FORM CEC **COUNTY EXECUTIVE COMMITTEE CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The CEC Instruction Guide explains how to complete this form. 18 00017074 3 COMMITTEE NAME **OFFICE USE ONLY** Brazoria County Democratic Party (CEC) Date Received **ELECTRONICALLY FILED** 07/08/2023 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 3215 Amerson Dr. Date Hand-delivered or Date Postmarked Change of Address Pearland, TX 77584 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Jose R. NAME NICKNAME LAST **SUFFIX** Joe Parra STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 3215 Amerson Dr. STREET **ADDRESS** (Residence or Business) Pearland, TX 77584 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 3215 Amerson Dr. MAILING **ADDRESS** Pearland, TX 77584 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 451-9484 PHONE REPORT January 15 30th day before election Final Report **TYPE** 10th day after campaign treasurer 8th day before election July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2023 06/30/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Brazoria County Democratic Party (CEC) 000			00017074	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		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	PLEDGES, LOAN CONTRIBUTIONS	CED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold	\$	40.00
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,560.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITION	CAL EXPENDITURES	\$	4,468.68
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	L CONTRIBUTIONS MAINTAINED AS OF THE LAST ING PERIOD	DAY \$	7,146.80
OUTSTANDING LOAN TOTALS	1	L AMOUNT OF ALL OUTSTANDING LOANS AS OF T E REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	<u>'</u>		<u> </u>	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Mr.lose	R. Parra	
		Signature of Car		urer
AFFIX NOTARY	STAMP / SEAL ABOV	E		
Sworn to and subscribed	before me, by the said	, th	is the	day
of	_, 20, to certi	fy which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offi	cer administering oath

SUBTOTALS - CEC FORM CEC COVER SHEET PG 3 3 of 18

			3 of 18					
17 COMMIT	17 COMMITTEE NAME 18 Filer ID (Ethics Commission Filers)							
Brazoria	00017074							
19 SCHEDU	ILE SUBTOTALS		SUBTOTAL AMOUNT					
NAME OF SCHEDULE SUB								
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,560.00					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$					
4.	SCHEDULE E: LOANS		\$					
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	6	\$ 4,468.68					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
9.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$					
10.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$					

	MONET	ARY POLITICAL CONTRIBUTION		E A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/6 Rpt: 4/18	
2	FILER NAME Brazoria Cou	unty Democratic Party (CEC)		3	Filer ID (Ethics Commission 00017074	n Filers)
4	Date 06/06/2023	5 Full name of contributor out-of-state PAC (ID#:_ BRYANT, PEGGY 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$105.00
8	Principal occu	LAKE JACKSON, TX 77566 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	HOUSEWIF		Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/12/2023 CAREY-BAY, ERMA Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$60.00	
	Principal occu	MANVEL, TX 77578	Employer (See Instructions			
	Principal occupation / Job title (See Instructions) ATTORNEY Employer (See Instructions) SELF EMPLOYED)			
	Date 02/12/2023	Full name of contributor out-of-state PAC (ID#:_ CHANGE, AVOLENE C. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		ALVIN, TX 77511				
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions RETIRED)		
	Date 05/12/2023	Full name of contributor out-of-state PAC (ID#:_ DEBOLT, LINDA Contributor address; City; State; Zip Code PEARLAND, TX 77584			Amount of Contribution (\$)	\$50.00
	Principal occu UNEMPLOY	pation / Job title (See Instructions) (ED	Employer (See Instructions UNEMPLOYED)		
