

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 Filer ID (Ethics Commission Filers) 00015946		2 Total pages filed: 75	OFFICE USE ONLY	
3 COMMITTEE NAME Nueces County Democratic Executive Committee (CEC)		Date Received ELECTRONICALLY FILED 02/01/2026		
4 TREASURER NAME Guerrero Saenz, Stephanie (Mrs.)		Date Hand-delivered or Date Postmarked		
5 ORIGINAL REPORT TYPE <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input checked="" type="checkbox"/> 10th day after campaign treasurer resignation <input type="checkbox"/> Dissolution report <input type="checkbox"/> Other (specify) _____		
6 ORIGINAL PERIOD COVERED Month Day Year 07/01/2025		Month Day Year THROUGH 12/31/2025	Receipt # _____ Amount _____ Date Processed Date Imaged	

7 EXPLANATION OF CORRECTION

In an effort to remove myself as treasurer, and add Rene Saenz as treasurer, I marked this report as a final report. I have since been advised to make a correction by checking the "10th Day" box and un-checking the "Final Report" box because we only want to change treasurers; not close the account.

Stephanie Guerrero Saenz

8 AFFIDAVIT

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

Check the box next to any and all applicable statements:

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

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

Rene Saenz

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

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

**COUNTY EXECUTIVE COMMITTEE
CAMPAIGN FINANCE REPORT**

**FORM CEC
COVER SHEET PG 1**

The CEC Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00015946	2 Total pages filed: 75		
3 COMMITTEE NAME Nueces County Democratic Executive Committee (CEC)			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/01/2026 Date Hand-delivered or Date Postmarked Receipt # <input type="text"/> Amount <input type="text"/> Date Processed Date Imaged			
4 COMMITTEE ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6102 Ayers Ste. 107 Corpus Christi, TX 78415						
5 CAMPAIGN TREASURER NAME MS / MRS / MR Mrs. FIRST Stephanie						
NICKNAME LAST Guerrero Saenz						
SUFFIX						
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); 6022 Sweet Gum Corpus Christi, TX 78415						
7 CAMPAIGN TREASURER MAILING ADDRESS STREET OR PO BOX; 6022 Sweet Gum Corpus Christi, TX 78415			APT / SUITE #;	CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (361) 249-3041						
9 REPORT TYPE <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15			<input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff	<input type="checkbox"/> Final Report <input checked="" type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED Month Day Year 07/01/2025			Month Day Year THROUGH 12/31/2025			
11 ELECTION Month Day Year 03/03/2026			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special	<input type="checkbox"/> Other	ELECTION TYPE

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**COUNTY EXECUTIVE COMMITTEE REPORT:
PURPOSE & TOTALS**

**FORM CEC
COVER SHEET PG 2**

12 COMMITTEE NAME Nueces County Democratic Executive Committee (CEC)		13 FILER ID (Ethics Commission Filer) 00015946
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 Mariana Garza Campaign donation 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	\$ 1,460.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 40,956.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 33,423.26
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 17,385.56
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.

Mrs. Stephanie Guerrero Saenz

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - CEC**FORM CEC**
COVER SHEET PG 3
4 of 75

