amount (\$) \$289.43	Payee address; City; State; Zip Code 10211 Golondrina Dr  Laredo, TX 78046	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meet & greet canidates
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/08/2025	Candidate/Officeholder name Office sought Office held	
Payee name Hinojosa, Susana		
Amount (\$) \$72.00	Payee address; City; State; Zip Code 9563 Ashton Loop  Laredo, TX 78045	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Ck#201	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#201
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: Sch: 11/29 Rpt: 43/62	<b>2</b> FILER NAME Webb County Democratic Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 11/07/2025	<b>5</b> Payee name Hinojosa, Susana	
<b>6</b> Amount (\$) \$50.83	<b>7</b> Payee address; City; State; Zip Code 9563 Ashton Loop  Laredo, TX 78045	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense decorations ck#213
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2025	Payee name Hobby Lobby	
Amount (\$) \$5.59	Payee address; City; State; Zip Code 2450 Monarch Dr  Laredo, TX 78045	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2025	Payee name Home Goods	
Amount (\$) \$86.59	Payee address; City; State; Zip Code 7609 San Dario  Laredo, TX 78045	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 12/29 Rpt: 44/62	<b>2</b> FILER NAME Webb County Democratic Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 07/31/2025	<b>5</b> Payee name International Bank of Commerce	
<b>6</b> Amount (\$) \$24.84	<b>7</b> Payee address; City; State; Zip Code 1200 San Bernardo  Laredo, TX 78040	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Analysis Charge
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/31/2025	Candidate/Officeholder name Office sought Office held	
Payee name International Bank of Commerce		
Amount (\$) \$24.42	Payee address; City; State; Zip Code 1200 San Bernardo  Laredo, TX 78040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense analysis charge
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name International Bank of Commerce		
Amount (\$) \$30.76	Payee address; City; State; Zip Code 1200 San Bernardo  Laredo, TX 78040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense analysis charge
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: Sch: 13/29 Rpt: 45/62	<b>2</b> FILER NAME Webb County Democratic Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 10/22/2025	<b>5</b> Payee name International Bank of Commerce	
<b>6</b> Amount (\$) \$11.00	<b>7</b> Payee address; City; State; Zip Code 1200 San Bernardo  Laredo, TX 78040	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charge back fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/31/2025	Candidate/Officeholder name Office sought Office held	
Payee name International Bank of Commerce		
Amount (\$) \$45.04	Payee address; City; State; Zip Code 1200 San Bernardo  Laredo, TX 78040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense analysis charge
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name International Bank of Commerce		
Amount (\$) \$45.90	Payee address; City; State; Zip Code 1200 San Bernardo  Laredo, TX 78040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense analysis charge
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: Sch: 14/29 Rpt: 46/62	<b>2</b> FILER NAME Webb County Democratic Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 11/13/2025	<b>5</b> Payee name Jackson, Gloria	
<b>6</b> Amount (\$) \$135.70	<b>7</b> Payee address; City; State; Zip Code 505 Brighton  Laredo, TX 78041	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense November 20 event decorations
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/17/2025	Payee name Jackson, Gloria	
Amount (\$) \$68.70	Payee address; City; State; Zip Code 505 Brighton  Laredo, TX 78041	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Invitations
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/21/2025	Payee name Kevin's Sound System	
Amount (\$) \$1,700.00	Payee address; City; State; Zip Code 6402 N Bartlett  Laredo, TX 78041	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense November 20 Sound System
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.

<b>1</b> Total pages Schedule F1: Sch: 15/29 Rpt: 47/62	<b>2</b> FILER NAME Webb County Democratic Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 11/10/2025	<b>5</b> Payee name La Paletera	
<b>6</b> Amount (\$) \$37.88	<b>7</b> Payee address; City; State; Zip Code 315 Calle Del Norte  Laredo, TX 78041	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/03/2025	Payee name Lamberton, Rosie	
Amount (\$) \$329.70	Payee address; City; State; Zip Code 3001 Falcon Ridge Cove  Laredo, TX 78045	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage reimbursement SOS seminar
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/19/2025	Payee name Lamberton, Rosie	
Amount (\$) \$132.41	Payee address; City; State; Zip Code 3001 Falcon Ridge Cove  Laredo, TX 78045	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense nov 20 decorations ck#218
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.

