

# CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 Filer ID (Ethics Commission Filers) 00023811		2 Total pages filed: 9	OFFICE USE ONLY	
3 COMMITTEE NAME Webb County Republican Party (CEC)		Date Received ELECTRONICALLY FILED 01/14/2026		
4 TREASURER NAME Medrano, Dolores (Dr.)		Date Hand-delivered or Date Postmarked		
5 ORIGINAL REPORT TYPE <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer resignation <input type="checkbox"/> Dissolution report <input type="checkbox"/> Other (specify) _____		
6 ORIGINAL PERIOD COVERED Month Day Year 07/01/2025		Month Day Year THROUGH 12/31/2025	Receipt # _____ Amount _____ Date Processed Date Imaged	

## 7 EXPLANATION OF CORRECTION

1. A separate account for candidate filing fees was maintained by the previous treasurer who was no longer able to continue with the position due to health reasons. I had been told that the party was told to maintain the filing fees in a separate account and we do not know where or who this information came from. When I initially reported the filing fees, I included all the fees, but did not include the \$480 that was from previous years. Aidan clarified that I need to include that amount in Line 5 (political contributions maintained as of last reporting day) which is why I needed to make a correction after submitting the Jan 15th report.

2. Because I was new and uncertain I have placed numerous calls to the Ethics Commissions seeking clarification on when my first report would be due and was assured numerous times my first report would be due Jan 15; however, within the last two to three weeks I was informed that I would need to file the July 15th report as well. While preparing the July report after submitting the Jan 15th report I noticed some deposits from the June 21st event that appeared in the July Statement so I decided to seek further clarification on what report to put in the money. Basically, I am at this point overly cautious and want an opinion. Even now I am awaiting further clarification to ensure accuracy in my reporting.

## 8 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

**Semiannual reports:** I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Dr. Dolores Medrano

\_\_\_\_\_  
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

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

**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) 00023811	2 Total pages filed: 9			
3 COMMITTEE NAME Webb County Republican Party (CEC)		<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 01/14/2026  Date Hand-delivered or Date Postmarked  Receipt # <input type="text"/> Amount <input type="text"/>  Date Processed  Date Imaged				
4 COMMITTEE ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7305 San Dario Ave Suite G PO Box 122 Laredo, TX 78045						
5 CAMPAIGN TREASURER NAME MS / MRS / MR Dr. FIRST Dolores						
NICKNAME LAST Medrano						
SUFFIX						
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 10124 Caballo Dr  Laredo, TX 78045			APT / SUITE #;	CITY;	STATE;
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; 10124 Caballo Dr  Laredo, TX 78045	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE (956) 645-1757	PHONE NUMBER	EXTENSION			
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 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
11 ELECTION	ELECTION DATE Month Day Year	<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 Republican Party (CEC)		<b>13 FILER ID</b> (Ethics Commission Filer) 00023811
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported  B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
<b>15 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 850.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,698.62
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 250.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 22,933.09
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 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.

Dr. Dolores Medrano

\_\_\_\_\_  
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**  
4 of 9

<b>17</b> COMMITTEE NAME Webb County Republican Party (CEC)	<b>18</b> Filer ID (Ethics Commission Filers) 00023811
<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 13,698.62	
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 \$ 250.00	
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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 2,079.30	
10. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/2 Rpt: 5/9
<b>2</b> FILER NAME Webb County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00023811
<b>4</b> Date 07/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borders, Nowell	<b>7</b> Amount of Contribution (\$) \$5,000.00
	<b>6</b> Contributor address; City; State; Zip Code  Edinburg, TX 78541	
<b>8</b> Principal occupation / Job title (See Instructions) Farmer		<b>9</b> Employer (See Instructions)
Date 07/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Jed	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Laredo, TX 78045	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson-Hernandez, Teresa (Dr.)	Amount of Contribution (\$) \$750.00
	Contributor address; City; State; Zip Code  Laredo, TX 78045	
Principal occupation / Job title (See Instructions) M.D.		Employer (See Instructions)
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson-Hernandez, Teresa (Dr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Laredo, TX 78045	
Principal occupation / Job title (See Instructions) M.D.		Employer (See Instructions)
Date 07/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leyndecker, David	Amount of Contribution (\$) \$998.62
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78408	
Principal occupation / Job title (See Instructions) Builder		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: 2/2 Rpt: 6/9
<b>2</b> FILER NAME Webb County Republican Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00023811
<b>4</b> Date 12/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorea, Marta	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  Laredo, TX 78045	
<b>8</b> Principal occupation / Job title (See Instructions) Retired Educator		<b>9</b> Employer (See Instructions)
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Projectedredtx/ Leo Garza	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Projectedredtx/ Liza Pena	Amount of Contribution (\$) \$1,250.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Projectedredtx/ Mario Lopez	Amount of Contribution (\$) \$1,250.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Projectedredtx/ Oscar Romanos	Amount of Contribution (\$) \$1,250.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 7/9	2 FILER NAME Webb County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00023811	
4 Date 12/13/2025	5 Payee name MPV 1		
6 Amount (\$) \$250.00	7 Payee address; City; 5517 Mcpherson Rd  Laredo, TX 78041		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Venue for Political Candidate Meet & Greet	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE I**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule I: Sch: 1/2 Rpt: 8/9	2 FILER NAME Webb County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00023811
4 Date 11/18/2025	5 Payee name Garcia Galvan, Graciela	
6 Amount (\$) 250.00	7 Payee Address; City; State; Zip 1010 E Hillside Rd  Laredo, TX 78041	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Venue Deposit for El Jardin De Frida
Date 12/02/2025	Payee name Garcia Galvan, Graciela	
Amount (\$) 749.00	Payee Address; City; State; Zip 1010 E Hillside Rd  Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Final Venue Payment for El Jardin De Frida
Date 11/20/2025	Payee name GoDaddy Com	
Amount (\$) 22.19	Payee Address; City; State; Zip 100 S Mill Ave, Suite 1600  Tempe, AZ 85281	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Website fee
Date 10/14/2025	Payee name Lopez, Arturo	
Amount (\$) 200.00	Payee Address; City; State; Zip 2097 Lima Lp  Laredo, TX 78041	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) reimbursement for 2 seats at event

**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE I**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule I: Sch: 2/2 Rpt: 9/9	2 FILER NAME Webb County Republican Party (CEC)	3 Filer ID (Ethics Commission Filers) 00023811
4 Date 11/20/2025	5 Payee name Mailboxes Plus	
6 Amount (\$) 134.55	7 Payee Address; City; State; Zip 4619 San Dario Ave  Laredo, TX 78041	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) mailbox fee
Date 11/20/2025	Payee name Walmart	
Amount (\$) 248.49	Payee Address; City; State; Zip 2615 NE Bob Bullock Lp  Laredo, TX 78045	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Phone
Date 08/02/2025	Payee name Webb County Republicn Party	
Amount (\$) 402.07	Payee Address; City; State; Zip 10124 CABALLO DR  LAREDO, TX 78045	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Reimbursement to Jose Salazar for postal box fee, flowers, food, catering, office depot>
Date 10/23/2025	Payee name Webb County Republicn Party	
Amount (\$) 73.00	Payee Address; City; State; Zip 10124 CABALLO DR  LAREDO, TX 78045	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Sam's Club