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. 103 00083221 3 COMMITTEE NAME **OFFICE USE ONLY** Kerr County Democratic Party Executive Committee Date Received **ELECTRONICALLY FILED** 07/07/2023 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO BOX 290614 Date Hand-delivered or Date Postmarked Change of Address Kerrville, TX 78029 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Karel A. NAME NICKNAME LAST **SUFFIX** Bennett STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1813 Mountain Laurel STREET **ADDRESS** (Residence or Business) Kerrville, TX 78028 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 290614 MAILING **ADDRESS** Kerrville, TX 78029 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (432) 599-3121 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 X Other 05/06/2023 General Special **MUNICIPLE GO TO PAGE 2**

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC COVER SHEET PG 2

2 COMMITTEE NAME	:. B. 4. E			13 Filer ID	(Ethics Commission Filers)
Kerr County Democrat	ic Party Executive Co	ommittee		0008322	<u>'1</u>
4 COMMITTEE ACTIVITY	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)	7. Supported			
		B. Opposed			
	3. Officeholders				
	Assisted (Identify by name or, if applicable, classify by party.)			
.5 CONTRIBUTION TOTALS	PLEDGES, LOAN CONTRIBUTION:	ZED POLITICAL CON IS, OR GUARANTEE S MADE ELECTRON port qualifies for the high	IICALLY)	\$	0.00
	2. TOTAL POLITION (OTHER THAN F		IONS DR GUARANTEES OF LOANS)	\$	8,733.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ZED POLITICAL EXP	PENDITURES	\$	0.00
	4. TOTAL POLITI	CAL EXPENDITUR	RES	\$	10,239.73
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT		MAINTAINED AS OF THE LAST	DAY \$	9,978.71
OUTSTANDING LOAN TOTALS	•	AL AMOUNT OF ALL HE REPORTING PER	OUTSTANDING LOANS AS OF	THE \$	0.00
6 AFFIDAVIT				<u> </u>	
		true	vear, or affirm, under penalty of pe e and correct and includes all infor der Title 15, Election Code.		
			Ma Kana	I A . D	
				I A. Bennett	
			Signature of Ca	ınıpaigii irea	Surei
AFFIX NOTAR	Y STAMP / SEAL ABO\	/E			
Sworn to and subscribe	d before me, by the said	d	, t	this the	day
			hand and seal of office.		
Signature of officer a	dministering oath	Printed name of o	officer administering oath	Title of o	fficer administering oath

SUBTOTALS - CEC

FORM CEC **COVER SHEET PG 3**

					3 0f 103
17 CC	MMITTE	EE NAME	18 Filer ID	(Ethi	ics Commission Filers)
Ke	rr Coun	ty Democratic Party Executive Committee	00083221		
		E SUBTOTALS			SUBTOTAL AMOUNT
NA	ME OF	SCHEDULE			0001017.127.11.100111
1.	X	\$	8,733.00		
2.		\$			
3.		\$			
4.	X	\$	0.00		
5.	X	\$	10,239.73		
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 F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 1/36 Rpt: 4/103	
2	FILER NAME Kerr County	Democratic Party Executive Committee			3	Filer ID (Ethics Commission 00083221	n Filers)
4	Date 03/20/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
8		Kerrville, TX 78028 pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 04/20/2023	Full name of contributor out-of-state PAC (IE Adema, Coral Contributor address; City; State; Zip Code Kerrville, TX 78028		RN		Amount of Contribution (\$)	\$10.00
	Principal occu Self	pation / Job title (See Instructions)		Employer (See Instructions	<u>I</u> S)		
	Date 05/20/2023	Full name of contributor out-of-state PAC (IE Adema, Coral Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	Kerrville, TX 78028 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> S)		
	Date 06/20/2023	Full name of contributor out-of-state PAC (IE Adema, Coral Contributor address; City; State; Zip Code		RN		Amount of Contribution (\$)	\$10.00
	Principal occu Self	Kerrville, TX 78028 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 01/10/2023	Full name of contributor out-of-state PAC (IE Arr, Audra Contributor address; City; State; Zip Code Kerrville, TX 78028)		Amount of Contribution (\$)	\$40.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	E A1
	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 2/36 Rpt: 5/103	
2	FILER NAME Kerr County	Democratic Party Executive Committee		3	3 Filer ID (Ethics Commission Filers) 00083221	
4	Date 02/10/2023	 Full name of contributor out-of-state PAC (ID#: Arr, Audra Contributor address; City; State; Zip Code 	_	7	Amount of Contribution (\$)	\$40.00
8	Principal occu	Kerrville, TX 78028 upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> ;)		
	Date 03/10/2023	Full name of contributor out-of-state PAC (ID#:_	Not Employed		Amount of Contribution (\$)	\$40.00
	Principal occu Not Employe	upation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	5)		
	Date 04/10/2023	Full name of contributor out-of-state PAC (ID#:_Arr, Audra Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00
		Kerrville, TX 78028 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
_	Date 05/10/2023	Full name of contributor out-of-state PAC (ID#: Arr, Audra Contributor address; City; State; Zip Code	Not Employed		Amount of Contribution (\$)	\$40.00
	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions Not Employed	<u> </u> ;)		
	Date 06/10/2023	Full name of contributor out-of-state PAC (ID#:_Arr, Audra			Amount of Contribution (\$)	\$40.00
	Principal occu Not Employe	upation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	. 5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	E A1
	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 3/36 Rpt: 6/103	
2	FILER NAME Kerr County	Democratic Party Executive Committee		3	Filer ID (Ethics Commission 00083221	ı Filers)
4	Date 03/21/2023	5 Full name of contributor	_	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Kerrville, TX 78028 upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
•	Not Employe		Not Employed	,		
	Date 01/21/2023	Full name of contributor out-of-state PAC (ID#:_ Bennett, Karel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		Kerrville, TX 78028	1			
	Principal occu Not Employe	upation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	5)		
	Date 02/21/2023	Full name of contributor out-of-state PAC (ID#:_ Bennett, Karel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Dringing Loggy	Kerrville, TX 78028	Employer (Con Instructions	<u></u>		
	Not Employe	upation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		
	Date 03/21/2023	Full name of contributor out-of-state PAC (ID#:_ Bennett, Karel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		Kerrville, TX 78028				
	Principal occu Not Employe	upation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/21/2023	Bennett, Karel Contributor address; City; State; Zip Code				\$50.00
	Principal occu	Kerrville, TX 78028 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Not Employe		Not Employed			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULI	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/36 Rpt: 7/103	
2	FILER NAME Kerr County	Democratic Party Executive (Committee		3	Filer ID (Ethics Commission 00083221	ı Filers)
4	Date 04/21/2023	5 Full name of contributor Bennett, Karel6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		7	Amount of Contribution (\$)	\$50.00
8	Principal occu Not Employe)	Employer (See Instructions Not Employed	<u> </u> s)		
	Date 04/21/2023	Full name of contributor Bennett, Karel Contributor address; City; St Kerrville, TX 78028	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	<u> </u> s)		
	Date 05/21/2023	Full name of contributor Bennett, Karel Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		•	Amount of Contribution (\$)	\$50.00
	5	Kerrville, TX 78028		5 1 (0 1 1 1	Ĺ		
	Not Employe	pation / Job title (See Instructions ed)	Employer (See Instructions Not Employed	5)		
	Date 05/21/2023	Full name of contributor Bennett, Karel Contributor address; City; St Kerrville, TX 78028	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	I pation / Job title (See Instructions ed)	Employer (See Instructions Not Employed	<u>I</u> S)		
	Date 06/21/2023	Full name of contributor Bennett, Karel Contributor address; City; St	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructionsed)	Employer (See Instructions Not Employed	s)		

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 5/36 Rpt: 8/103	
2	FILER NAME Kerr County	Democratic Party Executive Committee		3	Filer ID (Ethics Commission 00083221	ı Filers)
4	Date 06/21/2023	 Full name of contributor out-of-state PAC (ID Bennett, Karel Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Kerrville, TX 78028 pation / Job title (See Instructions)	9 Employer (See Instructions	<u>s)</u>		
Ū	Not Employe		Not Employed	٠,		
	Date 03/21/2023	Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>s)</u>		
	Not Employe		Not Employed	-,		
	Date 04/21/2023	Full name of contributor out-of-state PAC (ID Bethel, Marnie Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$10.00
		Hunt, TX 78024				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	S)		
	Date 05/21/2023	Full name of contributor out-of-state PAC (ID Bethel, Marnie Contributor address; City; State; Zip Code Hunt, TX 78024)	•	Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Not Employe	ed ,	Not Employed	,		
	Date 06/21/2023	Full name of contributor out-of-state PAC (ID Bethel, Marnie Contributor address; City; State; Zip Code Hunt, TX 78024	#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	<u>1</u> S)		
	Not Employe	ed	Not Employed			