17 COMMITTEE NAME	18 FILER ID (Ethics Commission Filers) 00015946
Nueces County Democratic Executive Committee (CEC)	
19 SCHEDULE SUBTOTALS	
NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 40,956.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 33,423.26
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
10. <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: 1/39 Rpt: 5/75
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 08/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) B & Z Consulting 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78415	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) RN		9 Employer (See Instructions) Methodist Health Care
Date 07/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baier, Albertina Contributor address; City; State; Zip Code Corpus Christi, TX 78418	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Methodist Health Care
Date 07/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baier, Albertina Contributor address; City; State; Zip Code Corpus Christi, TX 78418	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Methodist Health Care
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Rolando Contributor address; City; State; Zip Code Corpus Christi, TX 78415	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self Employed
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, John (Mr.) Contributor address; City; State; Zip Code Corpus Christi, TX 78418-7178	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Wood Boykin & Wolter PC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/39 Rpt: 6/75
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 09/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benavides, Joe (The Honorable)	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78404	
8 Principal occupation / Job title (See Instructions) Nueces County JP Pct.1/Place 1		9 Employer (See Instructions) State of Texas
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bintliff, Delia	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
Principal occupation / Job title (See Instructions) PTA		Employer (See Instructions) Del Cielo
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bornstein, Zachary	Amount of Contribution (\$) \$110.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradshaw, Lynn	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78415	
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) University System
Date 09/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bustos, Jesus	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78417	
Principal occupation / Job title (See Instructions) Small Business Owner		Employer (See Instructions) Self-employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/39 Rpt: 7/75
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 08/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calderon, Sammy	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78412	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) None
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canales, Barbara	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78412	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canales, Barbara	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78412	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canales , Jose Antonio	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78404	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canales , Yolanda	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78404	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/39 Rpt: 8/75
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 08/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canales , Yolanda 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78404	7 Amount of Contribution (\$) \$25.00
	8 Principal occupation / Job title (See Instructions) Retired	9 Employer (See Instructions) Retired
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canales , Yolanda Contributor address; City; State; Zip Code Corpus Christi, TX 78404	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date 10/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canales , Yolanda Contributor address; City; State; Zip Code Corpus Christi, TX 78404	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canales , Yolanda Contributor address; City; State; Zip Code Corpus Christi, TX 78404	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canales , Yolanda Contributor address; City; State; Zip Code Corpus Christi, TX 78404	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/39 Rpt: 9/75
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 10/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carney, Francis 6 Contributor address; City; State; Zip Code Corpus Christi , TX 78410	7 Amount of Contribution (\$) \$30.00
	8 Principal occupation / Job title (See Instructions) None	
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carney, Francis Contributor address; City; State; Zip Code Corpus Christi , TX 78410	Amount of Contribution (\$) \$30.00
	Principal occupation / Job title (See Instructions) None	
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carney, Francis Contributor address; City; State; Zip Code Corpus Christi , TX 78410	Amount of Contribution (\$) \$30.00
	Principal occupation / Job title (See Instructions) None	
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrales, Maria Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$55.00
	Principal occupation / Job title (See Instructions) Not Employed	
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Anna Contributor address; City; State; Zip Code Corpus Christi, TX 78412	Amount of Contribution (\$) \$1,000.00
	Principal occupation / Job title (See Instructions) Not employed	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/39 Rpt: 10/75
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 08/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Laura	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78412	
8 Principal occupation / Job title (See Instructions) Real Estate Broker		9 Employer (See Instructions) Self Employed
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Childress, Lamar	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Retired
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clower, George	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78463	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clower, George	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78463	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clower, George	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78463	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/39 Rpt: 11/75
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 10/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clower, George 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78463	7 Amount of Contribution (\$) \$25.00
	8 Principal occupation / Job title (See Instructions) Retired	9 Employer (See Instructions) None
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clower, George Contributor address; City; State; Zip Code Corpus Christi, TX 78463	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) None
Date 12/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clower, George Contributor address; City; State; Zip Code Corpus Christi, TX 78463	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) None
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coastal Bend Tejano Democrats Contributor address; City; State; Zip Code Corpus Christi, TX 78466	Amount of Contribution (\$) \$1,500.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 09/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Marilyn Contributor address; City; State; Zip Code Port Aransas, TX 78373	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Teacher	Employer (See Instructions) School