	Date 06/12/2023	Full name of contributor out-of-state PAC (ID#:_ DEBOLT, LINDA Contributor address; City; State; Zip Code PEARLAND, TX 77584)		Amount of Contribution (\$)	\$10.00
	Principal occu UNEMPLOY	pation / Job title (See Instructions) ED	Employer (See Instructions UNEMPLOYED)		

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/6 Rpt: 5/18	
2	FILER NAME Brazoria Cou	unty Democratic Party (CEC)		3	Filer ID (Ethics Commission 00017074	ı Filers)
4	Date 06/18/2023	 Full name of contributor out-of-state PAC (ID#:_ FEULESS, SCOTT Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$30.00
		PEARLAND, TX 77584				
8		pation / Job title (See Instructions) ONSULTANT	9 Employer (See Instructions SELF EMPLOYED	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/12/2023 HERNANDEZ, JACOB Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00	
		pation / Job title (See Instructions)	Employer (See Instructions			
	COMMUNIC	ATION SPECIALIST	GREAT NORTHWEST	AS	SOCIATION	
	Date 06/18/2023	Full name of contributor out-of-state PAC (ID#: JONES, GARY Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$60.00
		LAKE JACKSON, TX 77566				
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions RETIRED	5)		
	Date 05/12/2023	Full name of contributor out-of-state PAC (ID#:_LOSTRACCO, LINDA Contributor address; City; State; Zip Code DANBURY, TX 77534			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 03/07/2023	Full name of contributor out-of-state PAC (ID#: MACGREGOR, DONALD Contributor address; City; State; Zip Code PEARLAND, TX 77584			Amount of Contribution (\$)	\$50.00
	Principal occu TEACHER	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
		•				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/6 Rpt: 6/18		
2	FILER NAME Brazoria Cou	unty Democratic Party (CEC)		3	Filer ID (Ethics Commission 00017074	n Filers)	
4	Date 06/28/2023	5 Full name of contributor out-of-state PAC (ID#:_ MARTIN, ZACHERY 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$120.00	
_	Deignaignal annu	PEARLAND, TX 77584	O Frankryon (Coo Instructions				
8		pation / Job title (See Instructions) CTION MANAGER	9 Employer (See Instructions DESIGNS	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 06/28/2023 MATHIS, S W Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$150.00		
	Principal occu	ROSHARON, TX 77583 pation / Job title (See Instructions)	Employer (See Instructions	()			
	CAREGIVER SELF EMPLOYED		,				
	Date 06/06/2023	Full name of contributor out-of-state PAC (ID#:_ MEYER, KAREN Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$60.00	
		LAKE JACKSON, TX 77566					
	Principal occu UNEMPLOY	pation / Job title (See Instructions) 'ED	Employer (See Instructions	5)			
	Date 04/25/2023	Full name of contributor out-of-state PAC (ID#:_MOONEY, JAMES ROSCO Contributor address; City; State; Zip Code PEARLAND, TX 77581			Amount of Contribution (\$)	\$250.00	
	Principal occupation / Job title (See Instructions) DD#4 COMMISSIONER Employer (See Instruction BRAZORIA COUNTY I				NINAGE		
	Date 05/25/2023	Full name of contributor out-of-state PAC (ID#:_MORGAN, MONICA Contributor address; City; State; Zip Code PEARLAND, TX 77584)		Amount of Contribution (\$)	\$25.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions RODRIGUES & MORGA		LAW OFFICES PLLC		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/6 Rpt: 7/18		
2	FILER NAME Brazoria Cou	unty Democratic Party (CEC)		3	Filer ID (Ethics Commission 00017074	n Filers)	
4	Date 06/06/2023	5 Full name of contributor out-of-state PAC (ID#:_ MUNRO, ROBERT 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$150.00	
_		ANGELTON, TX 77515					
8	Principal occu RETIRED	pation / Job title (See Instructions)	9 Employer (See Instructions RETIRED	i) 			
	Date Full name of contributor out-of-state PAC (ID#:) 06/06/2023 McGARVEY, KRISTEN Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$135.00		
	Principal occupation / Job title (See Instructions) Technical Leader LAKE JACKSON, TX 77566 Employer (See Instructions) DOW Chemical			5)			