2 FILER NAME Kerr County De 4 Date	emocratic Party Executive Committee Full name of contributor)	Si Fi 000 7 Ar	otal pages Schedule A1: ch: 6/36 Rpt: 9/103 ler ID (Ethics Commission 0083221 mount of Contribution (\$)	
Kerr County Dec 4 Date 01/16/2023 6 8 Principal occupat Not Employed Date	Full name of contributor	9 Employer (See Instructions Not Employed	7 An	0083221 mount of Contribution (\$)	
4 Date 5 01/16/2023 6 8 Principal occupar Not Employed Date	Full name of contributor	9 Employer (See Instructions Not Employed	7 Ar	mount of Contribution (\$)	\$15.00
Not Employed Date	tion / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Boyett, Alicia	Not Employed		mount of Contribution (4)	
Date	Boyett, Alicia)	Aı	mount of Contribution (\$)	
	Boyett, Alicia		Aı	mount of Contribution (¢)	
				Hourit of Continuation (\$)	\$15.00
	Kerrville, TX 78028				
Principal occupa Not Employed	tion / Job title (See Instructions)	Employer (See Instructions Not Employed	5)		
Date 03/14/2023	Full name of contributor out-of-state PAC (ID#:_ Boyett, Alicia Contributor address; City; State; Zip Code)	Aı	mount of Contribution (\$)	\$15.00
	Kerrville, TX 78028				
Principal occupa Not Employed	tion / Job title (See Instructions)	Employer (See Instructions Not Employed	5)		
Date 04/14/2023	Full name of contributor out-of-state PAC (ID#:_ Boyett, Alicia Contributor address; City; State; Zip Code		Aı	mount of Contribution (\$)	\$15.00
	Kerrville, TX 78028				
Principal occupa	tion / Job title (See Instructions)	Employer (See Instructions Not Employed	5)		
Date 05/14/2023	Full name of contributor out-of-state PAC (ID#:_ Boyett, Alicia Contributor address; City; State; Zip Code Kerrville, TX 78028)	Aı	mount of Contribution (\$)	\$15.00
Principal occupa Not Employed	tion / Job title (See Instructions)	Employer (See Instructions Not Employed	· ·)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/36 Rpt: 10/103	
2	FILER NAME Kerr County	Democratic Party Executive Committee		3	Filer ID (Ethics Commission 00083221	n Filers)
4		5 Full name of contributor out-of-state PAC (ID#:_ Boyett, Alicia 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$15.00
_	Dringing Loggy	Kerrville, TX 78028	Continue (Continue in the Indian			
8	Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		
	Date 01/01/2023	Full name of contributor out-of-state PAC (ID#:_ Bristol, Bryan Contributor address; City; State; Zip Code Hunt, TX 78024			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Not Employe	ed	Not Employed			
	Date 02/01/2023	Full name of contributor out-of-state PAC (ID#:_ Bristol, Bryan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		Hunt, TX 78024				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		
	Date 03/01/2023	Full name of contributor out-of-state PAC (ID#:_ Bristol, Bryan Contributor address; City; State; Zip Code Hunt, TX 78024			Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed)		
	Date 04/01/2023	Full name of contributor out-of-state PAC (ID#:_Bristol, Bryan Contributor address; City; State; Zip Code Hunt, TX 78024			Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed)		

	MONET	ARY POLITICAL CONTRIBUT	TONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete thi	is form.	1	Total pages Schedule A1: Sch: 8/36 Rpt: 11/103	
2	FILER NAME Kerr County	Democratic Party Executive Committee		3	Filer ID (Ethics Commission 00083221	n Filers)
4	Date 05/01/2023	Full name of contributor		7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Hunt, TX 78024 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> s)		
	Not Employe		Not Employed	,		
	Date 06/01/2023	Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	Hunt, TX 78024 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Not Employe		Not Employed	,		
	Date 01/25/2023	Full name of contributor out-of-state PAC (II Capozzoli, John Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$100.00
		Kerrville, TX 78028				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	s)		
	Date 03/10/2023	Full name of contributor out-of-state PAC (II Capozzoli, John Contributor address; City; State; Zip Code Kerrville, TX 78028	D#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Not Employe	ed	Not Employed			
	Date 04/13/2023	Full name of contributor out-of-state PAC (II Capozzoli, John Contributor address; City; State; Zip Code Kerrville, TX 78028	D#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	<u>1</u> S)		
			- 1			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 9/36 Rpt: 12/103	
2	FILER NAME Kerr County	Democratic Party Executive Committee		3	Filer ID (Ethics Commission 00083221	n Filers)
4	Date 05/10/2023	Full name of contributor		7	Amount of Contribution (\$)	\$100.00
•	Dringing aggr	Kerrville, TX 78028	9 Employer (See Instructions	<u></u>		
8	Not Employe	pation / Job title (See Instructions) ed	Not Employed	»)		
	Date 06/18/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Kerrville, TX 78028 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Not Employe		Not Employed	,		
	Date 03/21/2023	Full name of contributor out-of-state PAC (ID#: Carroll, Rose Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
		Kerrville, TX 78028				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	s)		
	Date 04/21/2023	Full name of contributor out-of-state PAC (ID#: Carroll, Rose Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Dringing Loggy	Kerrville, TX 78028	Employer (Co.) Instructions	<u></u>		
	Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	»)		
	Date 05/21/2023	Full name of contributor out-of-state PAC (ID#: Carroll, Rose Contributor address; City; State; Zip Code Kerrville, TX 78028			Amount of Contribution (\$)	\$20.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	<u>(</u>		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 10/36 Rpt: 13/103	
2	FILER NAME Kerr County	Democratic Party Executive Committee		3	Filer ID (Ethics Commission 00083221	n Filers)
4	Date 06/21/2023	 5 Full name of contributor	_	7	Amount of Contribution (\$)	\$20.00
8	Principal occu	Kerrville, TX 78028 pation / Job title (See Instructions)	9 Employer (See Instructions) 		
Ü	Not Employe		Not Employed	')		
	Date 06/07/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Dringinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>, </u>		
	Not Employe		Not Employed	')		
	Date 03/21/2023	Full name of contributor out-of-state PAC (ID#: Drake, Jill Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Kerrville, TX 78028	1			
	Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	5)		
	Date 04/21/2023	Full name of contributor out-of-state PAC (ID#: Drake, Jill Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Dringing Lagor	Kerrville, TX 78028	Frankston (Cook and westigned	_		
	Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	5)		
	Date 05/21/2023	Full name of contributor out-of-state PAC (ID#: Drake, Jill Contributor address; City; State; Zip Code Kerrville, TX 78028			Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	<u> </u>		

МО	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULI	E A1	
The I	Instruc	tion Guide explains how to complete th	nis form.	1	Total pages Schedule A1: Sch: 11/36 Rpt: 14/103	
2 FILER Kerr C		Democratic Party Executive Committee		3	Filer ID (Ethics Commission 00083221	r Filers)
4 Date 06/21	/2023	Full name of contributor out-of-state PAC of Drake, Jill Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10.00
8 Princip	aal occup	Kerrville, TX 78028	9 Employer (See Instructions			
	mployed	ation / Job title (See Instructions)	Not Employed	5)		
Date 01/11	/2023	Contributor address; City; State; Zip Code	(ID#:)	-	Amount of Contribution (\$)	\$60.00
Princip	pal occup	Kerrville, TX 78028 ation / Job title (See Instructions)	Employer (See Instructions	 s)		
	mployed		Not Employed			
Date 02/11	./2023	Full name of contributor out-of-state PAC on DuBose, Linda Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$60.00
		Kerrville, TX 78028				
	cal occup imployed	ation / Job title (See Instructions)	Employer (See Instructions Not Employed	s)		
Date 03/11	./2023	Full name of contributor out-of-state PAC DuBose, Linda Contributor address; City; State; Zip Code Kerrville, TX 78028	(ID#:)		Amount of Contribution (\$)	\$60.00
Princip	pal occup	ation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
Not E	imployed	1	Not Employed			
Date 04/11	./2023	Full name of contributor out-of-state PAC DuBose, Linda Contributor address; City; State; Zip Code Kerrville, TX 78028	(ID#:)	-	Amount of Contribution (\$)	\$60.00
	pal occup mployed	ation / Job title (See Instructions)	Employer (See Instructions Not Employed	s)		
Not E	mployed	1	Not Employed			

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 12/36 Rpt: 15/103	
2	FILER NAME Kerr County	Democratic Party Executive Committee		3	Filer ID (Ethics Commissio 00083221	n Filers)
4	Date 05/11/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$60.00
_	Deireciant	Kerrville, TX 78028	Section (Contraction of			
8	Not Employe	ipation / Job title (See Instructions) ed	9 Employer (See Instructions Not Employed	5)		
	Date 06/11/2023	Contributor address; City; State; Zip Code	<u>; </u>	•	Amount of Contribution (\$)	\$60.00
	Principal occu	Kerrville, TX 78028 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Not Employe		Not Employed			
	Date 06/03/2023	Full name of contributor out-of-state PAC (ID# Edgar, Wallace Contributor address; City; State; Zip Code	#:) 	•	Amount of Contribution (\$)	\$1,000.00
		Kerrville, TX 78028		<u>_</u>		
	Principal occu Not Employe	ipation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	5)		
	Date 01/14/2023	Full name of contributor out-of-state PAC (ID# Edwards, Deborah Contributor address; City; State; Zip Code Kerrville, TX 78028	#:)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Not employe	upation / Job title (See Instructions)	Employer (See Instructions Not employed	5)		
	Date	Full name of contributor		Г	Amount of Contribution (\$)	
	02/14/2023	Edwards, Deborah Contributor address; City; State; Zip Code Kerrville, TX 78028			, another continuation (4)	\$50.00
	Principal occu Not employe	pation / Job title (See Instructions)	Employer (See Instructions Not employed	s)		
	Not employe	eu	Not employed			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/36 Rpt: 16/103	
2	FILER NAME Kerr County	Democratic Party Executive Committee		3	Filer ID (Ethics Commission 00083221	ı Filers)
4		Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Kerrville, TX 78028 pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Not employe		Not employed			
	Date 03/20/2023	Full name of contributor out-of-state PAC (ID#:_Edwards, Deborah Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Kerrville, TX 78028				
	Not employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not employed)		
	Date 04/16/2023	Full name of contributor out-of-state PAC (ID#:_ Edwards, Deborah Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Kerrville, TX 78028				
	Principal occu Not employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not employed)		
	Date 04/20/2023	Full name of contributor out-of-state PAC (ID#:_Edwards, Deborah Contributor address; City; State; Zip Code Kerrville, TX 78028			Amount of Contribution (\$)	\$10.00
	Principal occu Not employe	pation / Job title (See Instructions)	Employer (See Instructions Not employed)		
	Date 05/14/2023	Full name of contributor out-of-state PAC (ID#:_Edwards, Deborah Contributor address; City; State; Zip Code Kerrville, TX 78028			Amount of Contribution (\$)	\$50.00
	Principal occu Not employe	pation / Job title (See Instructions)	Employer (See Instructions Not employed)		