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 8/39 Rpt: 12/75
2 FILER NAME Nueces County Democratic Executive Committee (CEC)			3 Filer ID (Ethics Commission Filers) 00015946
4 Date 08/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Martin 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78412	7 Amount of Contribution (\$) \$250.00	
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Davis, Hutchinson and Wilkerson LLP	
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De La Garza, Augustin Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$200.00	
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Coastal Bend Wellness Foundation	
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Leon, Roxanne Contributor address; City; State; Zip Code Corpus Christi, TX 78415	Amount of Contribution (\$) \$25.00	
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Corpus Christi ISD	
Date 07/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Laurie & Craig Contributor address; City; State; Zip Code Taos, NM 87571	Amount of Contribution (\$) \$50.00	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None	
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Laurie & Craig Contributor address; City; State; Zip Code Taos, NM 87571	Amount of Contribution (\$) \$50.00	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/39 Rpt: 13/75
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 09/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Laurie & Craig 6 Contributor address; City; State; Zip Code Taos, NM 87571	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) None
Date 10/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Laurie & Craig Contributor address; City; State; Zip Code Taos, NM 87571	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Laurie & Craig Contributor address; City; State; Zip Code Taos, NM 87571	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Laurie & Craig Contributor address; City; State; Zip Code Taos, NM 87571	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duran, Jose Miquel & Margaret Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/39 Rpt: 14/75
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 07/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Diana 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78411	7 Amount of Contribution (\$) \$125.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions) MHM
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Diana Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$135.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) MHM
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Epstein, Midge Contributor address; City; State; Zip Code Corpus Christi, TX 78418	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) EDP		Employer (See Instructions) American Heart Association
Date 07/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estrada, Laura Contributor address; City; State; Zip Code Corpus Christi , TX 78412	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estrada, Laura Contributor address; City; State; Zip Code Corpus Christi , TX 78412	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/39 Rpt: 15/75
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 09/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estrada, Laura 6 Contributor address; City; State; Zip Code Corpus Christi , TX 78412	7 Amount of Contribution (\$) \$20.00
	8 Principal occupation / Job title (See Instructions) Teacher	9 Employer (See Instructions) Corpus Christi ISD
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estrada, Laura Contributor address; City; State; Zip Code Corpus Christi , TX 78412	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Teacher	Employer (See Instructions) Corpus Christi ISD
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estrada, Laura Contributor address; City; State; Zip Code Corpus Christi , TX 78412	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Teacher	Employer (See Instructions) Corpus Christi ISD
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estrada, Laura Contributor address; City; State; Zip Code Corpus Christi , TX 78412	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Teacher	Employer (See Instructions) Corpus Christi ISD
Date 12/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estrada, Laura Contributor address; City; State; Zip Code Corpus Christi , TX 78412	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Teacher	Employer (See Instructions) Corpus Christi ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/39 Rpt: 16/75
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 08/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Rene	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78412	
8 Principal occupation / Job title (See Instructions) attorney		9 Employer (See Instructions) self
Date 08/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fraedrick, Joshua	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78404	
Principal occupation / Job title (See Instructions) Politician		Employer (See Instructions) Self
Date 07/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galus, Christine	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galus, Christine	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galus, Christine	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/39 Rpt: 17/75
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 09/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galus, Christine	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) None
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galus, Christine	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galus, Christine	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galus, Christine	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galus, Christine	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/39 Rpt: 18/75
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 08/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Delia	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78416	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) None
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Nelda	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None
Date 08/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Thomas	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78577	
Principal occupation / Job title (See Instructions) Author		Employer (See Instructions) Self
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gignac and Associates LLP	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78401	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hale, Jason	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411	
Principal occupation / Job title (See Instructions) ECommerce		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/39 Rpt: 19/75
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 09/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hale, Jason	7 Amount of Contribution (\$) \$90.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78411	
8 Principal occupation / Job title (See Instructions) ECommerce		9 Employer (See Instructions) Self Employed
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Rose	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78404	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) McGKbben, Martinez, Harvis and Wood
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Rose	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78404	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) McGKbben, Martinez, Harvis and Wood
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes, Laurie	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78418	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Terry	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/39 Rpt: 20/75
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 08/26/2025	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) Self
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Lisa	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78407	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Retired
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Lisa	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78407	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Retired