<b>1</b> Total pages Schedule F1: Sch: 16/29 Rpt: 48/62	<b>2</b> FILER NAME Webb County Democratic Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 07/21/2025	<b>5</b> Payee name Laredo Area Retired School Employees Associtaion	
<b>6</b> Amount (\$) \$125.00	<b>7</b> Payee address; City; State; Zip Code 8614 Northridge  Laredo, TX 78045	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yes, I will vote coalition
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/10/2025	Payee name Laredo Firefighters Union Hall	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 5219 Tesoro Plaza  Laredo, TX 78041	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Loteria Venue
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/21/2025	Payee name Laredo Firefighters Union Hall	
Amount (\$) \$400.00	Payee address; City; State; Zip Code 1529 Teroso Plaza  Laredo, TX 78043	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hall Rental
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.

<b>1</b> Total pages Schedule F1: Sch: 17/29 Rpt: 49/62	<b>2</b> FILER NAME Webb County Democratic Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 11/17/2025	<b>5</b> Payee name Laredo Morning Times	
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 111 Esperanza Dr  Laredo, TX 78041	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ck#211	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ck#211
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2025	Payee name Loncheria El Popo	
Amount (\$) \$28.45	Payee address; City; State; Zip Code 9109 McPherson Rd Ste. 7  Laredo, TX 78041	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense loncheria el popo
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/24/2025	Payee name Morales, Gabriela	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 705 Windener  Laredo, TX 78041	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ck#222	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ck#222
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.

<b>1</b> Total pages Schedule F1: Sch: 18/29 Rpt: 50/62	<b>2</b> FILER NAME Webb County Democratic Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 10/03/2025	<b>5</b> Payee name Office Depot	
<b>6</b> Amount (\$) \$141.03	<b>7</b> Payee address; City; State; Zip Code 5718 San Bernardo Ave  Laredo, TX 78041	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) office depot	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office depot
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/02/2025	Payee name Office Depot	
Amount (\$) \$165.49	Payee address; City; State; Zip Code 5718 San Bernardo Ave  Laredo, TX 78041	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense office depot
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/15/2025	Payee name Online QR Generator	
Amount (\$) \$239.40	Payee address; City; State; Zip Code 101 Houston  Miami, FL 33101	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense QR generator
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.

<b>1</b> Total pages Schedule F1: Sch: 19/29 Rpt: 51/62	<b>2</b> FILER NAME Webb County Democratic Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 12/08/2025	<b>5</b> Payee name Perez, Jose Guadalupe	
<b>6</b> Amount (\$) \$1,250.00	<b>7</b> Payee address; City; State; Zip Code 346 Alicante  Laredo, TX 78046	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Return of filing fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/18/2025	Payee name Pla Mor	
Amount (\$) \$390.22	Payee address; City; State; Zip Code 2819 Bob Bullock Loop  Laredo, TX 78045	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense pla mor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/15/2025	Payee name Pla Mor	
Amount (\$) \$563.25	Payee address; City; State; Zip Code 2819 Bob Bullock Loop  Laredo, TX 78045	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense pla mor
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.

<b>1</b> Total pages Schedule F1: Sch: 20/29 Rpt: 52/62	<b>2</b> FILER NAME Webb County Democratic Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 11/13/2025	<b>5</b> Payee name Quarter Mile Inc	
<b>6</b> Amount (\$) \$132.45	<b>7</b> Payee address; City; State; Zip Code 6420 Polario Dr #4  Laredo, TX 78041	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ck#215	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense nov 20 ck#215
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/20/2025	Payee name Quarter Mile Inc	
Amount (\$) \$306.64	Payee address; City; State; Zip Code 6420 Polario Dr #4  Laredo, TX 78041	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense nov 20 ck#219
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/29/2025	Payee name Renaissance Austin	
Amount (\$) \$529.75	Payee address; City; State; Zip Code 9721 Aboretum Blvd  Austin , TX 78759	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense hotel
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.