The Instruction Guide explains how to complete this form. Sci Filer NAME Kerr County Democratic Party Executive Committee Ook	SCHEDULE A1
Kerr County Democratic Party Executive Committee Dote	otal pages Schedule A1: ch: 14/36 Rpt: 17/103
4 Date 05/20/2023 5 Full name of contributor out-of-state PAC (ID#:	iler ID (Ethics Commission Filers) 0083221
8 Principal occupation / Job title (See Instructions) Not employed Date O6/14/2023 Edwards, Deborah Contributor address; City; State; Zip Code Kerrville, TX 78028 Principal occupation / Job title (See Instructions) Not employed Date O6/20/2023 Edwards, Deborah Contributor address; City; State; Zip Code Kerrville, TX 78028 Principal occupation / Job title (See Instructions) Not employed Am O6/20/2023 Edwards, Deborah Contributor address; City; State; Zip Code Kerrville, TX 78028 Principal occupation / Job title (See Instructions) Not employed Date O3/21/2023 Employer (See Instructions) Not employed Date O3/21/2023 Elwell, Ellen Contributor address; City; State; Zip Code Dallas, TX 75230 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not employed Am O3/21/2023 Employer (See Instructions) Employer (See Instructions) Am O3/21/2023 Elwell, Ellen Contributor address; City; State; Zip Code Dallas, TX 75230 Employer (See Instructions)	mount of Contribution (\$) \$10.0
Date	
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Not employed Date O6/20/2023 Edwards, Deborah Contributor address; City; State; Zip Code Kerrville, TX 78028 Principal occupation / Job title (See Instructions) Not employed Employer (See Instructions) Not employed Date O3/21/2023 Full name of contributor out-of-state PAC (ID#:	mount of Contribution (\$) \$50.0
Not employed Date Full name of contributor out-of-state PAC (ID#:	
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Not employed Date O3/21/2023 Elwell, Ellen Contributor address; City; State; Zip Code Dallas, TX 75230 Principal occupation / Job title (See Instructions) Employer (See Instructions) Am O3/21/2023 Employer (See Instructions) Employer (See Instructions)	mount of Contribution (\$) \$10.0
Not employed Date Full name of contributor out-of-state PAC (ID#:) Am 03/21/2023 Elwell, Ellen Contributor address; City; State; Zip Code Dallas, TX 75230 Principal occupation / Job title (See Instructions) Employer (See Instructions)	
03/21/2023 Elwell, Ellen Contributor address; City; State; Zip Code Dallas, TX 75230 Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	mount of Contribution (\$) \$50.0
Dallas Marketing Executive	
Date Full name of contributor out-of-state PAC (ID#:) Am 01/10/2023 Evans, Karen Contributor address; City; State; Zip Code Hunt, TX 78024	mount of Contribution (\$) \$50.0
Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed	

MONE	ETARY POLITICAL CONTRIBUTION	SCHEDULE A			
The Inst	ruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 15/36 Rpt: 18/103		
2 FILER NAME Kerr Cour	ME nty Democratic Party Executive Committee		3 Filer ID (Ethics Commission Filers) 00083221		
4 Date 02/10/202	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of Contribution (\$) \$50.0		
8 Principal o	Hunt, TX 78024 ccupation / Job title (See Instructions)	9 Employer (See Instructions			
Not Empl		Not Employed)		
Date 03/10/202			Amount of Contribution (\$) \$50.0		
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 		
Not Empl	oyed	Not Employed			
Date 04/10/202	Full name of contributor out-of-state PAC (ID#:_ 23 Evans, Karen Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$50.0		
	Hunt, TX 78024				
Principal o Not Empl	ccupation / Job title (See Instructions) oyed	Employer (See Instructions Not Employed	5)		
Date 05/10/202	Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$50.0		
Principal o	Hunt, TX 78024 ccupation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
Not Empl	,	Not Employed	,		
Date 06/10/202	Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$50.0		
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions Not Employed	I (S)		
	Hunt, TX 78024 ccupation / Job title (See Instructions)		;) 		

	MONET	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE	E A1	
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 16/36 Rpt: 19/103		
2	FILER NAME Kerr County	Democratic Party Executive Committee		3	Filer ID (Ethics Commission 00083221	ı Filers)	
4	Date 01/22/2023	Full name of contributor		7	Amount of Contribution (\$)	\$36.00	
_		Austin, TX 78703		<u> </u>			
8	Not Employe	pation / Job title (See Instructions) ed	9 Employer (See Instructions Not Employed	5)			
	Date 02/22/2023	Full name of contributor out-of-state PAC (ID: Gimson, William Contributor address; City; State; Zip Code Austin, TX 78703	#:)	•	Amount of Contribution (\$)	\$36.00	
		pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
	Not Employe	ed	Not Employed				
	Date 03/22/2023	Full name of contributor out-of-state PAC (ID: Gimson, William Contributor address; City; State; Zip Code	#:)	•	Amount of Contribution (\$)	\$36.00	
		Austin, TX 78703					
	Principal occu Not Employe	upation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	5)			
	Date 04/22/2023	Full name of contributor out-of-state PAC (ID: Gimson, William Contributor address; City; State; Zip Code Austin, TX 78703	#:)		Amount of Contribution (\$)	\$36.00	
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)			
	Not Employe	ed	Not Employed				
	Date 05/22/2023	Full name of contributor out-of-state PAC (IDa Gimson, William Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$36.00	
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	<u>1</u> S)			

2 FILER NAME	ction Guide explains how to complete this f		1 Total pages Schedule A1:	
Kerr County		orm.	Sch: 17/36 Rpt: 20/103	
	Democratic Party Executive Committee		3 Filer ID (Ethics Commission I 00083221	Filers)
06/22/2023	 5 Full name of contributor		7 Amount of Contribution (\$)	\$36.00
	Austin, TX 78703	10.5.1.10		
8 Principal occul Not Employe	pation / Job title (See Instructions) ed	9 Employer (See Instructions Not Employed)	
Date 03/21/2023	Full name of contributor out-of-state PAC (ID#:_ Gordon, Allen Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$10.00
Delegalisada	Kerrville, TX 78028	T Formation (On a book with a second		
Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)	
Date 04/21/2023	Full name of contributor out-of-state PAC (ID#:_ Gordon, Allen Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$10.00
	Kerrville, TX 78028			
Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)	
Date 05/21/2023	Full name of contributor out-of-state PAC (ID#:_ Gordon, Allen Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$10.00
	Kerrville, TX 78028			
Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)	
Date 06/21/2023	Full name of contributor out-of-state PAC (ID#:_ Gordon, Allen Contributor address; City; State; Zip Code Kerrville, TX 78028		Amount of Contribution (\$)	\$10.00
Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed)	

	MONET	MONETARY POLITICAL CONTRIBUTIONS			SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 18/36 Rpt: 21/103	
2	FILER NAME Kerr County	Democratic Party Executive Committee		3	Filer ID (Ethics Commission 00083221	n Filers)
4	Date 03/25/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$100.00
_	Deinsinal	Kerrville, TX 78028	D. Frankrick (Contraction	$\overline{\Gamma}$		
8	Not Employe	pation / Job title (See Instructions) ed	9 Employer (See Instructions Not Employed	5)		
	Date 03/21/2023	Full name of contributor out-of-state PAC (ID#: Hamman, Celeste Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Dringing agg	Kerrville, TX 78028-8243	Employer (See Instructions	·/-		
	Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	·)		
	Date 04/21/2023	Full name of contributor out-of-state PAC (ID#: Hamman, Celeste Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Kerrville, TX 78028-8243				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	s)		
	Date 05/21/2023	Full name of contributor out-of-state PAC (ID#: Hamman, Celeste Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	Kerrville, TX 78028-8243	Employer (See Instructions	·, 		
	Not Employe	,	Not Employed)		
	Date 06/23/2023	Full name of contributor out-of-state PAC (ID#: Hamman, Celeste Contributor address; City; State; Zip Code Kerrville, TX 78028-8243			Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	5)		
	Not Employe	ed	Not Employed			

	MONEI	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A			
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 19/36 Rpt: 22/103			
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)		
	Kerr County	Democratic Party Executive C	ommittee 			00083221			
4	Date 03/21/2023	5 Full name of contributor Hawkins, Joe6 Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)	7	Amount of Contribution (\$)	\$10.00		
		Kerrville, TX 78028							
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)				
	Huser Const	ruction		Project Manager					
	Date 04/21/2023	Full name of contributor Hawkins, Joe Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00		
		Kerrville, TX 78028			<u></u>				
		pation / Job title (See Instructions)		Employer (See Instructions	5)				
	Huser Construction			Project Manager	_				
	Date 05/21/2023	Full name of contributor Hawkins, Joe Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00		
		Kerrville, TX 78028							
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)				
	Huser Const	ruction		Project Manager					
Date 06/23/2023		Full name of contributor Hawkins, Joe Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00		
	Principal occu Huser Const	pation / Job title (See Instructions) ruction		Employer (See Instructions Project Manager	5)				
	Date 01/17/2023	Full name of contributor Horobec, Elaine Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00		
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	s)				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 20/36 Rpt: 23/103	
2	FILER NAME Kerr County	Democratic Party Executive Committee		3	Filer ID (Ethics Commission 00083221	ı Filers)
4	Date 01/17/2023	5 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Kerrville, TX 78028 pation / Job title (See Instructions)	9 Employer (See Instructions) ()		
_	Not Employe		Not Employed	')		
	Date 02/17/2023	Full name of contributor out-of-state PAC (ID#:_ Horobec, Elaine Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu	Merrville, TX 78028 spation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Not Employe	ed	Not Employed			
	Date 02/17/2023	Full name of contributor out-of-state PAC (ID#:_ Horobec, Elaine Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Kerrville, TX 78028				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	i)		
	Date 03/17/2023	Full name of contributor out-of-state PAC (ID#:_ Horobec, Elaine Contributor address; City; State; Zip Code Kerrville, TX 78028			Amount of Contribution (\$)	\$20.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	5)		
	Date 03/17/2023	Full name of contributor out-of-state PAC (ID#:_ Horobec, Elaine Contributor address; City; State; Zip Code Kerrville, TX 78028	<u>'</u>		Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	()		

