

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00087545	2 Total pages filed: 31	
3 COMMITTEE NAME Coastal Bend Tejano Democrats			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/14/2026 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 60402 Corpus Christi, TX 78466			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Jo Ann NICKNAME LAST SUFFIX Beltran			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4613 Bluebelle Lane Corpus Christi, TX 78416			
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE TX			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 688-0162			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <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 Month Day Year 07/01/2025 THROUGH 12/31/2025			
11 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Coastal Bend Tejano Democrats	13 Filer ID (Ethics Commission Filers) 00087545
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14 COMMITTEE ACTIVITY (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.)	

15 CONTRIBUTION TOTALS	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	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,596.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,792.06
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 567.55
OUTSTANDING LOAN TOTALS	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.

Ms. Jo Ann Beltran

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 - GPAC**FORM GPAC**
COVER SHEET PG 3
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17 COMMITTEE NAME Coastal Bend Tejano Democrats		18 Filer ID (Ethics Commission Filers) 00087545
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,596.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 7,792.06
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/15 Rpt: 4/31
2 FILER NAME Coastal Bend Tejano Democrats		3 Filer ID (Ethics Commission Filers) 00087545
4 Date 09/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Menn, Darlene <hr/> 6 Contributor address; City; State; Zip Code Odem, TX 78370	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodgers, Nancy <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78404	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allred, Collin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beltran, JoAnn (Ms.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78416	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benavides, Alejandro <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78415	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Digital Creator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/15 Rpt: 5/31
2 FILER NAME Coastal Bend Tejano Democrats		3 Filer ID (Ethics Commission Filers) 00087545
4 Date 09/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benavidez, Amanda <hr/> 6 Contributor address; City; State; Zip Code Bishop, TX 78343	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions)
Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benware, Olivia <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78415	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions)
Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bullard, Aydan <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78412	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions)
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Judy <hr/> Contributor address; City; State; Zip Code Portland, TX 78374	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calderon, Anselmo (Mr.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78412	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/15 Rpt: 6/31
2 FILER NAME Coastal Bend Tejano Democrats		3 Filer ID (Ethics Commission Filers) 00087545
4 Date 07/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campos, Sylvia (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78411	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) City Counsel member		9 Employer (See Instructions) retired
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campos, Sylvia (Ms.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) City Counsel member		Employer (See Instructions) retired
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canales, Barbara (The Honorable) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78412	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 09/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castro-Mendoza, Eustaquio <hr/> Contributor address; City; State; Zip Code Old Glory, TX 79540	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham. , Dorothy <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78412	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/15 Rpt: 7/31
2 FILER NAME Coastal Bend Tejano Democrats		3 Filer ID (Ethics Commission Filers) 00087545
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Jennifer <hr/> 6 Contributor address; City; State; Zip Code Goessel, KS 67053	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Union Political Representative		9 Employer (See Instructions) IBEW
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forrest, Merida (Mrs.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$26.00
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions)
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forrest, Merida (Mrs.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions)
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forrest, Merida (Mrs.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions)
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, San Juan (Mr.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78410	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Division Electrical Manager		Employer (See Instructions) CCAC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/15 Rpt: 8/31
2 FILER NAME Coastal Bend Tejano Democrats		3 Filer ID (Ethics Commission Filers) 00087545
4 Date 09/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, San Juan (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78410	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Division Electrical Manager		9 Employer (See Instructions) CCAC
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Thomas (Mr.) <hr/> Contributor address; City; State; Zip Code Pharr, TX 78577	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions)
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Marilena <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78404	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions)
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Leanna <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Mortgage Loan Officer		Employer (See Instructions)
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Mark (Mr.) <hr/> Contributor address; City; State; Zip Code Robstown, TX 78380	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/15 Rpt: 9/31
2 FILER NAME Coastal Bend Tejano Democrats		3 Filer ID (Ethics Commission Filers) 00087545
4 Date 10/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Vicente 6 Contributor address; City; State; Zip Code Brownsville, TX 78520	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerrero, Stephanie (Mrs.) Contributor address; City; State; Zip Code Corpus Christi, TX 78415	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Terry Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Aidee Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions)
Date 07/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Aidee Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/15 Rpt: 10/31
2 FILER NAME Coastal Bend Tejano Democrats		3 Filer ID (Ethics Commission Filers) 00087545
4 Date 09/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Aidee 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions)
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Lisa (Mrs.) Contributor address; City; State; Zip Code Corpus Christi, TX 78407	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Jim (Mr.) Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Del Mar College
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koivula, Carolyn (Miss) Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lange, Michael Contributor address; City; State; Zip Code Houston, TX 77906	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/15 Rpt: 11/31
2 FILER NAME Coastal Bend Tejano Democrats		3 Filer ID (Ethics Commission Filers) 00087545
4 Date 09/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lehrman, Ana <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413	7 Amount of Contribution (\$) \$260.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leon, Celina <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78401	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leon, Celina <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78401	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loa, Willie <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78412	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Longino, Tami (Ms.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78412	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/15 Rpt: 12/31
2 FILER NAME Coastal Bend Tejano Democrats		3 Filer ID (Ethics Commission Filers) 00087545
4 Date 07/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Thelma (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78414	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKay, Eli <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78401	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions)
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moeller , Becky (Miss) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montoya, Cinia (Mrs.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78410	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montoya, Cinia (Mrs.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78410	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/15 Rpt: 13/31
2 FILER NAME Coastal Bend Tejano Democrats		3 Filer ID (Ethics Commission Filers) 00087545
4 Date 09/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munoz, Mario <hr/> 6 Contributor address; City; State; Zip Code Kingsville, TX 78363	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions)
Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Narvaez, Ricardo <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions)
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia, Macias (Mrs.) <hr/> Contributor address; City; State; Zip Code Alice, TX 78332	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Retired
Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Brennen <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions)
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Joseph (Mr.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Investigator		Employer (See Instructions) Carrigan & Shaw Attorneys