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Lisa	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78407	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Retired
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Lisa	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78407	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/39 Rpt: 21/75
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 12/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Lisa 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78407	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Retired
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrike, Christine Contributor address; City; State; Zip Code Webster, NY 14580	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Allergy, Asthma, Immunology of Rochester
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrman & Herrman Contributor address; City; State; Zip Code Corpus Christi, TX 78404	Amount of Contribution (\$) \$14,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojosa, Juan (Sen.) Contributor address; City; State; Zip Code Edinburg, TX 78539	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) State Senator		Employer (See Instructions) State of Texas
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoelscher, Bill Jeron Contributor address; City; State; Zip Code Corpus Christi, TX 78404	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Coastal Bend Wellness Foundation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/39 Rpt: 22/75
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 07/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huerta, Carlos 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78412	7 Amount of Contribution (\$) \$12.00
	8 Principal occupation / Job title (See Instructions) Educator	
9 Employer (See Instructions) Texas A&M University Corpus Christi		
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huerta, Carlos Contributor address; City; State; Zip Code Corpus Christi, TX 78412	Amount of Contribution (\$) \$12.00
	Principal occupation / Job title (See Instructions) Educator	
Employer (See Instructions) Texas A&M University Corpus Christi		
Date 09/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huerta, Carlos Contributor address; City; State; Zip Code Corpus Christi, TX 78412	Amount of Contribution (\$) \$12.00
	Principal occupation / Job title (See Instructions) Educator	
Employer (See Instructions) Texas A&M University Corpus Christi		
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huerta, Carlos Contributor address; City; State; Zip Code Corpus Christi, TX 78412	Amount of Contribution (\$) \$12.00
	Principal occupation / Job title (See Instructions) Educator	
Employer (See Instructions) Texas A&M University Corpus Christi		
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huerta, Carlos Contributor address; City; State; Zip Code Corpus Christi, TX 78412	Amount of Contribution (\$) \$12.00
	Principal occupation / Job title (See Instructions) Educator	
Employer (See Instructions) Texas A&M University Corpus Christi		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/39 Rpt: 23/75
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 12/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huerta, Carlos 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78412	7 Amount of Contribution (\$) \$12.00
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) Texas A&M University Corpus Christi
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IBEW PAC Voluntary Fund Contributor address; City; State; Zip Code Washington, DC 20021	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, James (Dr.) Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Del Mar College
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Teresa (Dr.) Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Del Mar College
Date 08/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Teresa (Dr.) Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Del Mar College

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/39 Rpt: 24/75
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 09/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Teresa (Dr.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78411	
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Del Mar College
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Teresa (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Del Mar College
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Teresa (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Del Mar College
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Teresa (Dr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Del Mar College
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koivula, Carolyn	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/39 Rpt: 25/75
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 08/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koivula, Carolyn 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78411	7 Amount of Contribution (\$) \$20.00
	8 Principal occupation / Job title (See Instructions) Retired	9 Employer (See Instructions) None
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koivula, Carolyn Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) None
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koivula, Carolyn Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) None
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koivula, Carolyn Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) None
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koivula, Carolyn Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 22/39 Rpt: 26/75
2 FILER NAME Nueces County Democratic Executive Committee (CEC)			3 Filer ID (Ethics Commission Filers) 00015946
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd, Tanya 6 Contributor address; City; State; Zip Code Lockhart, TX 78644	7 Amount of Contribution (\$) \$300.00	
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Lockhart ISD	
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd, Tanya Contributor address; City; State; Zip Code Lockhart, TX 78644	Amount of Contribution (\$) \$75.00	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Lockhart ISD	
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lange, Michael Contributor address; City; State; Zip Code Houston, TX 77096	Amount of Contribution (\$) \$125.00	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Aeriel Equities	
Date 09/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lange, Michael Contributor address; City; State; Zip Code Houston, TX 77096	Amount of Contribution (\$) \$250.00	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Aeriel Equities	
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Patrick (Mr.) Contributor address; City; State; Zip Code Corpus Christi, TX 78404	Amount of Contribution (\$) \$150.00	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Texas A&M University-Corpus Christi	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/39 Rpt: 27/75
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 08/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Patrick (Mr.)	7 Amount of Contribution (\$) \$150.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78404	
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Texas A&M University-Corpus Christi
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Patrick (Mr.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78404	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Texas A&M University-Corpus Christi
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Patrick (Mr.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78404	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Texas A&M University-Corpus Christi
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Patrick (Mr.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78404	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Texas A&M University-Corpus Christi
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Patrick (Mr.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78404	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Texas A&M University-Corpus Christi