	Date 04/23/2023	Full name of contributor out-of-state PAC (ID#:_PARRA, JOSE Contributor address; City; State; Zip Code PEARLAND, TX 77584			Amount of Contribution (\$)	\$220.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions KINETICA PARTNERS		C		
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$75.00		
	Principal occu NURSE	pation / Job title (See Instructions)	Employer (See Instructions MD ANDERSON CANC		CENTER		
	Date 06/28/2023	Full name of contributor out-of-state PAC (ID#:_ POMERANTZ, HEIDI Contributor address; City; State; Zip Code DALLAS, TX 75248)		Amount of Contribution (\$)	\$25.00	
	Principal occu CUSTOMER	upation / Job title (See Instructions)	Employer (See Instructions TEXAS INSTRUMENTS				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1		
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 5/6 Rpt: 8/18	
2	FILER NAME Brazoria Cou	unty Democratic Party (CEC)		3 Filer ID (Ethics Commission 00017074	n Filers)
4	Date 01/18/2023	5 Full name of contributor out-of-state PAC (ID#: SHIH, HELEN 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$)	\$20.00
_		PEARLAND, TX 77584	To 5 1 10 11 11		
8	CONSULTA	pation / Job title (See Instructions) NT	9 Employer (See Instructions LOW-OF-LIGHT NATUR		
Date Full name of contributor out-of-state PAC (ID#:) 05/26/2023 SHIRING, SANDRA Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$100.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
	RETIRED		RETIRED		
	Date 03/21/2023	Full name of contributor out-of-state PAC (ID#: SMITH, SHARON Contributor address; City; State; Zip Code	:)	Amount of Contribution (\$)	\$30.00
		PEARLAND, TX 77584			
		pation / Job title (See Instructions) E TEACHER	Employer (See Instructions FBISD	5)	
Date Full name of contributor out-of-state PAC (ID#: 06/06/2023 SNAPP, COOPER Contributor address; City; State; Zip Code		SNAPP, COOPER Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$120.00
	Principal occu	PEARLAND, TX 77581 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)	
	ENGINEER	,	NASA	,	
	Date 06/06/2023	Full name of contributor out-of-state PAC (ID#: SNAPP, LEILANI Contributor address; City; State; Zip Code PEARLAND, TX 77581		Amount of Contribution (\$)	\$120.00
	Principal occu MANAGER	pation / Job title (See Instructions)	Employer (See Instructions SPIRIT HALLOWEEN	I ()	

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/6 Rpt: 9/18		
2	FILER NAME Brazoria Cou	unty Democratic Party (CEC)		3	Filer ID (Ethics Commission 00017074	Filers)	
4	Date 06/06/2023	5 Full name of contributor out-of-state PAC (ID#:_ SPAIN, CHARLES 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00	
		HOUSTON, TX 77006					
8	Principal occu ATTORNEY	pation / Job title (See Instructions)	9 Employer (See Instructions SELF EMPLOYED	s)			
	Date 06/28/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$30.00	
	Principal occupation / Job title (See Instructions) UNEMPLOYED Employer (See Instruction UNEMPLOYED			<u> </u> ;)			
	Date 06/18/2023	Full name of contributor out-of-state PAC (ID#:_ TEPPER, SHEILA Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00	
		LAKE JACKSON, TX 77566					
	Principal occu SUB TEACH	pation / Job title (See Instructions) HER	Employer (See Instructions BRAZOR IND SCHOOL		STRICT		
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$120.00		
	Principal occu	ANGLETON, TX 77515 pation / Job title (See Instructions) 'ED	Employer (See Instructions UNEMPLOYED	<u> </u> 5)			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
ᆫ		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Fi	lers)
	Sch: 1/9 Rpt: 10/18	Brazoria County Democratic Party (CEC) 00017074	
4	Date	5 Payee name	
	06/28/2023	ACTBLUE	
_	Amount (\$)	7 Payee address; City; State; Zip Code	
ľ	* *	P O BOX 441146	
	\$81.26	P 0 B0X 441140	
		SOMMERVILLE, ME 02144	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Solicitation/Fundraising Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		FEES	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	H	
F	Date	Payee name	
	04/23/2023	BRAZORIA COUNTY PRIDE	
H	Amount (\$)	Payee address; City; State; Zip Code	
	, ,		
	\$500.00	725 MILTON	