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/15 Rpt: 14/31
2 FILER NAME Coastal Bend Tejano Democrats		3 Filer ID (Ethics Commission Filers) 00087545
4 Date 09/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Joseph (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78414	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Investigator		9 Employer (See Instructions) Carrigan & Shaw Attorneys
Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Joseph (Mr.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Investigator		Employer (See Instructions) Carrigan & Shaw Attorneys
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renner, Lavaughn <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rice, Connor (Mr.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78412	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions)
Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riggans, Jonathan <hr/> Contributor address; City; State; Zip Code Conroe, TX 77385	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/15 Rpt: 15/31
2 FILER NAME Coastal Bend Tejano Democrats		3 Filer ID (Ethics Commission Filers) 00087545
4 Date 09/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Nicole (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78414	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) CCISD
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Craig (Mr.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78418	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Webb Cason & Manning
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Craig (Mr.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78418	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Webb Cason & Manning
Date 09/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosas, Alfredo Etienne <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78521	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions)
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosas, Alfredo Etienne <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78521	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/15 Rpt: 16/31
2 FILER NAME Coastal Bend Tejano Democrats		3 Filer ID (Ethics Commission Filers) 00087545
4 Date 09/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Randy <hr/> 6 Contributor address; City; State; Zip Code Three Rivers, TX 78071	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Refinery Operations		9 Employer (See Instructions)
Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Randy <hr/> Contributor address; City; State; Zip Code Three Rivers, TX 78071	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Refinery Operations		Employer (See Instructions)
Date 09/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Rene (Mr.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78415	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) CCISD
Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Sherri <hr/> Contributor address; City; State; Zip Code Three Rivers, TX 78071	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santos, Juan Felipe (Mr.) <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Ambulatory Adult Neurology

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/15 Rpt: 17/31
2 FILER NAME Coastal Bend Tejano Democrats		3 Filer ID (Ethics Commission Filers) 00087545
4 Date 07/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shamsie, Terry (The Honorable) <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78410	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date 09/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Holly <hr/> Contributor address; City; State; Zip Code Austin, TX 78705	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Mal <hr/> Contributor address; City; State; Zip Code Three Rivers, TX 78071	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vega, Christian <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Labor		Employer (See Instructions)
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb Cason PC <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78401	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/15 Rpt: 18/31
2 FILER NAME Coastal Bend Tejano Democrats		3 Filer ID (Ethics Commission Filers) 00087545
4 Date 09/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilburn, Dora <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78415	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zapata, Zulema (Miss) <hr/> Contributor address; City; State; Zip Code Robstown, TX 78380	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Community Outreach		Employer (See Instructions) St. Benedict's Home Health

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.

1 Total pages Schedule F1: Sch: 1/13 Rpt: 19/31	2 FILER NAME Coastal Bend Tejano Democrats	3 Filer ID (Ethics Commission Filers) 00087545
4 Date 10/22/2025	5 Payee name Act Blue	
6 Amount (\$) \$19.75 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code POBOX 441146 Sommerville, ME 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee for \$500 contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2025	Payee name FedEx	
Amount (\$) \$1.23 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 201 South Padre Island Dr Corpus Christi, TX 78405	
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 Test page for big event flyer
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2025	Payee name FedEx	
Amount (\$) \$5.87 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 201 South Padre Island Dr Corpus Christi, TX 78405	
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 for event flyer
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.