<b>1</b> Total pages Schedule F1: Sch: 21/29 Rpt: 53/62	<b>2</b> FILER NAME Webb County Democratic Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 09/29/2025	<b>5</b> Payee name Renaissance Austin	
<b>6</b> Amount (\$) \$550.24	<b>7</b> Payee address; City; State; Zip Code 9721 Aboretum Blvd  Austin , TX 78759	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense hotel
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2025	Payee name Sam's Club	
Amount (\$) \$298.27	Payee address; City; State; Zip Code 4810 San Bernardo Ave  Laredo, TX 78041	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Sams Club	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sams Club
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/17/2025	Payee name Solis, Delia	
Amount (\$) \$70.25	Payee address; City; State; Zip Code 1716 Salinas  Laredo, TX 78040	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies reimbursement
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.

<b>1</b> Total pages Schedule F1: Sch: 22/29 Rpt: 54/62	<b>2</b> FILER NAME Webb County Democratic Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 07/29/2025	<b>5</b> Payee name South Meadow Self Storage	
<b>6</b> Amount (\$) \$125.00	<b>7</b> Payee address; City; State; Zip Code 1320 S Meadow St  Laredo, TX 78043	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense storage
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/29/2025	Candidate/Officeholder name Office sought Office held	
Payee name South Meadow Self Storage		
Amount (\$) \$125.00	Payee address; City; State; Zip Code 1320 S Meadow St  Laredo, TX 78043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense storage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/29/2025	Candidate/Officeholder name Office sought Office held	
Payee name South Meadow Self Storage		
Amount (\$) \$125.00	Payee address; City; State; Zip Code 1320 S Meadow  Laredo, TX 78043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense storage
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: Sch: 23/29 Rpt: 55/62	<b>2</b> FILER NAME Webb County Democratic Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 10/29/2025	<b>5</b> Payee name South Meadow Self Storage	
<b>6</b> Amount (\$) \$125.00	<b>7</b> Payee address; City; State; Zip Code 1320 S Meadow  Laredo, TX 78043	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense storage
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/01/2025	Candidate/Officeholder name Office sought Office held	
Payee name South Meadow Self Storage		
Amount (\$) \$125.00	Payee address; City; State; Zip Code 1320 S Meadow  Laredo, TX 78043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense storage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/29/2025	Candidate/Officeholder name Office sought Office held	
Payee name South Meadow Self Storage		
Amount (\$) \$125.00	Payee address; City; State; Zip Code 1320 S Meadow  Laredo, TX 78043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense storage
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: Sch: 24/29 Rpt: 56/62	<b>2</b> FILER NAME Webb County Democratic Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 09/24/2025	<b>5</b> Payee name Texas Election Laws	
<b>6</b> Amount (\$) \$175.00	<b>7</b> Payee address; City; State; Zip Code 1802 Houston St  Laredo, TX 78040	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Copies of election laws
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/22/2025	Payee name United States Postal Service	
Amount (\$) \$54.60	Payee address; City; State; Zip Code 2395 E Del Mar Blvd  Laredo, TX 78041	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/19/2025	Payee name United States Postal Service	
Amount (\$) \$62.40	Payee address; City; State; Zip Code 2395 E Del Mar Blvd  Laredo, TX 78041	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage
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.

