

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

TEXAS DEMOCRATIC ALLIANCE POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

700 VETERANS BLVD., SUITE A

Check if different  
than previously  
reported. (ACC)

SAN JUAN

TX

78589

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00856807

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Year-End Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y Y Y

through

M M /

D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ramirez, Jesus, , ,

Signature of Treasurer

Ramirez, Jesus, , ,

Date

M M /

D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**TEXAS DEMOCRATIC ALLIANCE POLITICAL ACTION COMMITTEE**Report Covering the Period: From: 

M M	/	D D	/	Y Y Y Y Y
01		01		2025

 To: 

M M	/	D D	/	Y Y Y Y Y
06		30		2025

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2025</div></div>		<div><div></div><div>16951.75</div></div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div><div></div><div>16951.75</div></div>	
(c) Total Receipts (from Line 19) .....	<div><div></div><div>9024.85</div></div>	<div><div></div><div>9024.85</div></div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div><div></div><div>25976.60</div></div>	<div><div></div><div>25976.60</div></div>
7. Total Disbursements (from Line 31).....	<div><div></div><div>25976.60</div></div>	<div><div></div><div>25976.60</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div><div></div><div>0.00</div></div>	<div><div></div><div>0.00</div></div>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div><div></div><div>0.00</div></div>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div><div></div><div>5084.58</div></div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**TEXAS DEMOCRATIC ALLIANCE POLITICAL ACTION COMMITTEE**

Report Covering the Period:

From:

MM / DD / YYYY  
01 / 01 / 2025

To:

MM / DD / YYYY  
06 / 30 / 2025**I. Receipts****COLUMN A**  
Total This Period**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

0.00

0.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

0.00

0.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

9024.85

9024.85

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) .....

9024.85

9024.85

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

9024.85

9024.85

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	607.50	607.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	607.50	607.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	269.10	269.10
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	25100.00	25100.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	25976.60	25976.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25976.60	25976.60

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	607.50	607.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	9024.85	9024.85
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	- 8417.35	- 8417.35

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 17

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TEXAS DEMOCRATIC ALLIANCE POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Up Next Texas PAC**

Mailing Address 6814 E. Riverside Drive, Unit 42

City  
AustinState  
TXZip Code  
78741FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4024.85

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 21 / 2025

Transaction ID : SA15.5237

Amount of Each Receipt this Period

4024.85

☐ Memo Item

Refund of portion of advance for advertising

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4024.85

4024.85

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TEXAS DEMOCRATIC ALLIANCE POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** Negrete, CPA, Agusrtin, , Ms,

Mailing Address 5401 N. McColl Rd.

City  
McAllenState  
TXZip Code  
78504

Purpose of Disbursement

CPA accounting fees

Candidate Name

001

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input type="checkbox"/>	Primary	<input checked="" type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B.5250

Amount of Each Disbursement this Period

600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

600.00

600.00

	21b		22		23	✗	26		27
	28a		28b		28c		29		30b

TEXAS DEMOCRATIC ALLIANCE POLITICAL ACTION COMMITTEE

Category/  
Type

District:

10000.00

 Memo Item

MM / DD / YYYY

Category/  
Type

District:

10000.00

Memo Item

Category/  
Type

District:

5000.00

Memo Item

25000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input checked="" type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TEXAS DEMOCRATIC ALLIANCE POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Ramirez, Jesus, , ,**

Mailing Address 700 Veterans Blvd. Suite A

City  
San JuanState  
TXZip Code  
78589Purpose of Disbursement  
payment on \$5,000 loan

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2024

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		1	7		2	0	2	5		

FEC Identification Number

**C****Transaction ID : SB26.5264**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

100.00

25100.00

## SCHEDULE C (FEC Form 3X)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 10 OF 17

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4366

TEXAS DEMOCRATIC ALLIANCE POLITICAL ACTION COMMITTEE

LOAN SOURCE Full Name (Last, First, Middle Initial)

N ☐ Memo Item

Hinojosa, Laura Lee, , ,

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 1900 Highland Ave.

City

McAllen

State

TX

ZIP Code

78501

Original Amount of Loan

10000.00

Cumulative Payment To Date

10000.00

Balance Outstanding at Close of This Period

0.00

## TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y  
07 18 2024

Date Due

M M / D D / Y Y Y Y Y Y  
11.10.24

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

## List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

SUBTOTALS This Period This Page (optional)..... ►

0.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 11 OF 17

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4220

TEXAS DEMOCRATIC ALLIANCE POLITICAL ACTION COMMITTEE

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☒ N ☐ Memo Item

Ramirez, Jesus, , ,

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 700 Veterans Blvd., Suite A