	MONET	MONETARY POLITICAL CONTRIBUTIONS			SCHEDUL	E A1	
	The Instru	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 21/36 Rpt: 24/103		
2	FILER NAME Kerr County	Democratic Party Executive Committee		3	Filer ID (Ethics Commission 00083221	n Filers)	
4	Date 04/17/2023	5 Full name of contributor out-of-state PAC (II Horobec, Elaine 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$20.00	
8	Dringinal occu	Kerrville, TX 78028 pation / Job title (See Instructions)	9 Employer (See Instructions				
0	Not Employe		Not Employed	>)			
	Date 05/17/2023	Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$20.00	
	Principal occu	Pation / Job title (See Instructions)	Employer (See Instructions	<u>s)</u>			
	Not Employe		Not Employed	٥,			
	Date 06/17/2023	Full name of contributor out-of-state PAC (II Horobec, Elaine Contributor address; City; State; Zip Code	D#:)	•	Amount of Contribution (\$)	\$20.00	
		Kerrville, TX 78028					
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	s)			
	Date 03/20/2023	Full name of contributor out-of-state PAC (II Kappel, Katherine Contributor address; City; State; Zip Code Kerrville, TX 78028	D#:)		Amount of Contribution (\$)	\$45.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)			
	Not Employe	ed	Not Employed				
	Date 01/20/2023	Full name of contributor out-of-state PAC (It Lay, Lynn Contributor address; City; State; Zip Code Ingram, TX 78025	D#:)		Amount of Contribution (\$)	\$100.00	
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	<u>1</u> S)			

	MONEI	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	ULE A1	
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 22/36 Rpt: 25/103		
2	FILER NAME Kerr County	Democratic Party Executive C	ommittee		3	Filer ID (Ethics Commission 00083221	n Filers)	
4	Date 02/20/2023	5 Full name of contributor Lay, Lynn6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00	
8	Principal occu Not Employe	Ingram, TX 78025 pation / Job title (See Instructions)	9	Employer (See Instructions Not Employed	5)			
	Date 03/20/2023	Full name of contributor Lay, Lynn Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$100.00	
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)			
	Date 04/20/2023	Full name of contributor Lay, Lynn Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$100.00	
		Ingram, TX 78025	1					
	Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)			
Date 05/20/2023		Full name of contributor Lay, Lynn Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$100.00	
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)			
	Date 06/20/2023	Full name of contributor Lay, Lynn Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$100.00	
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)			

	MONEI	ARY POLITICAL CO	NIRIBUTION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to	complete this for	n.	1	Total pages Schedule A1: Sch: 23/36 Rpt: 26/103	
2	FILER NAME	FILER NAME		3	Filer ID (Ethics Commission	Filers)	
	Kerr County	Democratic Party Executive Comr	mittee			00083221	
4	Date 03/20/2023	5 Full name of contributor	out-of-state PAC (ID#: Zip Code		7	Amount of Contribution (\$)	\$10.00
		Kerrville, TX 78028					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Texas blue A	Action democrats		Administrative assistant			
	Date 04/20/2023	Lewis, Sarah Contributor address; City; State; 2	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Deinsinalassa	Kerrville, TX 78028					
		pation / Job title (See Instructions) Action democrats		Employer (See Instructions Administrative assistant			
				Auministrative assistant			
	Date 05/20/2023	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$10.00
		Kerrville, TX 78028					
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Texas blue A	Action democrats		Administrative assistant			
	Date 06/20/2023	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Texas blue A	Action democrats		Administrative assistant			
	Date 01/24/2023	Lopez, J Steven	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 24/36 Rpt: 27/103	
2	FILER NAME Kerr County	Democratic Party Executive Committee		3	Filer ID (Ethics Commission 00083221	r Filers)
4	Date 04/07/2023	5 Full name of contributor out-of-state PAC (ID#: Lovett, Frances 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$15.00
		Comfort, TX 78013	1			
8	Principal occu Not Employe	pation / Job title (See Instructions) ed	9 Employer (See Instructions Not Employed	5)		
	Date 05/10/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.00
	Principal occu	Comfort, TX 78013 pation / Job title (See Instructions)	Employer (See Instructions	 ;)		
	Not Employe	ed	Not Employed			
	Date 06/07/2023	Full name of contributor out-of-state PAC (ID#:_ Lovett, Frances Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Comfort, TX 78013				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	5)		
	Date 03/20/2023	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Dringing agg	Kerrville, TX 78020	Employer (See Instructions	<u></u>		
	Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	·)		
	Date 04/20/2023	Full name of contributor out-of-state PAC (ID#: Lundquist, Judy Contributor address; City; State; Zip Code Kerrville, TX 78020			Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 25/36 Rpt: 28/103	
2	FILER NAME Kerr County	Democratic Party Executive Committee		3	Filer ID (Ethics Commission 00083221	on Filers)
4	Date 05/20/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Kerrville, TX 78020 pation / Job title (See Instructions)	9 Employer (See Instructions	<u>;)</u>		
•	Not Employe		Not Employed	-,		
	Date 06/20/2023	Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$10.00
	Principal occu	Rerrville, TX 78020 spation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Not Employe		Not Employed	,		
	Date 03/25/2023	Full name of contributor	:)	•	Amount of Contribution (\$)	\$100.00
	Dringinal occu	Kerrville, TX 78028-4907 pation / Job title (See Instructions)	Employer (See Instructions	·/-		
	Not Employe		Employer (See Instructions Not Employed	P)		
	Date 06/09/2023	Full name of contributor out-of-state PAC (ID# Lynette, Wedig Contributor address; City; State; Zip Code Kerrville, TX 78028	:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Not Employe	ed	Not Employed			
	Date 01/17/2023	Full name of contributor out-of-state PAC (ID# Meier, Niessa Contributor address; City; State; Zip Code Kerrville, TX 78028	:)		Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Frontier Nurs	sing University	Midwife			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 26/36 Rpt: 29/103	
2	FILER NAME Kerr County	Democratic Party Executive Committee		3	Filer ID (Ethics Commission 00083221	n Filers)
4	Date 02/17/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Kerrville, TX 78028 spation / Job title (See Instructions)	9 Employer (See Instructions	رد ا		
Ŭ		sing University	Midwife Midwife	')		
	Date 03/17/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	•	sing University	Midwife	•		
	Date 04/17/2023	Full name of contributor)		Amount of Contribution (\$)	\$50.00
	Dringing Loggy	Kerrville, TX 78028	Employer (Coo Instructions	<u></u>		
		pation / Job title (See Instructions) sing University	Employer (See Instructions Midwife	·)		
	Date 05/17/2023	Full name of contributor out-of-state PAC (ID#: Meier, Niessa Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		Kerrville, TX 78028				
	•	pation / Job title (See Instructions) sing University	Employer (See Instructions Midwife	5)		
	Date 06/17/2023	Full name of contributor out-of-state PAC (ID#: Meier, Niessa Contributor address; City; State; Zip Code Kerrville, TX 78028	:		Amount of Contribution (\$)	\$50.00
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Frontier Nurs	sing University	Midwife			

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDULE	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 27/36 Rpt: 30/103	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		Democratic Party Executive Committee		L	00083221	
4	Date 01/08/2023			7	Amount of Contribution (\$)	\$20.00
		6 Contributor address; City; State; Zip Code				
_	Driverine Leasur	Kerrville, TX 78028	Contractions	<u></u>		
8	USDA	pation / Job title (See Instructions)	9 Employer (See Instructions Research Scientist	5)		
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	02/08/2023	Olafson, Pia				\$20.00
		Contributor address; City; State; Zip Code				
		Kerrville, TX 78028				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	USDA		Research Scientist			
	Date	Full name of contributor ut-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	03/08/2023	Olafson, Pia				\$20.00
		Contributor address; City; State; Zip Code Kerrville, TX 78028				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>L</u> S)		
	USDA		Research Scientist			
	Date	Full name of contributor out-of-state PAC (ID#	<i>+</i> :)	Т	Amount of Contribution (\$)	
	04/08/2023	Olafson, Pia				\$20.00
		Contributor address; City; State; Zip Code				
		Kerrville, TX 78028				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	USDA	,	Research Scientist	•		
	Date	Full name of contributor out-of-state PAC (ID#	<u>;</u>	Π	Amount of Contribution (\$)	
	05/08/2023	Olafson, Pia			,	\$20.00
		Contributor address; City; State; Zip Code				
		Kerrville, TX 78028				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>L</u>		
	USDA	•	Research Scientist	-		
			<u>'</u>			

MONET	FARY POLITICAL CONTRIBUT	IONS	SCHEDULE A1	L
The Instru	action Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 28/36 Rpt: 31/103	
2 FILER NAME Kerr County	Democratic Party Executive Committee		3 Filer ID (Ethics Commission Filers) 00083221)
4 Date 06/08/2023	 Full name of contributor		7 Amount of Contribution (\$)	0.00
	Kerrville, TX 78028			
8 Principal occu USDA	upation / Job title (See Instructions)	9 Employer (See Instructions Research Scientist	s)	
Date 03/21/2023	Contributor address; City; State; Zip Code	#:	Amount of Contribution (\$) \$10	0.00
Principal occu	Kerrville, TX 78028 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)	
Not Employe	ed	Not Employed		
Date 04/21/2023	Full name of contributor out-of-state PAC (ID Presswood, Katrina Contributor address; City; State; Zip Code	#:)	Amount of Contribution (\$) \$10	0.00
	Kerrville, TX 78028			
Principal occu Not Employ	upation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	5)	
Date 05/21/2023	Contributor address; City; State; Zip Code	#:)	Amount of Contribution (\$) \$10	0.00
Principal occu	Kerrville, TX 78028 upation / Job title (See Instructions)	Employer (See Instructions	5)	
Not Employe	,	Not Employed	-,	
Date 06/21/2023	Full name of contributor out-of-state PAC (ID Presswood, Katrina Contributor address; City; State; Zip Code Kerrville, TX 78028	#:)	Amount of Contribution (\$) \$10	0.00
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions Not Employed	S)	
	upation / Job title (See Instructions)		s)	

The I				
	nstruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 29/36 Rpt: 32/103	
2 FILER Kerr C	NAME County Democratic Party Executive Committee		3 Filer ID (Ethics Commission 00083221	n Filers)
4 Date 03/20/	5 Full name of contributor ut-of-state PAC (ID		7 Amount of Contribution (\$)	\$20.00
8 Princip	Kerrville, TX 78028 al occupation / Job title (See Instructions)	9 Employer (See Instructions)	
	mployed	Not Employed)	
Date 04/20/) #:)	Amount of Contribution (\$)	\$20.00
	Kerrville, TX 78028			
	al occupation / Job title (See Instructions) mployed	Employer (See Instructions) Not Employed)	
Date 05/20/	Full name of contributor out-of-state PAC (ID/2023 Smith, Charles Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	\$20.00
	Kerrville, TX 78028			
	al occupation / Job title (See Instructions) mployed	Employer (See Instructions Not Employed)	
Date 06/20/	I ')	Amount of Contribution (\$)	\$20.00
Dringin	Kerrville, TX 78028 al occupation / Job title (See Instructions)	Employer (See Instructions	.	
•	mployed	Not Employed)	
Date 01/08/	Full name of contributor out-of-state PAC (ID/2023 Smith, David Contributor address; City; State; Zip Code Hunt, TX 78024)#:)	Amount of Contribution (\$)	\$100.00
Princip Self	al occupation / Job title (See Instructions)	Employer (See Instructions Lawyer)	

