

**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 # <input type="text"/> Amount <input type="text"/> 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 Ms.			FIRST Jo Ann	MI	
	NICKNAME	LAST Beltran	SUFFIX			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 4613 Bluebelle Lane Corpus Christi, TX 78416		APT / SUITE #;	CITY;	STATE;	ZIP CODE
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 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
11 ELECTION	ELECTION DATE Month Day Year 03/03/2026	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		ELECTION TYPE <input type="checkbox"/> Runoff <input type="checkbox"/> Special		<input type="checkbox"/> Other

GO TO PAGE 2

**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
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
3 of 31

17 COMMITTEE NAME Coastal Bend Tejano Democrats	18 Filer ID (Ethics Commission Filers) 00087545
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
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	7 Amount of Contribution (\$) \$30.00
	6 Contributor address; City; State; Zip Code Odem, TX 78370	
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	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78404	
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	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Dallas, TX 75206	
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.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78416	
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	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78415	
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	7 Amount of Contribution (\$) \$30.00
	6 Contributor address; City; State; Zip Code Bishop, TX 78343	
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	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78415	
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	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78412	
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	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Portland, TX 78374	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78412	
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.)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78411	
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.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411	
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)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78412	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Old Glory, TX 79540	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78412	
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	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Goessel, KS 67053	
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.)	Amount of Contribution (\$) \$26.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
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.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
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.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78410	
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.)	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78410	
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.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Pharr, TX 78577	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78404	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
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.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Robstown, TX 78380	
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	7 Amount of Contribution (\$) \$2,500.00
	6 Contributor address; City; State; Zip Code Brownsville, TX 78520	
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.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78415	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411	
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	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
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	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
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.)	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78407	
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.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411	
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)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411	
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	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Houston, TX 77906	
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	7 Amount of Contribution (\$) \$260.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78401	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78401	
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	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78412	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78412	
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.)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
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	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78401	
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)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
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.)	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78410	
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.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78410	
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	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Kingsville, TX 78363	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
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.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Alice, TX 78332	
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	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
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.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
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.)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
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.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
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	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
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.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78412	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Conroe, TX 77385	
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.)	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
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.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78418	
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.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78418	
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	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Brownsville, TX 78521	
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	Amount of Contribution (\$) \$80.00
	Contributor address; City; State; Zip Code Brownsville, TX 78521	
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	7 Amount of Contribution (\$) \$30.00
	6 Contributor address; City; State; Zip Code Three Rivers, TX 78071	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Three Rivers, TX 78071	
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.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78415	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Three Rivers, TX 78071	
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.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411	
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)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78410	
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	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Austin, TX 78705	
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	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Three Rivers, TX 78071	
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	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411	
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	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78401	
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 Wilburn, Dora	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 Zapata, Zulema (Miss)	□ out-of-state PAC (ID#: _____)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Robstown, TX 78380		
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	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: 1/13 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	7 Payee address; City; State; Zip Code POBOX 441146 Sommerville, ME 02144	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/25/2025	Payee name FedEx	
Amount (\$) \$1.23	Payee address; City; State; Zip Code 201 South Padre Island Dr Corpus Christi, TX 78405	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/25/2025	Payee name FedEx	