		ANGELTON, TX 77515	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		PRIDE PARADE	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	n	
	Date	Payee name	
	04/23/2023	BRAZORIA COUNTY JUNETEENTH COMMITTEE	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	P. O. BOX 1465	
	Ψ200.00	F. O. BOX 1403	
		CLUTE, TX 77531	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		PARADE	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/Ol	п 	
1			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (poter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 2/9 Rpt: 11/18	Brazoria County Democratic Party (CEC) 00017074
4	Date	5 Payee name
	04/14/2023	CAMPAIGN VERIFY, INC.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$95.00	P. O. BOX 3554
		WASHINGTON, DC 20007
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		TEXTING SERVICES
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/30/2023	CUBESMART STORAGE
	Amount (\$)	Payee address; City; State; Zip Code
	\$189.00	8206 BROADWAY
		PEARLAND, TX 77581
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense STORAGE RENTAL
		STORAGE RENTAL
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date 02/28/2023	Payee name CUBESMART STORAGE
	Amount (\$)	Payee address; City; State; Zip Code
	\$189.00	8206 BROADWAY
		PEARLAND, TX 77581
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		STORAGE RENTAL
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Loar Fees Offic Food/Beverage Expense Pollin Gift/Awards/Memorials Expense Print Lenal Services Sala

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Political Committee Credit Card Payment Credit Card Payment The Instruction Guide explains how to complete this form.									
			detion Guide explains now to et	Jilibie	ete tilis ioiili.	_			
1	Total pages Schedule F1:					3	Filer ID	(Ethics Commission F	ilers)
	Sch: 3/9 Rpt: 12/18	Brazoria County De	mocratic Party (CEC)				00017074		
4	Date	5 Payee name							
	03/28/2023	CUBESMART STOR	RAGE						
6	Amount (\$)	7 Payee address; C	ty; State; Zip C	ode					
	\$214.00	8206 BROADWAY							
		PEARLAND, TX 775	581						
8	PURPOSE	(a) Category (See Categorie	s listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Overhead/Re					de of Texas. Com		
					_		officeholder living	expense	
					STORAGE R	(EIV	IIAL		
_	0 1: 0 1: 0	0 11 1 10 11	0"	<u> </u>			055		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder	name Office sou	ught			Office he	eld	
	Date	Payee name							
	04/26/2023	CUBESMART STOR	RAGE						
	Amount (\$)	Payee address; C	ty; State; Zip Co	ode					
	\$214.00	8206 BROADWAY							
		PEARLAND, TX 775	581						
	PURPOSE	(a) Category (See Categorie	s listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Overhead/Re	ntal Expense		=		de of Texas. Com		
					STORAGE R		officeholder living	expense	
					STORAGER	.LIV	IIAL		
_	Complete ONLY if direct	Candidate/Officeholder	name Office sou	ıaht			Office he	nld	
	expenditure to benefit C/OI		name Office sor	ugnt			Office fie	au	
_									
	Date	Payee name							
	04/24/2023	GO DADDY.COM							
	Amount (\$)	•	ty; State; Zip Co	ode					
	\$40.34	14455 N HAYDEN F	ROAD						
		SUITE 219							
		SCOTTSDALE, AZ	85260						
	PURPOSE	(a) Category (See Categorie	s listed at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Consulting Expense			ш		de of Texas. Com	•	
	EXPENDITORE				_		officeholder living	expense	
					WEBSITE SE	=R\	/ICES		
				Ļ					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder	name Office sou	ught			Office he	eld	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Ma

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/9 Rpt: 13/18	Brazoria County Democratic Party (CEC) 00017074
4	Date	5 Payee name
	04/24/2023	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$64.93	2805 BUSINESS CENTER DRIVE
		PEARLAND, TX 77584
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		PARADE SUPPLIES
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	05/16/2023	HILLSAND WASTE MANAGEMENT
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.00	4649 DIXIE FARM ROAD
		PEARLAND, TX 77581