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 30/36 Rpt: 33/103	
2	FILER NAME Kerr County	ER NAME r County Democratic Party Executive Committee		3	Filer ID (Ethics Commission 00083221	n Filers)
4	Date 02/08/2023	 Full name of contributor out-of-state PAC (ID#:_Smith, David Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$100.00
_		Hunt, TX 78024	Ta a second			
8	Principal occu Self	pation / Job title (See Instructions)	Employer (See Instructions Lawyer)		
	Date 03/08/2023	Full name of contributor out-of-state PAC (ID#:_ Smith, David Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Hunt, TX 78024 pation / Job title (See Instructions)	Employer (See Instructions			
	Self	pation / 300 title (See instructions)	Lawyer	,		
	Date 04/08/2023	Full name of contributor out-of-state PAC (ID#:_ Smith, David Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Hunt, TX 78024				
	Principal occu Self	pation / Job title (See Instructions)	Employer (See Instructions Lawyer)		
	Date 05/08/2023	Full name of contributor out-of-state PAC (ID#:_Smith, David Contributor address; City; State; Zip Code Hunt, TX 78024			Amount of Contribution (\$)	\$100.00
	Principal occu Self	pation / Job title (See Instructions)	Employer (See Instructions Lawyer)		
	Date 06/08/2023	Full name of contributor out-of-state PAC (ID#:_Smith, David Contributor address; City; State; Zip Code Hunt, TX 78024			Amount of Contribution (\$)	\$100.00
	Principal occu Self	pation / Job title (See Instructions)	Employer (See Instructions Lawyer)		

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 31/36 Rpt: 34/103	
2	FILER NAME	Democratic Party Executive Committee		3	Filer ID (Ethics Commission 00083221	n Filers)
4	Date 05/21/2023	Full name of contributor		7	Amount of Contribution (\$)	\$120.00
_	Deinsinal	Kerrville, TX 78028	D. Frankrick (O. a. bratovstice)			
8	Not Employe	pation / Job title (See Instructions) ed	9 Employer (See Instructions Not Employed	5)		
	Date 01/24/2023	Full name of contributor out-of-state PAC (IE Steele, Margaret Contributor address; City; State; Zip Code	D#:)	•	Amount of Contribution (\$)	\$25.00
		Kerrville, TX 78028		Ĺ		
	Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	5)		
	Date 01/02/2023	Full name of contributor out-of-state PAC (IE Summerlin, Mary Ellen Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$50.00
	Deinsinal assu	Kerrville, TX 78028	Francis vou (Coo linetro eticore	<u></u>		
	Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	o)		
	Date 02/02/2023	Full name of contributor out-of-state PAC (IE Summerlin, Mary Ellen Contributor address; City; State; Zip Code	D#:)	•	Amount of Contribution (\$)	\$50.00
		Kerrville, TX 78028				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	s)		
	Date 04/06/2023	Full name of contributor out-of-state PAC (IE Summerlin, Mary Ellen Contributor address; City; State; Zip Code Kerrville, TX 78028	D#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	<u>1</u> S)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 32/36 Rpt: 35/103	
2	FILER NAME Kerr County	Democratic Party Executive Committee		3	Filer ID (Ethics Commission 00083221	n Filers)
4		5 Full name of contributor out-of-state PAC (ID#:_ Summerlin, Mary Ellen 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$50.00
0	Dringing oggu	Kerrville, TX 78028 pation / Job title (See Instructions)	9 Employer (See Instructions			
8	Not Employe		Not Employed)		
	Date 06/02/2023	Full name of contributor out-of-state PAC (ID#:_ Summerlin, Mary Ellen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00
	Principal occu	Kerrville, TX 78028 pation / Job title (See Instructions)	Employer (See Instructions			
	Not Employe		Not Employed	,		
	Date 01/01/2023	Full name of contributor out-of-state PAC (ID#:_Veldhuizen, Barbara Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		Kerrville, TX 78028				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		
	Date 02/01/2023	Full name of contributor out-of-state PAC (ID#:_ Veldhuizen, Barbara Contributor address; City; State; Zip Code kerrville, TX 78028			Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed)		
	Date 01/22/2023	Full name of contributor out-of-state PAC (ID#:_ Wedig, Lynette Contributor address; City; State; Zip Code Tularosa, NM 88352)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 33/36 Rpt: 36/103	
2	FILER NAME Kerr County	Democratic Party Executive Committee		3	Filer ID (Ethics Commission 00083221	n Filers)
4	Date 02/22/2023	5 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
_		Tularosa, NM 88352	1			
8	Principal occu Not Employe	pation / Job title (See Instructions) ed	9 Employer (See Instructions Not Employed	S)		
	Date 03/22/2023	Full name of contributor out-of-state PAC (ID# Wedig, Lynette Contributor address; City; State; Zip Code	<u>; </u>	•	Amount of Contribution (\$)	\$25.00
	Dringing aggr	Tularosa, NM 88352	Employer (See Instructions	<u></u>		
	Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	5)		
	Date 04/22/2023	Full name of contributor out-of-state PAC (ID# Wedig, Lynette Contributor address; City; State; Zip Code	<u>; </u>	•	Amount of Contribution (\$)	\$25.00
		Tularosa, NM 88352				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	S)		
	Date 05/22/2023	Full name of contributor out-of-state PAC (ID# Wedig, Lynette Contributor address; City; State; Zip Code	÷)		Amount of Contribution (\$)	\$25.00
		Tularosa, NM 88352	1 - 1 /2	<u> </u>		
	Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	S)		
	Date 06/22/2023	Full name of contributor out-of-state PAC (ID# Wedig, Lynette Contributor address; City; State; Zip Code Tularosa, NM 88352	<u>:</u>)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	<u>s)</u>		
	Not Employe	ed	Not Employed			

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 34/36 Rpt: 37/103	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Kerr County	Democratic Party Executive Committee			00083221	
4	Date 01/10/2023			7	Amount of Contribution (\$)	\$2.50
_		Alamogordo, NM 88310				
8	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		
	Date 02/10/2023	Full name of contributor out-of-state PAC (ID#:_ Williams, Elizabeth Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2.50
	Dringing ogg	Alamogordo, NM 88310 pation / Job title (See Instructions)	Employer (See Instructions			
	Not Employe		Not Employed)		
03/10/2023 Willian		Full name of contributor out-of-state PAC (ID#:_ Williams, Elizabeth Contributor address; City; State; Zip Code	liams, Elizabeth		Amount of Contribution (\$)	\$2.50
		Alamogordo, NM 88310				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		
Date 04/10/2023					Amount of Contribution (\$)	\$2.50
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		
	Date Full name of contributor out-of-state PAC (ID#:) 05/10/2023 Williams, Elizabeth Contributor address; City; State; Zip Code Alamogordo, NM 88310			Amount of Contribution (\$)	\$2.50	
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A		
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 35/36 Rpt: 38/103		
2	FILER NAME Kerr County	Democratic Party Executive Committee		3	Filer ID (Ethics Commission 00083221	ı Filers)	
4			7	Amount of Contribution (\$)	\$2.50		
8	Dringinal occu	Alamogordo, NM 88310 pation / Job title (See Instructions)	9 Employer (See Instructions				
_	Not Employe		Not Employed	<i>,</i>			
	Date 01/18/2023	Full name of contributor out-of-state PAC (ID#:_callery, nancy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00	
	Principal occu	Seattle, WA 98122-3327	Employer (See Instructions)			
	Principal occupation / Job title (See Instructions) Not Employed Not Employed			,			
02/18/2023 callery, nancy		Full name of contributor out-of-state PAC (ID#:_ callery, nancy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00	
		Seattle, WA 98122-3327					
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)			
Date 03/18/2023		.8/2023 callery, nancy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00	
	Principal occu	Seattle, WA 98122-3327 pation / Job title (See Instructions)	Employer (See Instructions Not Employed)			
	Date Full name of contributor out-of-state PAC (ID#:) 04/18/2023 callery, nancy Contributor address; City; State; Zip Code Seattle, WA 98122-3327			Amount of Contribution (\$)	\$10.00		
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed)			

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A	1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 36/36 Rpt: 39/103	
2	FILER NAME Kerr County Democratic Party Executive Committee	3 Filer ID (Ethics Commission Filer: 00083221	5)
4	Date 05/18/2023 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of Contribution (\$) \$1	.0.00
	Seattle, WA 98122-3327		
8	Principal occupation / Job title (See Instructions) Not Employed 9 Employer (See Instructions) Not Employed	uctions)	
	Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$1	.0.00
	Contributor address; City; State; Zip Code		
	Seattle, WA 98122-3327		
	Principal occupation / Job title (See Instructions) Not Employed Not Employed	uctions)	

	LOANS					S	CHEDULE E	
	The Instruction Guide explains how to complete this form					al pages Schedul n: 1/1 Rpt: 40/1		
2	FILER NAME Kerr County Der	nocratic Party Executive Comm	nittee		1	r ID (Ethics Co	mmission Filers)	
4	TOTAL OF UN	IITEMIZED LOANS				\$	0.0)0
5	Date of loan	7 Name of lender	out-of-state PA	NC (ID#:		9 Loan Ar	nount (\$)	
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest		
						11 Maturity	Date	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instruction	ns)			
14	Description of Coll None	ateral		15 Check if personal funds v	vere depo		l account structions)	
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount	Guaranteed (\$)	
	not applicable	18 Guarantor address; City;	State;	Zip Code				
20	Principal occupation	on		21 Employer (See Instructio	ns)	l		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