Amount (\$) \$5.87	Payee address; City; State; Zip Code 201 South Padre Island Dr Corpus Christi, TX 78405	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY 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	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: 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	7 Payee address; City; State; Zip Code 201 South Padre Island Dr Corpus Christi, TX 78405	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/29/2025	Payee name FedEx	
Amount (\$) \$115.42	Payee address; City; State; Zip Code 201 South Padre Island Dr Corpus Christi, TX 78405	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/29/2025	Payee name FedEx	
Amount (\$) \$5.68	Payee address; City; State; Zip Code 201 South Padre Island Dr Corpus Christi, TX 78405	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY 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	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: 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	7 Payee address; City; 414 Starr St Corpus Christi, TX 78401	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY 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	Payee address; City; 414 Starr St Corpus Christi, TX 78401	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY 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	Payee address; City; PO Drawer 749 Corpus Christi, TX 78403	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY 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	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: 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	7 Payee address; City; State; Zip Code PO Drawer 749 Corpus Christi, TX 78403	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/30/2025	Payee name Frost Bank	
Amount (\$) \$14.00	Payee address; City; State; Zip Code PO Drawer 749 Corpus Christi, TX 78403	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/01/2025	Payee name Frost Bank	
Amount (\$) \$34.30	Payee address; City; State; Zip Code PO Drawer 749 Corpus Christi, TX 78403	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY 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	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: 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	7 Payee address; City; State; Zip Code PO Drawer 749 Corpus Christi, TX 78403	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/28/2025	Payee name Frost Bank	
Amount (\$) \$14.00	Payee address; City; State; Zip Code PO Drawer 749 Corpus Christi, TX 78403	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/31/2025	Payee name Frost Bank	
Amount (\$) \$14.00	Payee address; City; State; Zip Code PO Drawer 749 Corpus Christi, TX 78403	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY 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	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: 6/13 Rpt: 24/31	2 FILER NAME Coastal Bend Tejano Democrats	3 Filer ID 00087545	(Ethics Commission Filers)
4 Date 12/12/2025	5 Payee name Garcia, San Juan (Mr.)		
6 Amount (\$) \$300.00	7 Payee address; City; 10526 Frontier Dr Corpus Christi, TX 78410	State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds	<p>(a) Category (See Categories listed at the top of this schedule) Event Expense</p> <p>(b) Description</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> <p><input type="checkbox"/> Check if Austin, TX, officeholder living expense</p> <p>Christmas Party Sled Rental</p>		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/17/2025	Payee name HEB #184		
Amount (\$) \$51.19	Payee address; City; 11100 Leopard Corpus Christi, TX 78410	State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds	<p>(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense</p> <p>(b) Description</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> <p><input type="checkbox"/> Check if Austin, TX, officeholder living expense</p> <p>Sept meeting refreshments</p>		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/29/2025	Payee name HEB #184		
Amount (\$) \$37.83	Payee address; City; 11100 Leopard Corpus Christi, TX 78410	State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds	<p>(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense</p> <p>(b) Description</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> <p><input type="checkbox"/> Check if Austin, TX, officeholder living expense</p> <p>Paper goods for event</p>		
Complete ONLY 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	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: 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	7 Payee address; City; State; Zip Code 11100 Leopard Corpus Christi, TX 78410	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY 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	Payee address; City; State; Zip Code 3829 Crosstown Expy Corpus Christi, TX 78415	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY 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	Payee address; City; State; Zip Code 3549 IH69 Access Rd Corpus Christi, TX 78410	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY 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	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: 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	7 Payee address; City; 707 N Shoreline Blvd Corpus Christi, TX 78401	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY 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	Payee address; City; 707 N Shoreline Blvd Corpus Christi, TX 78401	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY 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	Payee address; City; 501 Tuper Lane Corpus Christi, TX 78417	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY 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	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: 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	7 Payee address; City; 115 W Ave D Robstown, TX 78380	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 10/08/2025	Payee name Nueces County Democratic Party	Office held
Amount (\$) \$1,500.00	Payee address; City; 6102 Ayers Corpus Christi, TX 78415	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 09/30/2025	Payee name Ramirez, Joseph (Mr.)	Office held
Amount (\$) \$300.00	Payee address; City; 2309 Bluestar Corpus Christi, TX 78414	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY 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	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: 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	7 Payee address; City; 2309 Bluestar Corpus Christi, TX 78414	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Ramirez, Joseph (Mr.)	Office sought Office held
Date 10/29/2025	Payee name Ramirez, Joseph (Mr.)	
Amount (\$) \$279.77	Payee address; City; 2309 Bluestar Corpus Christi, TX 78414	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Ramirez, Joseph (Mr.)	Office sought Office held
Date 11/17/2025	Payee name Ramirez, Joseph (Mr.)	
Amount (\$) \$167.76	Payee address; City; 2309 Bluestar Corpus Christi, TX 78414	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Ramirez, Joseph (Mr.)	Office sought Office held

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: 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	7 Payee address; City; 2309 Bluestar Corpus Christi, TX 78414	State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/29/2025	Payee name Sam's Club		
Amount (\$) \$144.97	Payee address; City; 4833 South Padre Island Dr Corpus Christi, TX 78413	State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds	(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	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/01/2025	Payee name State Tejano Democrats		
Amount (\$) \$225.00	Payee address; City; 909 Theresa Ave. Austin, TX 78703	State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds	(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	
Complete ONLY 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	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: 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	7 Payee address; City; State; Zip Code 909 Theresa Ave. Austin, TX 78703	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/14/2025	Payee name State Tejano Democrats	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 909 Theresa Ave. Austin, TX 78703	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/14/2025	Payee name State Tejano Democrats	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 909 Theresa Ave. Austin, TX 78703	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY 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	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: 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	7 Payee address; City; 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 ONLY 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	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held