1 Total pages Schedule F1: Sch: 2/13 Rpt: 20/31	2 FILER NAME Coastal Bend Tejano Democrats	3 Filer ID (Ethics Commission Filers) 00087545
4 Date 09/26/2025	5 Payee name FedEx	
6 Amount (\$) \$3.41 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 201 South Padre Island Dr Corpus Christi, TX 78405	
8 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 for event flyer
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/29/2025	Payee name FedEx	
Amount (\$) \$115.42 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 201 South Padre Island Dr Corpus Christi, TX 78405	
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 Posters and table tents for event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/29/2025	Payee name FedEx	
Amount (\$) \$5.68 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 201 South Padre Island Dr Corpus Christi, TX 78405	
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 for event
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.

1 Total pages Schedule F1: Sch: 3/13 Rpt: 21/31	2 FILER NAME Coastal Bend Tejano Democrats	3 Filer ID (Ethics Commission Filers) 00087545
4 Date 09/28/2025	5 Payee name Frida's Mexican Restaurant	
6 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 414 Starr St Corpus Christi, TX 78401	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Main dish for event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2025	Payee name Frida's Mexican Restaurant	
Amount (\$) \$177.88 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 414 Starr St Corpus Christi, TX 78401	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Balance of food catering for event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/31/2025	Payee name Frost Bank	
Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Drawer 749 Corpus Christi, TX 78403	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly service 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.

1 Total pages Schedule F1: Sch: 4/13 Rpt: 22/31	2 FILER NAME Coastal Bend Tejano Democrats	3 Filer ID (Ethics Commission Filers) 00087545
4 Date 08/29/2025	5 Payee name Frost Bank	
6 Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Drawer 749 Corpus Christi, TX 78403	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly service fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name Frost Bank		
Amount (\$) \$14.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Drawer 749 Corpus Christi, TX 78403	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/01/2025	Candidate/Officeholder name Office sought Office held	
Payee name Frost Bank		
Amount (\$) \$34.30 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Drawer 749 Corpus Christi, TX 78403	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Order check 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.

1 Total pages Schedule F1: Sch: 5/13 Rpt: 23/31	2 FILER NAME Coastal Bend Tejano Democrats	3 Filer ID (Ethics Commission Filers) 00087545
4 Date 10/31/2025	5 Payee name Frost Bank	
6 Amount (\$) \$14.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Drawer 749 Corpus Christi, TX 78403	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly service fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/28/2025	Candidate/Officeholder name Office sought Office held	
Payee name Frost Bank		
Amount (\$) \$14.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Drawer 749 Corpus Christi, TX 78403	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/31/2025	Candidate/Officeholder name Office sought Office held	
Payee name Frost Bank		
Amount (\$) \$14.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Drawer 749 Corpus Christi, TX 78403	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly service 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.

1 Total pages Schedule F1: Sch: 6/13 Rpt: 24/31	2 FILER NAME Coastal Bend Tejano Democrats	3 Filer ID (Ethics Commission Filers) 00087545
4 Date 12/12/2025	5 Payee name Garcia, San Juan (Mr.)	
6 Amount (\$) \$300.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 10526 Frontier Dr Corpus Christi, TX 78410	
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 Christmas Party Sled Rental
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/17/2025	Candidate/Officeholder name Office sought Office held	
Payee name HEB #184		
Amount (\$) \$51.19 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 11100 Leopard Corpus Christi, TX 78410	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Sept meeting refreshments
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/29/2025	Candidate/Officeholder name Office sought Office held	
Payee name HEB #184		
Amount (\$) \$37.83 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 11100 Leopard Corpus Christi, TX 78410	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Paper goods for event
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.

1 Total pages Schedule F1: Sch: 7/13 Rpt: 25/31	2 FILER NAME Coastal Bend Tejano Democrats	3 Filer ID (Ethics Commission Filers) 00087545
4 Date 12/15/2025	5 Payee name HEB #184	
6 Amount (\$) \$72.24 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 11100 Leopard Corpus Christi, TX 78410	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Christmas Party food
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/28/2025	Payee name Herrejon's Bakery	
Amount (\$) \$77.65 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3829 Crosstown Expy Corpus Christi, TX 78415	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Pastries for event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/03/2025	Payee name Hobby Lobby	
Amount (\$) \$82.71 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3549 IH69 Access Rd Corpus Christi, TX 78410	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials 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 Materials for banquet gift donation
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.

