

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Dr. Baez For Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 02 / 12 / 2026 To: M M / D D / Y Y Y Y 03 / 31 / 2026

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	1157.43	17368.09
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	1157.43	17368.09
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	0.00	27073.41
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	0.00	27073.41
8. Cash on Hand at Close of Reporting Period (from Line 27)	5429.68	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	15135.00	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Dr. Baez For Congress

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	907.43	9966.81
(ii) Unitemized.....	0.00	5051.28
(iii) TOTAL of contributions from individuals ▶	907.43	15018.09
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	500.00
(d) The Candidate.....	250.00	1850.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1157.43	17368.09
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	15135.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	15135.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	1157.43	32503.09

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	0.00	27073.41
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. 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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	0.00	27073.41

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4272.25
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1157.43
25. SUBTOTAL (add Line 23 and Line 24).....	5429.68
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	0.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5429.68

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 13
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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)
Dr. Baez For Congress

A. Full Name (Last, First, Middle Initial)
Garces, Carla, , ,

Mailing Address 6 Admirals Way

City San Antonio State TX Zip Code 78257

FEC ID number of contributing federal political committee. C

Name of Employer Investor Occupation Investor

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
685.25

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 13 / 2026

Transaction ID : A-147

Amount of Each Receipt this Period
104.10

Memo Item

B. Full Name (Last, First, Middle Initial)
Varela, Steven, , ,

Mailing Address 205 Briarcliff Drive

City Castle Hills State TX Zip Code 78213

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
104.10

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 14 / 2026

Transaction ID : A-148

Amount of Each Receipt this Period
104.10

Memo Item
In Compliance

C. Full Name (Last, First, Middle Initial)
Ancira, April, , ,

Mailing Address 31305 Keeneland Drive

City Boerne State TX Zip Code 78015

FEC ID number of contributing federal political committee. C

Name of Employer Ancira Occupation VP

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
521.15

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 20 / 2026

Transaction ID : A-149

Amount of Each Receipt this Period
521.15

Memo Item
Complies with Law

SUBTOTAL of Receipts This Page (optional)..... ▶ 729.35

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 13	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Dr. Baez For Congress

A. Full Name (Last, First, Middle Initial)
Coley, Kimberly, , ,

Mailing Address 303 North Park Boulevard

City San Antonio State TX Zip Code 78204

FEC ID number of contributing federal political committee. **C**

Name of Employer UHC Occupation Customer Service

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
26.03

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 01 / 2026

Transaction ID : A-152

Amount of Each Receipt this Period
26.03

Memo Item
In Compliance with Law

B. Full Name (Last, First, Middle Initial)
Finger, Jack, , ,

Mailing Address 12048 P.O. Box 12048

City San Antonio State TX Zip Code 78210

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
100.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 23 / 2026

Transaction ID : A-153

Amount of Each Receipt this Period
100.00

Memo Item
In Compliance with Law

C. Full Name (Last, First, Middle Initial)
Carter, Richard, , ,

Mailing Address 2935 Thousand Oaks Drive

City San Antonio State TX Zip Code 78247

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Insurance Sales

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
52.05

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 25 / 2026

Transaction ID : A-151

Amount of Each Receipt this Period
52.05

Memo Item
In Compliance with Law

SUBTOTAL of Receipts This Page (optional).....▶	178.08
TOTAL This Period (last page this line number only).....▶	907.43

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Dr. Baez For Congress

A. Full Name (Last, First, Middle Initial)
Baez, Edgardo, Rafael, Dr.,

Mailing Address 8 Grantham Gleen

City San Antonio State TX Zip Code 78257

FEC ID number of contributing federal political committee. **C** H6TX20113

Name of Employer Dr. Baez For Congress Campaign Occupation Candidate

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
16985.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 25 2026

Transaction ID : A-154

Amount of Each Receipt this Period
250.00

Memo Item
In compliance with law

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-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).....▶	250.00
TOTAL This Period (last page this line number only).....▶	250.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : C-46
 Dr. Baez For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item Baez, Edgardo, Rafael, Dr.,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 8 Grantham Gleen		
City San Antonio	State TX	ZIP Code 78257 <input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
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TERMS Date Incurred M M / D D / Y Y Y Y 07 / 16 / 2025	Date Due M M / D D / Y Y Y Y As Available	Interest Rate (If none, enter 0) 10.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	5000.00
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 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-47**
 Dr. Baez For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Baez, Edgardo, Rafael, Dr.,		<input checked="" type="checkbox"/> Primary
Mailing Address 8 Grantham Gleen		<input type="checkbox"/> General
City San Antonio		<input type="checkbox"/> Other (specify) ▼
State TX	ZIP Code 78257	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 08 / 19 / 2025	M M / D D / Y Y Y Y	10.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	5000.00
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 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-129**
Dr. Baez For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Baez, Edgardo, Rafael, Dr.,		<input checked="" type="checkbox"/> Primary
Mailing Address 8 Grantham Gleen		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City San Antonio	State TX	ZIP Code 78257
<input checked="" type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan 3000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 07 / 2025	M M / D D / Y Y Y Y	1000.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	3000.00
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 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-128**
 Dr. Baez For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Baez, Edgardo, Rafael, Dr.,		<input checked="" type="checkbox"/> Primary
Mailing Address 8 Grantham Gleen		<input type="checkbox"/> General
City San Antonio		<input type="checkbox"/> Other (specify) ▼
State TX	ZIP Code 78257	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
800.00	0.00	800.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 10 / 2025	M M / D D / Y Y Y Y	1000.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	800.00
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 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-130**
Dr. Baez For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Baez, Edgardo, Rafael, Dr.,		<input checked="" type="checkbox"/> Primary
Mailing Address 8 Grantham Gleen		<input type="checkbox"/> General
City San Antonio		<input type="checkbox"/> Other (specify) ▼
State TX	ZIP Code 78257	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 85.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 85.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 10 / 2025	M M / D D / Y Y Y Y	1000.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	85.00
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 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-127**
Dr. Baez For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Baez, Edgardo, Rafael, Dr.,		<input checked="" type="checkbox"/> Primary
Mailing Address 8 Grantham Gleen		<input type="checkbox"/> General
City San Antonio		<input type="checkbox"/> Other (specify) ▼
State TX	ZIP Code 78257	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1250.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1250.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 03 / 2025	M M / D D / Y Y Y Y	1000.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	1250.00
TOTALS This Period (last page in this line only).....▶	15135.00

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