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/39 Rpt: 28/75
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 12/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Longoria, Betty Jean	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) None
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez Leon, Celina	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78415	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 08/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maroquin, Sylvia	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Alberto	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code San Diego , TX 78384	
Principal occupation / Job title (See Instructions) Government		Employer (See Instructions) US Representatives
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAuliffe, Cathleen (Dr.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Rockport, TX 78382	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/39 Rpt: 29/75
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAuliffe, Cathleen (Dr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Rockport, TX 78382	
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Not Employed
Date 07/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Hannah	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78412	
Principal occupation / Job title (See Instructions) Grants Specialist		Employer (See Instructions) TAMUCC
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Hannah	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78412	
Principal occupation / Job title (See Instructions) Grants Specialist		Employer (See Instructions) TAMUCC
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Hannah	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78412	
Principal occupation / Job title (See Instructions) Grants Specialist		Employer (See Instructions) TAMUCC
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Hannah	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78412	
Principal occupation / Job title (See Instructions) Grants Specialist		Employer (See Instructions) TAMUCC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/39 Rpt: 30/75
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 11/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Hannah	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Corpus Chrsit, TX 78412	
8 Principal occupation / Job title (See Instructions) Grants Specialist		9 Employer (See Instructions) TAMUCC
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Hannah	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Corpus Chrsit, TX 78412	
Principal occupation / Job title (See Instructions) Grants Specialist		Employer (See Instructions) TAMUCC
Date 07/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moczygemb, Margot	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moczygemb, Margot	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moczygemb, Margot	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/39 Rpt: 31/75
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 11/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moczygembba, Margot 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78414	7 Amount of Contribution (\$) \$25.00
	8 Principal occupation / Job title (See Instructions) Not Employed	9 Employer (See Instructions) Not Employed
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moczygembba, Margot Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed
Date 09/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moczygembba, Margot Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moczygembba, Margot Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molina, Jesse Contributor address; City; State; Zip Code Corpus Christi, TX 78410	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) LCDC	Employer (See Instructions) STARS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/39 Rpt: 32/75
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 08/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molina, Jesse	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78410	
8 Principal occupation / Job title (See Instructions) LCDC		9 Employer (See Instructions) STARS
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molina, Jesse	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78410	
Principal occupation / Job title (See Instructions) LCDC		Employer (See Instructions) STARS
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molina, Jesse	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78410	
Principal occupation / Job title (See Instructions) LCDC		Employer (See Instructions) STARS
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molina, Jesse	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78410	
Principal occupation / Job title (See Instructions) LCDC		Employer (See Instructions) STARS
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molina, Jesse	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78410	
Principal occupation / Job title (See Instructions) LCDC		Employer (See Instructions) STARS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/39 Rpt: 33/75
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 08/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morey, Frances	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78405	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) None
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Navarro, Melodi	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78415	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Corpus Christi ISD
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nevarez, Mercedes	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78411	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noyola Martin, Isabel	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noyola Martin, Isabel	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/39 Rpt: 34/75
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 08/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noyola Martin, Isabel 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413	7 Amount of Contribution (\$) \$200.00
	8 Principal occupation / Job title (See Instructions) Retired	9 Employer (See Instructions) None
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noyola Martin, Isabel Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) None
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noyola Martin, Isabel Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) None
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noyola Martin, Isabel Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) None
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noyola Martin, Isabel Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/39 Rpt: 35/75
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 07/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nueces County Tejano Democrats 6 Contributor address; City; State; Zip Code Robstown, TX 78380	7 Amount of Contribution (\$) \$1,000.00
	8 Principal occupation / Job title (See Instructions) retired	9 Employer (See Instructions) none
Date 07/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oropeza, Armando (Mr.) Contributor address; City; State; Zip Code Mineral Wells, TX 76067	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) retired	Employer (See Instructions) none
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oropeza, Armando (Mr.) Contributor address; City; State; Zip Code Mineral Wells, TX 76067	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) retired	Employer (See Instructions) none
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oropeza, Armando (Mr.) Contributor address; City; State; Zip Code Mineral Wells, TX 76067	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) retired	Employer (See Instructions) none
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oropeza, Armando (Mr.) Contributor address; City; State; Zip Code Mineral Wells, TX 76067	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) retired	Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/39 Rpt: 36/75
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 11/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oropeza, Armando (Mr.)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Mineral Wells, TX 76067	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) none
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Rene & Rose Contributor address; City; State; Zip Code Corpus Christi, TX 78415	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) None Given		Employer (See Instructions) None Given
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raasch, Mary Contributor address; City; State; Zip Code Corpus Christi, TX 78404	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 09/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Joseph Contributor address; City; State; Zip Code Corpus Christi, TX 78414	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 08/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reinhardt, Kimberly Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) TAMU-CC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/39 Rpt: 37/75
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rice, Conor 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78412	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Client Support		9 Employer (See Instructions) NGP VAN
Date 08/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Augustin Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Del Mar College
Date 08/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Augustin Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Del Mar College
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Sylvia Contributor address; City; State; Zip Code Corpus Christi, TX 78416	Amount of Contribution (\$) \$180.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samudio, Maria Contributor address; City; State; Zip Code Corpus Christi, TX 78415	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/39 Rpt: 38/75
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 08/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez , Oscar	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) None
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders` , Simone	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78414	
Principal occupation / Job title (See Instructions) Entrepreneur		Employer (See Instructions) AMBA
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snider, Linda and M. Dean	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78415	
Principal occupation / Job title (See Instructions) Volunteer		Employer (See Instructions) Nueces County Democratic Party
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spann, Dorothy	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78404	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockman, Christen	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78413	
Principal occupation / Job title (See Instructions) Domestic Engineer		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/39 Rpt: 39/75
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 08/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockman, Christen 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413	7 Amount of Contribution (\$) \$3.00
	8 Principal occupation / Job title (See Instructions) Domestic Engineer	9 Employer (See Instructions) Self
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockman, Christen Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$1,250.00
	Principal occupation / Job title (See Instructions) Domestic Engineer	Employer (See Instructions) Self
Date 09/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockman, Christen Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$3.00
	Principal occupation / Job title (See Instructions) Domestic Engineer	Employer (See Instructions) Self
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockman, Christen Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$3.00
	Principal occupation / Job title (See Instructions) Domestic Engineer	Employer (See Instructions) Self
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockman, Christen Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$3.00
	Principal occupation / Job title (See Instructions) Domestic Engineer	Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 36/39 Rpt: 40/75
2 FILER NAME Nueces County Democratic Executive Committee (CEC)			3 Filer ID (Ethics Commission Filers) 00015946
4 Date 12/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockman, Christen 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413	7 Amount of Contribution (\$) \$3.00	
8 Principal occupation / Job title (See Instructions) Domestic Engineer		9 Employer (See Instructions) Self	
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strong, James Contributor address; City; State; Zip Code Corpus Christi, TX 78480	Amount of Contribution (\$) \$50.00	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None	
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tamez, Gregory Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of Contribution (\$) \$20.00	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None	
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Secretary of State Contributor address; City; State; Zip Code Austin, TX 78711	Amount of Contribution (\$) \$271.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timmons, Jeffery Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$100.00	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/39 Rpt: 41/75
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 08/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traves Rogers, Julie 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78404	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) None
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez Sr., Carlos H. Contributor address; City; State; Zip Code Corpus Christi, TX 78415	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villalobos, Yvette Contributor address; City; State; Zip Code Robstown , TX 78380	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Schoolboard Trustee		Employer (See Instructions) Robstown ISD
Date 07/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westergren, Kathy Contributor address; City; State; Zip Code Corpus Christi, TX 78416	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Academic Advisor		Employer (See Instructions) Del Mar College
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westergren, Kathy Contributor address; City; State; Zip Code Corpus Christi, TX 78416	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Academic Advisor		Employer (See Instructions) Del Mar College