	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 File		
	Sch: 1/63 Rpt: 41/103	Kerr County Democratic Party Executive Committee 00083221		
4	Date	5 Payee name		
	01/17/2023	AT&T		
6	Amount (\$) \$32.48	7 Payee address; City; State; Zip Code 1381 LUNCTION HWY Kerrville, TX 78028		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense TELEPHONE		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
	Date	Payee name		
	02/13/2023	AT&T		
	Amount (\$) \$32.48	Payee address; City; State; Zip Code 1381 LUNCTION HWY Kerrville, TX 78028		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense TELEPHONE		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
	Date 01/01/2023	Payee name Act Blue		
	Amount (\$) \$3.95	Payee address; City; State; Zip Code PO Box 441174 Sommerville, MA 02144		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FEE		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 2/63 Rpt: 42/103	Kerr County Democratic Party Executive Committee 00083221				
4	Date	5 Payee name				
	01/01/2023	Act Blue				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$3.95	PO Box 441174				
		Sommerville, MA 02144				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense FEE				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
H	Date	Power name				
	01/08/2023	Payee name Act Blue				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$3.95	PO Box 441174				
		Sommerville, MA 02144				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense FEE				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
-	Date	Payee name				
	01/08/2023	Payee name Act Blue				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$0.79	PO Box 441174				
		Sommerville, MA 02144				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		FEE				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 3/63 Rpt: 43/103	2 FILER NAME Kerr County Democratic Party Executive Committee 3 Filer ID (Ethics Commission Filers) 00083221
4	Date 01/10/2023	5 Payee name Act Blue
6	Amount (\$) \$1.98	7 Payee address; City; State; Zip Code PO Box 441174
8	PURPOSE OF EXPENDITURE	Sommerville, MA 02144 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FEE
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 01/10/2023	Payee name Act Blue
	Amount (\$) \$0.10	Payee address; City; State; Zip Code PO Box 441174
	PURPOSE OF EXPENDITURE	Sommerville, MA 02144 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FEE
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 01/10/2023	Payee name Act Blue
	Amount (\$) \$1.58	Payee address; City; State; Zip Code PO Box 441174
		Sommerville, MA 02144
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FEE
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
_	Total marca Cabadula F1.				
1	Total pages Schedule F1: Sch: 4/63 Rpt: 44/103	2 FILER NAME Kerr County Democratic Party Executive Committee 3 Filer ID (Ethics Commission Filers) 00083221			
4	Date	5 Payee name			
	01/11/2023	Act Blue			
6	Amount (\$) \$2.37	7 Payee address; City; State; Zip Code PO Box 441174			
		Sommerville, MA 02144			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
	LAFENDITORE	Check if Austin, TX, officeholder living expense FEE			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	01/14/2023	Act Blue			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1.98	PO Box 441174			
		Sommerville, MA 02144			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		FEE			
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	01/16/2023	Act Blue			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$0.60	PO Box 441174			
		Sommerville, MA 02144			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		FEE			
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 5/63 Rpt: 45/103	Kerr County Democratic Party Executive Committee 00083221
4	Date	5 Payee name
	01/17/2023	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.79	PO Box 441174
		Sommerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	01/17/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	PO Box 441174
		Sommerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		FEE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/17/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	PO Box 441174
		Sommerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		FEE
	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
Contributions/ Donations Made By Candidate/Officeholder/Political C

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

pense Travel in Distri pense Travel Out of E ages/Contract Labor OTHER (enter

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 6/63 Rpt: 46/103	Kerr County Democratic Party Executive Committee 00083221				
4	Date	5 Payee name				
	01/18/2023	Act Blue				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$0.40	PO Box 441174				
		Sommerville, MA 02144				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
_	Data					
	Date	Payee name				
	01/20/2023	Act Blue				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$3.95	PO Box 441174				
		Sommerville, MA 02144				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.				
	LAFENDITORE	Check if Austin, TX, officeholder living expense				
		FEE				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	01/21/2023	Act Blue				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1.98	PO Box 441174				
		Sommerville, MA 02144				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITORE	Check if Austin, TX, officeholder living expense				
		FEE				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	oxponentials to portain over 1					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 7/63 Rpt: 47/103	Kerr County Democratic Party Executive Committee 00083221			
4	Date	5 Payee name			
	01/22/2023	Act Blue			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$1.43	PO Box 441174			
		Sommerville, MA 02144			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense FEE			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/O				
\vdash	Date	Dougo nama			
	01/22/2023	Payee name Act Blue			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$0.99	PO Box 441174			
		Sommerville, MA 02144			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		FEE			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI				
	Date	Payee name			
	01/25/2023	Act Blue			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$3.95	PO Box 441174			
		Sommerville, MA 02144			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense FEE			
		FEE			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

l	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 8/63 Rpt: 48/103	2 FILER NAME Kerr County Democratic Party Executive Committee 3 Filer ID (Ethics Commission Filers) 00083221
4	Date 02/01/2023	5 Payee name Act Blue
6	Amount (\$) \$3.95	7 Payee address; City; State; Zip Code PO Box 441174
8	PURPOSE OF EXPENDITURE	Sommerville, MA 02144 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FEE
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/01/2023	Payee name Act Blue
	Amount (\$) \$3.95	Payee address; City; State; Zip Code PO Box 441174 Sommerville, MA 02144
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FEE
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/08/2023	Payee name Act Blue
	Amount (\$) \$3.95	Payee address; City; State; Zip Code PO Box 441174
		Sommerville, MA 02144
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FEE
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Candidate/Officeholder/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: 9/63 Rpt: 49/103	Kerr County Democratic Party Executive Committee 00083221
4	Date	5 Payee name
	02/08/2023	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.79	PO Box 441174
		Sommerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		FEE
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/10/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	PO Box 441174
		Sommerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		FEE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/10/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.10	PO Box 441174
	40.20	
		Sommerville, MA 02144
	PURPOSE	<u> </u>
	OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		FEE
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	parameter administration of the	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 10/63 Rpt:	2 FILER NAME Serr County Democratic Party Executive Committee 3 Filer ID (Ethics Commission Filers) 00083221
4	Date 02/10/2023	5 Payee name Act Blue
6	Amount (\$) \$1.58	7 Payee address; City; State; Zip Code PO Box 441174 Sommerville, MA 02144
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FEE
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 02/11/2023	Payee name Act Blue
	Amount (\$) \$2.37	Payee address; City; State; Zip Code PO Box 441174 Sommerville, MA 02144
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FEE
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/14/2023	Payee name Act Blue
	Amount (\$) \$1.98	Payee address; City; State; Zip Code PO Box 441174
		Sommerville, MA 02144
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FEE
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/63 Rpt:	Kerr County Democratic Party Executive Committee 00083221
4	Date	5 Payee name
	02/14/2023	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.60	PO Box 441174
		Sommerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨		
	Date	Payee name
	02/17/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.79	PO Box 441174
		Sommerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		FEE
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
L	·	
	Date	Payee name
	02/17/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	PO Box 441174
		Sommerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		FEE
\vdash	Complete ONE V if direct	Condidate/Officeholder name Office cought
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
_	Total marca Cabadula E1.			
1	Total pages Schedule F1: Sch: 12/63 Rpt:	2 FILER NAME Kerr County Democratic Party Executive Committee 3 Filer ID (Ethics Commission Filers) 00083221		
4	Date	5 Payee name		
	02/17/2023	Act Blue		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$1.98	PO Box 441174		
		Commonvillo, MA 02144		
		Sommerville, MA 02144		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense		
		FEE		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	1		
H	Date	Payee name		
	02/18/2023	Act Blue		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$0.40	PO Box 441174		
		Sommerville, MA 02144		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense		
		FEE .		
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
	experiulture to benefit C/Or			
	Date	Payee name		
	02/20/2023	Act Blue		
-	Amount (\$)	Payee address; City; State; Zip Code		
	\$3.95	PO Box 441174		
		PO BOX 441174		
		Sommerville, MA 02144		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Check if Austin, TX, officeholder living expense		
		FEE		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 13/63 Rpt:	2 FILER NAME Kerr County Democratic Party Executive Committee 3 Filer ID (Ethics Commission Filers) 00083221
4	Date 02/21/2023	5 Payee name Act Blue
6	Amount (\$) \$1.98	7 Payee address; City; State; Zip Code PO Box 441174
8	PURPOSE OF EXPENDITURE	Sommerville, MA 02144 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FEE
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 02/22/2023	Payee name Act Blue
	Amount (\$) \$1.43	Payee address; City; State; Zip Code PO Box 441174 Sommerville, MA 02144
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FEE
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Date 02/22/2023	Payee name Act Blue
	Amount (\$) \$0.99	Payee address; City; State; Zip Code PO Box 441174
		Sommerville, MA 02144
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FEE
	Complete ONLY if direct expenditure to benefit C/ON	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/63 Rpt:	Kerr County Democratic Party Executive Committee 00083221
4	Date	5 Payee name
	03/01/2023	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.95	PO Box 441174
		Sommerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/08/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	PO Box 441174
		Sommerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		FEE .
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payso nama
	03/08/2023	Payee name Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.79	PO Box 441174

		Sommerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		FEE
	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/63 Rpt:	Kerr County Democratic Party Executive Committee 00083221
4	Date	5 Payee name
	03/10/2023	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.98	PO Box 441174
		Sommerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/OI	
┡		
	Date	Payee name
	03/10/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.10	PO Box 441174
		Sommerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H		
	Date	Payee name
	03/10/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.58	PO Box 441174
		Sommerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		FEE .
ldash	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
$ldsymbol{f eta}$,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 16/63 Rpt:	Kerr County Democratic Party Executive Committee	00083221
4	Date	5 Payee name	•
	03/10/2023	Act Blue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3.95	PO Box 441174	
		Sommerville, MA 02144	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking	el outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Aust	in, TX, officeholder living expense
		FLL	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
_	Date	Davise were	
	03/11/2023	Payee name Act Blue	
	Amount (\$)		
	\$2.37	Payee address; City; State; Zip Code PO Box 441174	
	φ2.37	FO BOX 441174	
		Commonvillo, MA 02144	
		Sommerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	el outside of Texas. Complete Schedule T.
	EXPENDITURE	/ tocounting/ Dunking	in, TX, officeholder living expense
		FEE	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	03/14/2023	Act Blue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.98	PO Box 441174	
		Sommerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		el outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Aust	in, TX, officeholder living expense
		FEE	
	0 1. 0		05.
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 17/63 Rpt:	Kerr County Democratic Party Executive Committee		00083221	
4	Date	5 Payee name	<u> </u>		
	03/14/2023	Act Blue			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$0.60	PO Box 441174			
		Sommerville, MA 02144			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	· · · · · · · · · · · · · · · · · · ·	el outs	side of Texas. Com	plete Schedule T.
	LAPENDITORE		in, TX	K, officeholder living	expense
		FEE			
_	Opening the ONE Wife disease	O and if data (Office the Island are seen		O#: h-	.1.1
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office he	ela
	Date	Payee name			
	03/17/2023	Act Blue			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$0.79	PO Box 441174			
		Sommerville, MA 02144			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	/ ccounting/ Danking		side of Texas. Com (, officeholder living	
		FEE	III, I <i>T</i>	k, officeriolaer living	ехрепзе
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O	ı			
	Date	Payee name			
	03/17/2023	Act Blue			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$0.40	PO Box 441174			