1 Total pages Schedule F1: Sch: 8/13 Rpt: 26/31	2 FILER NAME Coastal Bend Tejano Democrats	3 Filer ID (Ethics Commission Filers) 00087545
4 Date 09/29/2025	5 Payee name Holiday Inn Marina	
6 Amount (\$) \$70.91 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 707 N Shoreline Blvd Corpus Christi, TX 78401	
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 Event venue balance
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/28/2025	Payee name Holiday Inn Marina	
Amount (\$) \$350.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 707 N Shoreline Blvd Corpus Christi, TX 78401	
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 Event Venue
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/19/2025	Payee name I heart Media	
Amount (\$) \$350.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 501 Tuper Lane Corpus Christi, TX 78417	
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 Radio advertising
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.

1 Total pages Schedule F1: Sch: 9/13 Rpt: 27/31	2 FILER NAME Coastal Bend Tejano Democrats	3 Filer ID (Ethics Commission Filers) 00087545
4 Date 11/18/2025	5 Payee name Lopez Broadcasting	
6 Amount (\$) \$400.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 115 W Ave D Robstown, TX 78380	
8 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 Holiday commercials
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/08/2025	Payee name Nueces County Democratic Party	
Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6102 Ayers Corpus Christi, TX 78415	
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 Banquet sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2025	Payee name Ramirez, Joseph (Mr.)	
Amount (\$) \$300.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2309 Bluestar Corpus Christi, TX 78414	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Event food
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.

1 Total pages Schedule F1: Sch: 10/13 Rpt: 28/31	2 FILER NAME Coastal Bend Tejano Democrats	3 Filer ID (Ethics Commission Filers) 00087545
4 Date 10/16/2025	5 Payee name Ramirez, Joseph (Mr.)	
6 Amount (\$) \$400.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2309 Bluestar Corpus Christi, TX 78414	
8 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 Convention ad and design
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/29/2025	Payee name Ramirez, Joseph (Mr.)	
Amount (\$) \$279.77 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2309 Bluestar Corpus Christi, TX 78414	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Quarterly meeting food and drinks
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/17/2025	Payee name Ramirez, Joseph (Mr.)	
Amount (\$) \$167.76 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2309 Bluestar Corpus Christi, TX 78414	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Meeting food and drink
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.

1 Total pages Schedule F1: Sch: 11/13 Rpt: 29/31	2 FILER NAME Coastal Bend Tejano Democrats	3 Filer ID (Ethics Commission Filers) 00087545
4 Date 11/18/2025	5 Payee name Ramirez, Joseph (Mr.)	
6 Amount (\$) \$125.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2309 Bluestar Corpus Christi, TX 78414	
8 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 Video production
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/29/2025	Candidate/Officeholder name Sam's Club	
Amount (\$) \$144.97 <input type="checkbox"/> Expenditure from corporate funds	Office sought 4833 South Padre Island Dr Corpus Christi, TX 78413	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Supplies for event
	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/01/2025	Candidate/Officeholder name State Tejano Democrats	
Amount (\$) \$225.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought 909 Theresa Ave. Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Annual dues
	Office held	
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.

1 Total pages Schedule F1: Sch: 12/13 Rpt: 30/31	2 FILER NAME Coastal Bend Tejano Democrats	3 Filer ID (Ethics Commission Filers) 00087545
4 Date 10/01/2025	5 Payee name State Tejano Democrats	
6 Amount (\$) \$540.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 909 Theresa Ave. Austin, TX 78703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Annual dues renewed members
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/14/2025	Candidate/Officeholder name Office sought Office held	
Payee name State Tejano Democrats		
Amount (\$) \$150.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 909 Theresa Ave. Austin, TX 78703	
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 Convention ad
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/14/2025	Candidate/Officeholder name Office sought Office held	
Payee name State Tejano Democrats		
Amount (\$) \$15.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 909 Theresa Ave. Austin, TX 78703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense New member dues
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.

1 Total pages Schedule F1: Sch: 13/13 Rpt: 31/31	2 FILER NAME Coastal Bend Tejano Democrats	3 Filer ID (Ethics Commission Filers) 00087545
4 Date 07/07/2025	5 Payee name United States Postal Service	
6 Amount (\$) \$96.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4801 Everhart Rd Corpus Christi, TX 78411	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POBOX fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name Water Street	
Amount (\$) \$116.49 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 309 N Water St Corpus Christi, TX 78401	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Holiday lunch
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held