<b>1</b> Total pages Schedule F1: Sch: 25/29 Rpt: 57/62	<b>2</b> FILER NAME Webb County Democratic Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 11/17/2025	<b>5</b> Payee name Vargas, John	
<b>6</b> Amount (\$) \$64.95	<b>7</b> Payee address; City; State; Zip Code 325 Wyoming  Laredo, TX 78041	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense decorations ck#217
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/02/2025	Candidate/Officeholder name Vargas, Rosina	
Amount (\$) \$450.00	Payee address; City; State; Zip Code 325 Wyoming  Laredo, TX 78041	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) HQ - May & June	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ - May & June
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/15/2025	Candidate/Officeholder name Vargas, Rosina	
Amount (\$) \$29.10	Payee address; City; State; Zip Code 325 Wyoming  Laredo, TX 78041	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) keys	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense keys
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: Sch: 26/29 Rpt: 58/62	<b>2</b> FILER NAME Webb County Democratic Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 09/26/2025	<b>5</b> Payee name Webb County	
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 1000 Houston St  Laredo, TX 78040	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Nov 20 event
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/24/2025	Payee name Webb County	
Amount (\$) \$8,534.43	Payee address; City; State; Zip Code 1000 Houston St  Laredo, TX 78040	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Center
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/14/2025	Payee name Webb County Democratic Party Primary Account	
Amount (\$) \$40.00	Payee address; City; State; Zip Code 1802 Houston St.  Laredo, TX 78040	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transfer to primary account
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.

<b>1</b> Total pages Schedule F1: Sch: 27/29 Rpt: 59/62	<b>2</b> FILER NAME Webb County Democratic Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 08/11/2025	<b>5</b> Payee name Webb County Democratic Party Primary Account	
<b>6</b> Amount (\$) \$40.00	<b>7</b> Payee address; City; State; Zip Code 1802 Houston St.  Laredo, TX 78040	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transfer to primary account
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/13/2025	Candidate/Officeholder name Office sought Office held	
Payee name Webb County Democratic Party Primary Account		
Amount (\$) \$50.00	Payee address; City; State; Zip Code 1802 Houston St.  Laredo, TX 78040	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Transfer to primary account
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/01/2025	Candidate/Officeholder name Office sought Office held	
Payee name WordPress		
Amount (\$) \$35.18	Payee address; City; State; Zip Code 60 29th St. #343  San Francisco , CA 94110-4929	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wordpress monthly
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: Sch: 28/29 Rpt: 60/62	<b>2</b> FILER NAME Webb County Democratic Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 08/01/2025	<b>5</b> Payee name WordPress	
<b>6</b> Amount (\$) \$35.18	<b>7</b> Payee address; City; State; Zip Code 60 29th St. #343  San Francisco , CA 94110-4929	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wordpress
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/02/2025	Candidate/Officeholder name Office sought Office held	
Payee name WordPress		
Amount (\$) \$35.18	Payee address; City; State; Zip Code 60 29th St. #343  San Francisco , CA 94110-4929	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wordpress
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/01/2025	Candidate/Officeholder name Office sought Office held	
Payee name WordPress		
Amount (\$) \$35.18	Payee address; City; State; Zip Code 60 29th St. #343  San Francisco , CA 94110-4929	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wordpress
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: Sch: 29/29 Rpt: 61/62	<b>2</b> FILER NAME Webb County Democratic Party (CEC)	<b>3</b> Filer ID (Ethics Commission Filers) 00023943
<b>4</b> Date 11/03/2025	<b>5</b> Payee name WordPress	
<b>6</b> Amount (\$) \$35.18	<b>7</b> Payee address; City; State; Zip Code 60 29th St. #343  San Francisco , CA 94110-4929	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wordpress
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2025	Payee name WordPress	
Amount (\$) \$35.18	Payee address; City; State; Zip Code 60 29th St. #343  San Francisco , CA 94110-4929	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense wordpress
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:  
Sch: 1/1 Rpt: 62/62

2 FILER NAME

Webb County Democratic Party (CEC)

3 Filer ID (Ethics Commission Filers)  
00023943

4 Date

10/30/2025

5 Name of person from whom amount is received

Texas Secretary of State

8 Amount (\$)

\$788.81

6 Address of person from whom amount is received; City; State; Zip Code

Austin, TX 78711

7 Purpose for which amount is received

Chair Seminar Travel

☐ Check if political contribution returned to filer