		Sommerville, MA 02144			
	DUDDOCE				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if trave	el outs	side of Texas. Com	plete Schedule T.
	EXPENDITURE	/tecounting/banking		K, officeholder living	
		FEE			
_					
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O	I 			

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 18/63 Rpt:	Kerr County Democratic Party Executive Committee 00083221
4	Date	5 Payee name
	03/17/2023	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.98	PO Box 441174
		Sommerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		FEE
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
J	expenditure to benefit C/O	
_	Date	
	03/18/2023	Payee name Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	PO Box 441174
		Sommerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	— /4: ————	Check if Austin, TX, officeholder living expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/20/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	PO Box 441174
		Sommerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		FEE
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit eye.	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 19/63 Rpt:	Kerr County Democratic Party Executive Committee 00083221
4	Date	5 Payee name
	03/20/2023	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.79	PO Box 441174
		Sommerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		FEE
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
		•
	Date	Payee name
	03/20/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	PO Box 441174
		Sommerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense FEE
		FEE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	<u> </u>	
	Date	Payee name Act Blue
	03/20/2023	
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	PO Box 441174
		Sommerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 20/63 Rpt:	Kerr County Democratic Party Executive Committee 00083221	
4	Date	5 Payee name	
	03/20/2023	Act Blue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.40	PO Box 441174	
		Sommerville, MA 02144	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense FEE	
Ļ	Commission ONII V if disposit	Condidate/Officeholder name Office sought Office hold	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	·		
	Date	Payee name	
	03/20/2023	Act Blue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.78	PO Box 441174	
		Sommerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		FEE	
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
	- cxportantaro to portoni e/o.		
	Date	Payee name	
	03/20/2023	Act Blue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.40	PO Box 441174	
		Sommerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	LXI LINDITORL	Check if Austin, TX, officeholder living expense	
		FEE	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	experientare to benefit C/Of	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 21/63 Rpt:	2 FILER NAME Kerr County Democratic Party Executive Committee 3 Filer ID (Ethics Commission Filers) 00083221
4	Date 03/21/2023	5 Payee name Act Blue
6	Amount (\$) \$1.98	7 Payee address; City; State; Zip Code PO Box 441174
8	PURPOSE OF EXPENDITURE	Sommerville, MA 02144 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FEE
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 03/21/2023	Payee name Act Blue
	Amount (\$) \$1.98	Payee address; City; State; Zip Code PO Box 441174 Sommerville, MA 02144
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FEE
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/21/2023	Payee name Act Blue
	Amount (\$) \$0.40	Payee address; City; State; Zip Code PO Box 441174
		Sommerville, MA 02144
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FEE
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/63 Rpt:	Kerr County Democratic Party Executive Committee 00083221
4	Date	5 Payee name
	03/21/2023	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.40	PO Box 441174
		Sommerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Ĭ	expenditure to benefit C/O	
	Date	Payee name
	03/21/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	PO Box 441174
		Sommerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	03/21/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	PO Box 441174
		Sommerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		FEE
	Complete ONII V if allow	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/63 Rpt:	Kerr County Democratic Party Executive Committee 00083221
4	Date	5 Payee name
	03/21/2023	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.40	PO Box 441174
		Sommerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٠	expenditure to benefit C/O	
	Date	Payee name
	03/21/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	PO Box 441174

		Sommerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	03/21/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.79	PO Box 441174
		Sommerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		FEE
	Complete Chilly's "	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1: Sch: 24/63 Rpt:	2 FILER NAME Kerr County Democratic Party Executive Committee 3 Filer ID (Ethics Commission Filers) 00083221	
4	Date 03/21/2023	5 Payee name Act Blue	
6	Amount (\$) \$1.98	7 Payee address; City; State; Zip Code PO Box 441174	
8	PURPOSE OF EXPENDITURE	Sommerville, MA 02144 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FEE	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 03/22/2023	Payee name Act Blue	
	Amount (\$) \$1.43	Payee address; City; State; Zip Code PO Box 441174 Sommerville, MA 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FEE	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 03/22/2023	Payee name Act Blue	
	Amount (\$) \$0.99	Payee address; City; State; Zip Code PO Box 441174	
		Sommerville, MA 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FEE	
	Complete ONLY if direct expenditure to benefit C/ON	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1: Sch: 25/63 Rpt:	2 FILER NAME Kerr County Democratic Party Executive Committee	3 Filer ID (Ethics Commission Filers) 00083221
4	Date 03/25/2023	5 Payee name Act Blue	1
6	Amount (\$) \$3.95	7 Payee address; City; State; Zip Code PO Box 441174 Sommerville, MA 02144	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date 04/01/2023	Payee name Act Blue	
	Amount (\$) \$3.95	Payee address; City; State; Zip Code PO Box 441174 Sommerville, MA 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date 04/08/2023	Payee name Act Blue	
	Amount (\$) \$3.95	Payee address; City; State; Zip Code PO Box 441174	
		Sommerville, MA 02144	
	PURPOSE OF EXPENDITURE	/ Accounting/Banking	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought OH	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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 26/63 Rpt:	Kerr County Democratic Party Executive Committee 00083221
4	Date	5 Payee name
	04/08/2023	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.79	PO Box 441174
		Sommerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		FEE
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit Gree	
	Date	Payee name
	04/10/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	PO Box 441174
		Sommerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		FEE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/10/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.10	PO Box 441174
		Sommerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		FEE
	Complete ONII V if direct	Condidate/Officeholder name Office county
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/63 Rpt:	Kerr County Democratic Party Executive Committee 00083221
4	Date	5 Payee name
	04/10/2023	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.58	PO Box 441174
		Sommerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨		
	Date	Payee name
	04/11/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.37	PO Box 441174
		Sommerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		FEE
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
L	·	
	Date	Payee name
	04/13/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	PO Box 441174
		Sommerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		FEE
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
\vdash		

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		
1	Total pages Schedule F1: Sch: 28/63 Rpt:	L: 2 FILER NAME Kerr County Democratic Party Executive Committee 3 Filer ID 000832	(Ethics Commission Filers)
Ļ	-	i i	
4	Date 04/14/2023	5 Payee name Act Blue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$0.60	PO Box 441174	
		Sommerville, MA 02144	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas	Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholde	living expense
		FEE	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office	ce held
	expenditure to benefit C/OI		ac neid
	Date	Payee name	
	04/16/2023	Act Blue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.98	PO Box 441174	
		Sommerville, MA 02144	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas	
		FEE	ming oxponed
	Complete ONLY if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	ce held
	,		
	Date	Payee name	
	04/17/2023	Act Blue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.79	PO Box 441174	
		Sommerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking	
		Check if Austin, TX, officeholde	living expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office	ce held
	expenditure to benefit C/O		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Gandidate/Officeholder/Political Committee Legal Services

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 29/63 Rpt:	2 FILER NAME Kerr County Democratic Party Executive Committee 3 Filer ID (Ethics Commission Filers) 00083221
4	Date 04/17/2023	5 Payee name Act Blue
6	Amount (\$) \$1.98	7 Payee address; City; State; Zip Code PO Box 441174
8	PURPOSE OF EXPENDITURE	Sommerville, MA 02144 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FEE
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 04/18/2023	Payee name Act Blue
	Amount (\$) \$0.40	Payee address; City; State; Zip Code PO Box 441174 Sommerville, MA 02144
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FEE
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 04/20/2023	Payee name Act Blue
	Amount (\$) \$3.95	Payee address; City; State; Zip Code PO Box 441174
		Sommerville, MA 02144
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FEE
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/63 Rpt:	Kerr County Democratic Party Executive Committee 00083221
4	Date	5 Payee name
	04/20/2023	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.79	PO Box 441174
		Sommerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		FEE
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
L		
	Date	Payee name
	04/20/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	PO Box 441174
		Sommerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		FEE
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	D .	
	Date	Payee name
	04/20/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	PO Box 441174
		Sommerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		FEE
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	onponditure to belieff 6/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 31/63 Rpt:	Kerr County Democratic Party Executive Committee 00083221
4	Date	5 Payee name
	04/20/2023	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.40	PO Box 441174
		Sommerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	expenditure to benefit C/OI	
H	D-1-	
	Date	Payee name
	04/20/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	PO Box 441174
		Sommerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		FEE .
	Operation ONLY if dispose	Open Fields (Office health and an annual to the control of the con
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	·	
	Date	Payee name
	04/21/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	PO Box 441174
		Sommerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		FEE
\vdash	Commission ON II V 15 allians	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		

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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 32/63 Rpt:	2 FILER NAME Kerr County Democratic Party Executive Committee 3 Filer ID (Ethics Commission Filers) 00083221
4	Date 04/21/2023	5 Payee name Act Blue
6	Amount (\$) \$1.98	7 Payee address; City; State; Zip Code PO Box 441174
8	PURPOSE OF EXPENDITURE	Sommerville, MA 02144 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FEE
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 04/21/2023	Payee name Act Blue
	Amount (\$) \$0.40	Payee address; City; State; Zip Code PO Box 441174 Sommerville, MA 02144
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FEE
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 04/21/2023	Payee name Act Blue
	Amount (\$) \$0.40	Payee address; City; State; Zip Code PO Box 441174
		Sommerville, MA 02144
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FEE
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 33/63 Rpt:	Kerr County Democratic Party Executive Committee 00083221			
4	Date	5 Payee name			
	04/21/2023	Act Blue			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$0.40	PO Box 441174			
		Sommerville, MA 02144			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
Ļ	0 1 0 0 1 1 1 1 1				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
L	·				
	Date	Payee name			
	04/21/2023	Act Blue			
	Amount (\$)	Payee address; City; State; Zip Code			
\$0.40 PO Box 441174		PO Box 441174			
		Sommerville, MA 02144			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
⊢	Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI				
L					
	Date	Payee name			
	04/21/2023	Act Blue			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$0.40	PO Box 441174			
		Sommerville, MA 02144			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		FEE FEE			
\vdash	Complete ONE V Stationary	Condidate/Officeholder name			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
L					