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		STORAGE CLEANUP
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiulture to benefit C/Or	
	Date	Payee name
	03/27/2023	HILTON GARDEN INN
	Amount (\$)	Payee address; City; State; Zip Code
	\$184.03	12101 SHADOW CREEK PKWY
	7_5	
		PEARLAND, TX 77584
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		VOTER REGISTRATION TRAINING
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 5/9 Rpt: 14/18	Brazoria County Democratic Party (CEC) 00017074					
4	Date	5 Payee name					
	06/28/2023	HILTON GARDEN INN					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$500.00	12101 SHADOW CREEK PKWY					
		PEARLAND, TX 77584					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		LOCATION RENTAL					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	1					
	Date	Payee name					
	04/23/2023	KROGER					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$40.13	800 N DIXIE DR					
		CLUTE, TX 77531					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense PARADE SUPPLIES					
TANGE SOLI EIES							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	1					
	Date	Payee name					
	06/04/2023	MAILCHIP.COM					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$250.50	675 PONCE DE LEON AVE NE					
SUITE 5000							
	ATLANTA, GA 30308						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		WEBSITE SERVICES					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	1					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/9 Rpt: 15/18	Brazoria County Democratic Party (CEC) 00017074
4	Date	5 Payee name
	05/18/2023	MEYER, KAREN
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.00	55 PIN OAK
		LAKE JACKSON, TX 77566
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense STORAGE CLEANUP
		STORAGE CLEANOP
Ļ	Operation ONLY if all part	One districts (Office healths are seen
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/06/2023	NORTH BRAZORIA DEMOCRATIC CLUB
	Amount (\$)	Payee address; City; State; Zip Code
	\$325.00	1542 STONE ROAD
		PEARLAND, TX 77581
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense MLK PARADE
		WILK PARADE
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/10/2023	OUTREACH CIRCLE
	Amount (\$)	Payee address; City; State; Zip Code
	\$109.00	444 WEST OCEAN
		SUITE 800
		LONG BEACH, CA 90802
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		TEXTING SERVICES
	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District
OTHER (enter a category not listed above)

O		9			
Credit Card Payment		The Instruction Guide explains	how to complete this form.		
Total pages Schedule F1:	2	FILER NAME		3	Filer I
Sch: 7/9 Rpt: 16/18		Brazoria County Democratic Party (CE	EC)		0001

1	Total pages Schedule F1: Sch: 7/9 Rpt: 16/18	FILER NAME Brazoria County Democratic Party (CEC	~)	3 Filer ID (Ethics Commission Filers) 00017074				
<u> </u>	Date	Payee name	-)	00017074				
Ľ	02/06/2023	PARTY WORLD						
6	Amount (\$) \$46.37	Payee address; City; State; 2608 SMITH RANCH ROAD PEARLAND, TX 77584	Zip Code					
8	PURPOSE OF	Category (See Categories listed at the top of this sched	dule) (b)	Description				
	EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PARADE SUPPLIES				
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Of	ffice sought	Office held				
Г	Date	Payee name						
L	01/30/2023	RUSTIC ROSE FLORIST						
	Amount (\$)		Zip Code					
	\$124.48	106 S. BROOKS STREET						
		BRAZORIA CITY, TX 77422						
⊢								
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schede Event Expense	dule) (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FUNERAL FLOWER				
	OF	Event Expense	(b)	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
	OF EXPENDITURE Complete ONLY if direct	Event Expense	ŕ	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FUNERAL FLOWER				
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Event Expense Candidate/Officeholder name Of	ffice sought	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FUNERAL FLOWER				