City

San Juan

State

TX

ZIP Code

78589

Original Amount of Loan

5000.00

Cumulative Payment To Date

5000.00

Balance Outstanding at Close of This Period

0.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y Y Y  
01 09 2024

Date Due

M M / D D / Y Y Y Y Y Y

10.01.2024

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

## List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4171

**TEXAS DEMOCRATIC ALLIANCE POLITICAL ACTION COMMITTEE****LOAN SOURCE** Full Name (Last, First, Middle Initial)**N** ☐ Memo Item

Ramirez, Jesus, , ,

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 700 Veterans Blvd. Suite A

City

San Juan

State

TX

ZIP Code

78589

Original Amount of Loan

5000.00

Cumulative Payment To Date

100.00

Balance Outstanding at Close of This Period

4900.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y Y Y  
03 / 26 / 2024

Date Due

M M / D D / Y Y Y Y Y Y  
/ / 10.01.2024

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

4900.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SC/10

Transaction ID : SC/10.4171

on 4.28.25 amended Form 1 to correct the PAC as an independent expenditure only PAC with only a non-contribution account

Form/Schedule:

Transaction ID:

## SCHEDULE C (FEC Form 3X)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 14 OF 17

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4367

TEXAS DEMOCRATIC ALLIANCE POLITICAL ACTION COMMITTEE

LOAN SOURCE Full Name (Last, First, Middle Initial)

N ☐ Memo Item

Ramirez, Jesus, , ,

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 700 Veterans Blvd. Suite A

City

San Juan

State

TX

ZIP Code

78589

Original Amount of Loan

10000.00

Cumulative Payment To Date

10000.00

Balance Outstanding at Close of This Period

0.00

## TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y  
07 18 2024

Date Due

M M / D D / Y Y Y Y Y Y  
11.10.24

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

## List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

SUBTOTALS This Period This Page (optional)..... ►

0.00

TOTALS This Period (last page in this line only)..... ►

4900.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 15 OF 17

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**TEXAS DEMOCRATIC ALLIANCE POLITICAL ACTION COMMITTEE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Ramirez, Jesus, , ,**

Nature of Debt (Purpose):

Advance to Marco Marquez for services

Mailing Address 700 Veteterans Blvd. Suite A

City  
San JuanState  
TXZip Code  
78589

Outstanding Balance Beginning This Period

100.00

Transaction ID : SD10.4241

Amount Incurred This Period

0.00

Payment This Period

2.10

Outstanding Balance at Close of This Period

97.90

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Ramirez, Jesus, , ,**

Nature of Debt (Purpose):

Paid CC to Gravis Apps for robo-calls for  
Vicente Gonzalez

Mailing Address 700 Veterans Blvd. Suite A

City  
San JuanState  
TXZip Code  
78589

Outstanding Balance Beginning This Period

353.68

Transaction ID : SD10.4467

Amount Incurred This Period

0.00

Payment This Period

267.00

Outstanding Balance at Close of This Period

86.68

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

184.58

2) **TOTALS** This Period (last page this line number only)..... ►

184.58

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

4900.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

5084.58

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB  
.

Form/Schedule: SD10

Transaction ID : SD10.4467

Corrected to reflect the allocation of voter data and robo calls made by Gravis Apps for Vicente Gonzalez. District 34,  
Texas.

Form/Schedule:

Transaction ID:

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 17 OF 17  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>TEXAS DEMOCRATIC ALLIANCE POLITICAL ACTION COMMITTEE</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px; font-weight: bold;">C</div><div style="margin-left: 5px;">C00856807</div></div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>				<div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">Y</div></div></div>	
Full Name of Payee Ramirez, Jesus, , ,			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">Y</div></div></div>	
Mailing Address    700 Veteterans Blvd. Suite A				Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div style="width: 60%;"></div><div>267.00</div></div>	
City    State    Zip Code San Juan    TX    78589					
Purpose of Expenditure Gravis robo calls		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">004</div>		Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">Y</div></div></div>	
Name of Federal Candidate: GONZALEZ, VICENTE, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House    District: 34 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: TX
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: center;">267.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Ramirez, Jesus, , ,			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">Y</div></div></div>	
Mailing Address    700 Veteterans Blvd. Suite A				Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div style="width: 60%;"></div><div>2.10</div></div>	
City    State    Zip Code San Juan    TX    78589					
Purpose of Expenditure Advance to Gravis Apps		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">004</div>		Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">Y</div></div></div>	
Name of Federal Candidate: GONZALEZ, VICENTE, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House    District: 34 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: TX
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: center;">267.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....				<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div style="width: 60%;"></div><div>269.10</div></div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div style="width: 60%;"></div><div></div></div>	
(c) TOTAL Independent Expenditures .....				<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div style="width: 60%;"></div><div>269.10</div></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ramirez, Jesus, , ,</u>			Date <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; text-align: center;">Y</div></div></div>		