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/39 Rpt: 42/75
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 09/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westergren, Kathy 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78416	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Academic Advisor		9 Employer (See Instructions) Del Mar College
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westergren, Kathy Contributor address; City; State; Zip Code Corpus Christi, TX 78416	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Academic Advisor		Employer (See Instructions) Del Mar College
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westergren, Kathy Contributor address; City; State; Zip Code Corpus Christi, TX 78416	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Academic Advisor		Employer (See Instructions) Del Mar College
Date 12/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westergren, Kathy Contributor address; City; State; Zip Code Corpus Christi, TX 78416	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Academic Advisor		Employer (See Instructions) Del Mar College
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Linda Contributor address; City; State; Zip Code Corpus Christi, TX 78412	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/39 Rpt: 43/75
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 Date 08/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitehurst Jr., Tom	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Corpus Christi, TX 78405	
8 Principal occupation / Job title (See Instructions) Radio Show Sidekick		9 Employer (See Instructions) Dynamic Media
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wigington Rumley Dunn & Blair, LLP	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78401	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilburn, Dora	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78415	
Principal occupation / Job title (See Instructions) Jewelry Designer		Employer (See Instructions) Self Employed
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilper, Leslie	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Taft, TX 78390	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) None
Date 09/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zundt, Irma	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Corpus Christi, TX 78415	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.			
2 FILER NAME Nueces County Democratic Executive Committee (CEC)			
4 TOTAL OF UNITEMIZED PLEDGES \$ 0.00			
5 Date	6 Full name of pledgor 7 Pledgor Address;	<input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 45/75
2 FILER NAME Nueces County Democratic Executive Committee (CEC)		3 Filer ID (Ethics Commission Filers) 00015946
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/30 Rpt: 46/75	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 07/28/2025	5 Payee name AT&T	
6 Amount (\$) \$63.56	7 Payee address; City; State; Zip Code PO BOX 5001 Carol Stream , IL 60197	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense phone
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/26/2025	Payee name AT&T	
Amount (\$) \$58.76	Payee address; City; State; Zip Code PO BOX 5001 Carol Stream , IL 60197	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/26/2025	Payee name AT&T	
Amount (\$) \$63.51	Payee address; City; State; Zip Code PO BOX 5001 Carol Stream , IL 60197	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense phone
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: 2/30 Rpt: 47/75	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 10/27/2025	5 Payee name AT&T	
6 Amount (\$) \$63.65	7 Payee address; City; State; Zip Code PO BOX 5001 Carol Stream , IL 60197	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense phone
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/26/2025	Payee name AT&T	
Amount (\$) \$65.81	Payee address; City; State; Zip Code PO BOX 5001 Carol Stream , IL 60197	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense phone
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/26/2025	Payee name AT&T	
Amount (\$) \$66.47	Payee address; City; State; Zip Code PO BOX 5001 Carol Stream , IL 60197	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense phone
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: 3/30 Rpt: 48/75	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 12/31/2025	5 Payee name ActBlue	
6 Amount (\$) \$2.97	7 Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 12/28/2025	Payee name ActBlue	
Amount (\$) \$2.58	Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 12/21/2025	Payee name ActBlue	
Amount (\$) \$8.70	Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	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: 4/30 Rpt: 49/75	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 12/14/2025	5 Payee name ActBlue	
6 Amount (\$) \$1.90	7 Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 12/07/2025	Payee name ActBlue	
Amount (\$) \$3.65	Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 11/30/2025	Payee name ActBlue	
Amount (\$) \$1.60	Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	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: 5/30 Rpt: 50/75	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 11/23/2025	5 Payee name ActBlue	
6 Amount (\$) \$7.12	7 Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 11/16/2025	Payee name ActBlue	
Amount (\$) \$3.68	Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 11/09/2025	Payee name ActBlue	
Amount (\$) \$2.66	Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	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: 6/30 Rpt: 51/75	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 11/02/2025	5 Payee name ActBlue	
6 Amount (\$) \$5.94	7 Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 10/26/2025	Payee name ActBlue	
Amount (\$) \$6.73	Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 10/19/2025	Payee name ActBlue	
Amount (\$) \$7.63	Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	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: 7/30 Rpt: 52/75	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 10/12/2025	5 Payee name ActBlue	
6 Amount (\$) \$3.25	7 Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 10/05/2025	Payee name ActBlue	
Amount (\$) \$3.17	Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 09/30/2025	Payee name ActBlue	
Amount (\$) \$2.97	Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	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: 8/30 Rpt: 53/75	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 09/28/2025	5 Payee name ActBlue	
6 Amount (\$) \$4.16	7 Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 09/21/2025	Payee name ActBlue	
Amount (\$) \$7.91	Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 09/14/2025	Payee name ActBlue	
Amount (\$) \$2.89	Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	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: 9/30 Rpt: 54/75	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 09/07/2025	5 Payee name ActBlue	
6 Amount (\$) \$90.61	7 Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 08/31/2025	Payee name ActBlue	
Amount (\$) \$249.48	Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 08/24/2025	Payee name ActBlue	
Amount (\$) \$72.10	Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	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: 10/30 Rpt: 55/75	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 08/17/2025	5 Payee name ActBlue	
6 Amount (\$) \$63.92	7 Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 08/10/2025	Payee name ActBlue	
Amount (\$) \$24.19	Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 08/03/2025	Payee name ActBlue	
Amount (\$) \$7.91	Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	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: 11/30 Rpt: 56/75	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 07/27/2025	5 Payee name ActBlue	