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Event Expense Candidate/Officeholder name Of Payee name SOUTH BRAZORIA DEMOCRATIC CLI	ffice sought	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FUNERAL FLOWER				
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Ol Date 01/06/2023 Amount (\$)	Event Expense Candidate/Officeholder name Of Payee name SOUTH BRAZORIA DEMOCRATIC CLI Payee address; City; State;	ffice sought	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FUNERAL FLOWER				
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Ol Date 01/06/2023 Amount (\$)	Candidate/Officeholder name Of Payee name SOUTH BRAZORIA DEMOCRATIC CLI Payee address; City; State; 430 COUNTY ROAD 626	UB Zip Code	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FUNERAL FLOWER				
	OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Ol Date 01/06/2023 Amount (\$) \$250.00	Candidate/Officeholder name Of Payee name SOUTH BRAZORIA DEMOCRATIC CLU Payee address; City; State; 430 COUNTY ROAD 626 BRAZORIA, TX 77422 O Category (See Categories listed at the top of this schede Event Expense	UB Zip Code	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FUNERAL FLOWER Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made Ry - Giff(Alwards/Me)

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)					
	Credit Card Fayment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)					
	Sch: 8/9 Rpt: 17/18	Brazoria County Democratic Party (CEC)	00017074					
4	Date	5 Payee name						
	04/23/2023	TEXAS GULF COAST ALF, AFL-CIO						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$500.00	1475 NORTH LOOP W						
		HOUSTON, TX 77008						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Event Expense	ide of Texas. Complete Schedule T.					
		I — I — I — I — I — I — I — I — I — I —	, officeholder living expense IILIES AWARD DINNER					
		WORKING FAIN	IILIES AWARD DINNER					
9	Complete ONII V if direct	Candidate/Officeholder name Office sought	Office hold					
ľ	Complete ONLY if direct expenditure to benefit C/OI		Office held					
	Dete	1 _						
	Date	Payee name						
	05/16/2023	U HAUL RENTAL						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$27.45	1320 OLD ANGLETON						
		CLUTE, TX 77531						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Office Overficad/Nertical Experise	ide of Texas. Complete Schedule T. , officeholder living expense					
			STORAGE CLEANUP					
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OH							
F	Date	Payee name						
	02/14/2023	VISTA PRINT						
Н	Amount (\$)	Payee address; City; State; Zip Code						
	\$54.39							
		WALTHAM, ME 02451						
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF		ide of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX	, officeholder living expense					
		MARDI GRAS F	PARADE BANNER					
L								
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held					
L	experientare to benefit C/OI	41						
L								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Co	mmittee	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					Travel in District Travel Out of District OTHER (enter a category not listed above)				
				The Instruction G	iuide explains l	now to comple	te this form.						
1	Total pages Schedule F1: Sch: 9/9 Rpt: 18/18	2		E ounty Democrat	ic Party (CE	C)		3	Filer ID 00017074	(Ethics Commiss	ion Filers)		
4	Date	-				,		<u> </u>					
4	03/21/2023]°	Payee name	EO COMMUNIC	CATIONS								
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Code							
	\$159.80 56 ALMADEN BLVD												
				, CA 95113									
8	PURPOSE OF	(a)		See Categories listed at	the top of this sche	edule) (b)	Description						
	EXPENDITURE		Consulting	Expense			느		ide of Texas. Co , officeholder livir	nplete Schedule T.			
							WEBSITE SE			ig experise			
							WEBOTTE OF		VIOLO				
_	Operation ONE Wife disease	<u> </u>	O 11 - 1 - 4 - 10 #			\(\text{\tint{\text{\tint{\text{\tin}\text{\tetx{\text{\texi}\text{\text{\text{\text{\text{\text{\text{\text{\tet			04:1	-1-1			
9	Complete ONLY if direct expenditure to benefit C/O		Sandidate/On	ficeholder name		Office sought			Office h	leiu			