6 Amount (\$) \$7.52	7 Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 07/20/2025	Payee name ActBlue	
Amount (\$) \$41.21	Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	Office sought Office held
Date 07/13/2025	Payee name ActBlue	
Amount (\$) \$3.25	Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue	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: 12/30 Rpt: 57/75	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 07/06/2025	5 Payee name ActBlue	
6 Amount (\$) \$11.07	7 Payee address; City; State; Zip Code 366 Summer Street Sommerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/03/2025	Payee name Beltran, Jo Ann	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 4613 Bluebell Lane Corpus Christi, TX 78416	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 Sales
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/24/2025	Payee name Beltran, Jo Ann	
Amount (\$) \$120.96	Payee address; City; State; Zip Code 4613 Bluebell Lane Corpus Christi, TX 78416	
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 Catering
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: 13/30 Rpt: 58/75	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 10/14/2025	5 Payee name Best Buy #235	
6 Amount (\$) \$140.71	7 Payee address; City; State; Zip Code 4717 S.P.I.D Corpus Christi, TX 78411	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/02/2025	Payee name Bird's Rubber Stamps	
Amount (\$) \$432.46	Payee address; City; State; Zip Code 5230 Kostoryz Rd Corpus Christi, TX 78415	
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 Banquet Honorees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/21/2025	Payee name Cantu, Kenea	
Amount (\$) \$60.58	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Corpus Christi, TX 78412	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pizza for TAMU-CC College Democrats
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: 14/30 Rpt: 59/75	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 07/24/2025	5 Payee name Constant Contact	
6 Amount (\$) \$97.00	7 Payee address; City; State; Zip Code Reservoir Place 1601 Trapelo Road Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 email
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/25/2025	Payee name Constant Contact	
Amount (\$) \$97.00	Payee address; City; State; Zip Code Reservoir Place 1601 Trapelo Road Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 email
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/24/2025	Payee name Constant Contact	
Amount (\$) \$97.00	Payee address; City; State; Zip Code Reservoir Place 1601 Trapelo Road Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 email
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: 15/30 Rpt: 60/75	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 10/27/2025	5 Payee name Constant Contact	
6 Amount (\$) \$97.00	7 Payee address; City; State; Zip Code Reservoir Place 1601 Trapelo Road Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 email
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/25/2025	Payee name Constant Contact	
Amount (\$) \$97.00	Payee address; City; State; Zip Code Reservoir Place 1601 Trapelo Road Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 email
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/26/2025	Payee name Constant Contact	
Amount (\$) \$97.00	Payee address; City; State; Zip Code Reservoir Place 1601 Trapelo Road Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Email
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: 16/30 Rpt: 61/75	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 10/27/2025	5 Payee name Cricket Wireless -7352	
6 Amount (\$) \$87.87	7 Payee address; City; State; Zip Code 4222 Ayers st Corpus Christi, TX 78415-5317	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/01/2025	Payee name Cricket Wireless -7352	
Amount (\$) \$55.00	Payee address; City; State; Zip Code 4222 Ayers st Corpus Christi, TX 78415-5317	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/29/2025	Payee name Cricket Wireless -7352	
Amount (\$) \$45.00	Payee address; City; State; Zip Code 4222 Ayers st Corpus Christi, TX 78415-5317	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Phone
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: 17/30 Rpt: 62/75	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 09/09/2025	5 Payee name Davila, Rene	
6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 4531 Ayers St. Ste 107 Corpus Christi, TX 78415	
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 Photographer
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/17/2025	Payee name Dollar Tree	
Amount (\$) \$27.06	Payee address; City; State; Zip Code 1340 Airline Rd Corpus Christi, TX 78412	
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 Table Clothes
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/23/2025	Payee name Eisele, Brenda	
Amount (\$) \$50.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Corpus Christi, TX 78413	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Cleaning
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: 18/30 Rpt: 63/75	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 09/29/2025	5 Payee name Embassy Suites	
6 Amount (\$) \$271.82	7 Payee address; City; State; Zip Code 9505 Stonelake Boulevard Austin, TX 78759	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Election Administration Training
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/29/2025	Payee name Embassy Suites	
Amount (\$) \$271.82	Payee address; City; State; Zip Code 9505 Stonelake Boulevard Austin, TX 78759	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Election Administration Training
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/29/2025	Payee name Embassy Suites	
Amount (\$) \$340.26	Payee address; City; State; Zip Code 9505 Stonelake Boulevard Austin, TX 78759	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Election Administration Training
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: 19/30 Rpt: 64/75	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 09/04/2025	5 Payee name Forrest, Merida	
6 Amount (\$) \$265.00	7 Payee address; City; 7114 Grape Arbor Dr. Corpus Christi, TX 78414	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 Sales
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/29/2025	Payee name Fuddruckers	
Amount (\$) \$76.44	Payee address; City; 1949 S Padre Island Dr., Corpus Christi, TX 78416	
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 Election Administration Training
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/08/2025	Payee name Garza, Mariana	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Corpus Christi, TX 78411	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 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: 20/30 Rpt: 65/75	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 08/21/2025	5 Payee name Gulf Coast Mailing & Printing	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code PO BOX 9312 Corpus Christi, TX 78469	
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 Event Tickets
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/21/2025	Payee name HEB #139	
Amount (\$) \$54.63	Payee address; City; State; Zip Code 5801 Weber Rd. 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 office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/14/2025	Payee name Home Depot #6584	
Amount (\$) \$10.76	Payee address; City; State; Zip Code 5041 S. Padre Island Dr Corpus Christi, TX 78411	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies
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: 21/30 Rpt: 66/75	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 08/18/2025	5 Payee name Iheart Radio	
6 Amount (\$) \$350.00	7 Payee address; City; State; Zip Code 501 Tupper Ln Corpus Christi, TX 78417	
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 Redistricting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/26/2025	Payee name Jason's Deli	
Amount (\$) \$271.47	Payee address; City; State; Zip Code 5325 Saratoga Blvd. Suite 200 Corpus Christi, TX 78413	
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 Food
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/29/2025	Payee name Juliet Italia	
Amount (\$) \$123.26	Payee address; City; State; Zip Code 1500Barton Springs Rd Austin, TX 78704	
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 Election Administration Training
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: 22/30 Rpt: 67/75	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 07/11/2025	5 Payee name Liberty Mutual Insurance	
6 Amount (\$) \$625.00	7 Payee address; City; 9450 Seward Road Fairfield, OH 45014-5456	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Liability
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/09/2025	Payee name Mansion Royal	
Amount (\$) \$13,052.00	Payee address; City; 8001 S Padre Island Dr Corpus Christi, TX 78412	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Venue Rental
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/15/2025	Payee name Microsoft Office	
Amount (\$) \$140.71	Payee address; City; One Microsoft Way Redmond, WA 98052	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
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: 23/30 Rpt: 68/75	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 09/29/2025	5 Payee name Mums the Word	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 7009 Ridge Stone Corpus Christi, TX 78413	
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 Decorations
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/16/2025	Payee name Post Master	
Amount (\$) \$213.00	Payee address; City; State; Zip Code 6742 Weber Rd Corpus Christi, TX 78413	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PO BOX
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/13/2025	Payee name Reliant Energy	
Amount (\$) \$81.29	Payee address; City; State; Zip Code PO Box 650475 Dallas, TX 75265-0475	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Electric
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: 24/30 Rpt: 69/75	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 09/12/2025	5 Payee name Reliant Energy	
6 Amount (\$) \$88.91	7 Payee address; City; State; Zip Code PO Box 650475 Dallas, TX 75265-0475	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense electric
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Reliant Energy	Office sought Office held
Date 10/14/2025	Payee name Reliant Energy	
Amount (\$) \$91.02	Payee address; City; State; Zip Code PO Box 650475 Dallas, TX 75265-0475	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Electric
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Reliant Energy	Office sought Office held
Date 11/21/2025	Payee name Reliant Energy	
Amount (\$) \$69.65	Payee address; City; State; Zip Code PO Box 650475 Dallas, TX 75265-0475	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Electric
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Reliant Energy	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: 25/30 Rpt: 70/75	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 12/10/2025	5 Payee name Reliant Energy	
6 Amount (\$) \$72.08	7 Payee address; City; State; Zip Code PO Box 650475 Dallas, TX 75265-0475	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Electric
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/27/2025	Payee name Sam's Club	
Amount (\$) \$18.38	Payee address; City; State; Zip Code 4833 South Padre Island Drive Corpus Christi, TX 78411	
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 Office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/17/2025	Payee name Sam's Club	
Amount (\$) \$210.25	Payee address; City; State; Zip Code 4833 South Padre Island Drive Corpus Christi, TX 78411	
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 Food and Beverages
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: 26/30 Rpt: 71/75	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 07/09/2025	5 Payee name Stellar Point	
6 Amount (\$) \$1,100.00	7 Payee address; City; State; Zip Code 6102 Ayers Suite 106 Corpus Christi, TX 78415	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense rent
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/11/2025	Payee name Stellar Point	
Amount (\$) \$1,100.00	Payee address; City; State; Zip Code 6102 Ayers Suite 106 Corpus Christi, TX 78415	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense rent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/12/2025	Payee name Stellar Point	
Amount (\$) \$1,100.00	Payee address; City; State; Zip Code 6102 Ayers Suite 106 Corpus Christi, TX 78415	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense rent
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: 27/30 Rpt: 72/75	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 10/15/2025	5 Payee name Stellar Point	
6 Amount (\$) \$1,100.00	7 Payee address; City; State; Zip Code 6102 Ayers Suite 106 Corpus Christi, TX 78415	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rent
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/12/2025	Payee name Stellar Point	
Amount (\$) \$1,100.00	Payee address; City; State; Zip Code 6102 Ayers Suite 106 Corpus Christi, TX 78415	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense rent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/10/2025	Payee name Stellar Point	
Amount (\$) \$1,100.00	Payee address; City; State; Zip Code 6102 Ayers Suite 106 Corpus Christi, TX 78415	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense rent
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: 28/30 Rpt: 73/75	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 09/15/2025	5 Payee name Texas Secretary of State	
6 Amount (\$) \$4,014.58	7 Payee address; City; P.O. Box 12060 Austin, TX 78711	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Money owed from 2022 balance
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/02/2025	Payee name Texas State Museum of Asian Cultures	
Amount (\$) \$100.00	Payee address; City; 1809 N. Chaparral St. 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 Venue Rental
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/29/2025	Payee name The Cheesecake Factory	
Amount (\$) \$121.46	Payee address; City; 10000 Research Blvd Austin, TX 78759	
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 Election Administration Training
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: 29/30 Rpt: 74/75	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946
4 Date 12/10/2025	5 Payee name Ventura, Liliana	
6 Amount (\$) \$27.98	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Corpus Christi, TX 78413	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pizza for the TAMU-CC College Democrats
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought
Date 10/31/2025	Payee name Wells Fargo	Office held Office held
Amount (\$) \$10.00	Payee address; City; State; Zip Code 4881 Saratoga Corpus Christi, TX 78413	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought
Date 11/28/2025	Payee name Wells Fargo	Office held Office held
Amount (\$) \$10.00	Payee address; City; State; Zip Code 4881 Saratoga Corpus Christi, TX 78413	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Candidate/Officeholder name	Office sought Office sought

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: 30/30 Rpt: 75/75	2 FILER NAME Nueces County Democratic Executive Committee (CEC)	3 Filer ID (Ethics Commission Filers) 00015946	
4 Date 09/29/2025	5 Payee name Whataburger		
6 Amount (\$) \$57.32	7 Payee address; City; 911 10th St Floresville, TX 78114		
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 Election Administration Training	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held