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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 34/63 Rpt:	2 FILER NAME Kerr County Democratic Party Executive Committee 3 Filer ID (Ethics Commission Filer 00083221	
4	Date 04/21/2023	5 Payee name Act Blue	
6	Amount (\$) \$0.40	7 Payee address; City; State; Zip Code PO Box 441174	
8	PURPOSE OF EXPENDITURE	Sommerville, MA 02144 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FEE	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date 04/21/2023	Payee name Act Blue	
	Amount (\$) \$0.79	Payee address; City; State; Zip Code PO Box 441174 Sommerville, MA 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FEE	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 04/22/2023	Payee name Act Blue	
	Amount (\$) \$1.43	Payee address; City; State; Zip Code PO Box 441174	
		Sommerville, MA 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FEE	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1: Sch: 35/63 Rpt:	2 FILER NAME Kerr County Democratic Party Executive Committee 3 Filer ID (Ethics Commission Filers) 00083221
4	Date 04/22/2023	5 Payee name Act Blue
6	Amount (\$) \$0.99	7 Payee address; City; State; Zip Code PO Box 441174 Sommerville, MA 02144
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FEE
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date 05/01/2023	Payee name Act Blue
	Amount (\$) \$3.95	Payee address; City; State; Zip Code PO Box 441174 Sommerville, MA 02144
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FEE
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 05/08/2023	Payee name Act Blue
	Amount (\$) \$3.95	Payee address; City; State; Zip Code PO Box 441174
		Sommerville, MA 02144
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FEE
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
	Sch: 36/63 Rpt:	Kerr County Democratic Party Executive Committee 00083221		
4	Date	5 Payee name		
	05/08/2023	Act Blue		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$0.79	PO Box 441174		
		Sommerville, MA 02144		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O	-1		
	Date	Payee name		
	05/10/2023	Act Blue		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$0.10	PO Box 441174		
		Sommerville, MA 02144		
	PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE		Accounting/Banking Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense		
		FEE		
	complete ONLY if direct Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·		
	Date	Payee name		
	05/10/2023	Act Blue		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$1.98	PO Box 441174		
	¥2.00			
		Sommerville, MA 02144		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Check if Austin, TX, officeholder living expense		
		FEE		
	0 1. 0			
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held		

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

	Candidate/Officeholder/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 Fi			
	Sch: 37/63 Rpt:	Kerr County Democratic Party Executive Committee 00083221			
4	Date	5 Payee name			
	05/10/2023	Act Blue			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$1.58	PO Box 441174			
		Sommerville, MA 02144			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		FEE			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/Ol	1			
	Date	Payee name			
	05/10/2023	Act Blue			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$3.95	PO Box 441174			
		Sommerville, MA 02144			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		FEE			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/Ol	1			
	Date	Payee name			
	05/11/2023	Act Blue			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$2.37	PO Box 441174			
		Sommerville, MA 02144			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		FEE			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
L	expenditure to benefit C/Ol	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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1: Sch: 38/63 Rpt:	2 FILER NAME Serr County Democratic Party Executive Committee 3 Filer ID (Ethics Commission Filer 00083221		
4	Date 05/14/2023	5 Payee name Act Blue		
6	Amount (\$) \$0.60	7 Payee address; City; State; Zip Code PO Box 441174		
8	PURPOSE OF EXPENDITURE	Sommerville, MA 02144 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FEE		
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held		
	Date 05/14/2023	Payee name Act Blue		
	Amount (\$) \$1.98	Payee address; City; State; Zip Code PO Box 441174 Sommerville, MA 02144		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FEE		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
	Date 05/17/2023	Payee name Act Blue		
	Amount (\$) \$0.79	Payee address; City; State; Zip Code PO Box 441174		
		Sommerville, MA 02144		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FEE		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

	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: 39/63 Rpt:	Kerr County Democratic Party Executive Committee 00083221
4	Date	5 Payee name
	05/17/2023	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.98	PO Box 441174
		Sommerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		FEE
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	05/18/2023	Act Blue
	Amount (\$) \$0.40	Payee address; City; State; Zip Code PO Box 441174
	Φυ.4υ	PO B0X 4411/4
	!	
		Sommerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	!	FEE
	!	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
-	Date	Payee name
	05/20/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.79	PO Box 441174
	Ψ0.19	FO BOX 441174
		Company of the NAA 02144
		Sommerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		FEE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 40/63 Rpt:	Kerr County Democratic Party Executive Committee 00083221			
4	Date	5 Payee name			
	05/20/2023	Act Blue			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$0.40	PO Box 441174			
		Sommerville, MA 02144			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
Ļ	0 1: 0 1: 0				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	05/20/2023	Act Blue			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$0.40	PO Box 441174			
		Sommerville, MA 02144			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
L	Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI				
	Date	Payee name			
	05/20/2023	Act Blue			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$0.40	PO Box 441174			
		Sommerville, MA 02144			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		FEE			
\vdash	Complete CNII V If allows	Condidate/Officeholder name			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Aw Committee Legal S	everage Expense ards/Memorials Expense iervices Instruction Guide explains		ense ges/Contract Labor	Travel in Distric Travel Out of D OTHER (enter a	
1	' ~		nocratic Party Executi	ve Comm	ittee	3 Filer ID 00083221	(Ethics Commission Filers)
4	Date					00000221	
	05/20/2023	5 Payee name Act Blue					
6	Amount (\$)	7 Payee address;	City; State	; Zip Cod	е		
	\$0.40	PO Box 441174					
		Sommerville, MA	. 02144				
8	PURPOSE		gories listed at the top of this sch	andula) (b) Description		
	OF	Accounting/Bank		reduie)		outside of Texas. Con	nplete Schedule T.
	EXPENDITURE	-			ш	ı, TX, officeholder livin	g expense
					FEE		
9	Complete ONLY if direct	Candidate/Officehold	der name	Office soug	ht	Office h	eld
	expenditure to benefit C/OI				-		
	Date	Payee name					
	05/20/2023	Act Blue					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$3.95	PO Box 441174	PO Box 441174				
		Sommerville, MA	. 02144				
	PURPOSE	(a) Category (See Cate	gories listed at the top of this sch	nedule) (b) Description		
	OF EXPENDITURE	Accounting/Bank			=	outside of Texas. Con	
					FEE CHECK II AUSUIII	i, ia, unicenuluei IIVIII	a evhense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officehold	der name (Office soug	ht	Office h	eld
H	Date	Payee name					
	05/21/2023	Act Blue					
	Amount (\$)	Payee address;	City; State	; Zip Cod	e		
	\$1.98	PO Box 441174					
L		Sommerville, MA	02144				
	PURPOSE	(a) Category (See Cate	gories listed at the top of this sch	nedule) (b) Description		
	OF EXPENDITURE	Accounting/Bank	ing		=	outside of Texas. Con	
					FEE	.,, calcollolder livili	g
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officehold	der name (Office soug	ht	Office h	eld

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 42/63 Rpt:	Kerr County Democratic Party Executive Committee 00083221
4	Date	5 Payee name
	05/21/2023	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.40	PO Box 441174
		Sommerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense FEE
		PEE
_		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/Oi	1
	Date	Payee name
	05/21/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	PO Box 441174

		Sommerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		FEE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/21/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	PO Box 441174
	Ψ0.40	1 0 000 441174
		Sommerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense FEE
		FLL
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1: Sch: 43/63 Rpt:	2 FILER NAME Kerr County Democratic Party Executive Committee 3 Filer ID (Ethics Commission Filers 00083221		
4	Date 05/21/2023	5 Payee name Act Blue		
6	Amount (\$) \$0.79	7 Payee address; City; State; Zip Code PO Box 441174 Sommerville, MA 02144		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FEE		
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held		
	Date 05/21/2023	Payee name Act Blue		
	Amount (\$) \$0.40	Payee address; City; State; Zip Code PO Box 441174 Sommerville, MA 02144		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FEE		
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held		
	Date 05/21/2023	Payee name Act Blue		
	Amount (\$) \$0.40	Payee address; City; State; Zip Code PO Box 441174		
		Sommerville, MA 02144		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FEE		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:			
	Sch: 44/63 Rpt:	Kerr County Democratic Party Executive Committee 00083221		
4	Date	5 Payee name		
	05/21/2023	Act Blue		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$0.40	PO Box 441174		
		Sommerville, MA 02144		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		FEE		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			
⊨	Date	Payee name		
	05/21/2023	Act Blue		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$1.98	PO Box 441174		
	!			
		Sommerville, MA 02144		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.		
	!	Check if Austin, TX, officeholder living expense		
	!			
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			
_	Data			
	Date	Payee name		
	05/22/2023	Act Blue		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$1.43	PO Box 441174		
		Sommerville, MA 02144		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense FEE		
	Computate ONLY if dispost	Condidate/Office helder no rec		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H		

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
		The Instruction Guide explains how to complete this form.	_
1	Total pages Schedule F1:		
	Sch: 45/63 Rpt:	Kerr County Democratic Party Executive Committee 00083221	
4	Date	5 Payee name	
	05/22/2023	Act Blue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$0.99	PO Box 441174	
		Sommerville, MA 02144	
8	PURPOSE		_
Ü	OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		FEE	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	┨	
	Date	Payee name	=
	06/01/2023	Act Blue	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$3.95	PO Box 441174	
	40.00		
		Common illo MA 02144	
		Sommerville, MA 02144	_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		FEE	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Date	Payee name	-
	06/07/2023	Act Blue	
			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.95	PO Box 441174	
		Sommerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		FEE	
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold	_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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 (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	• • • • • • • • • • • • • • • • • • •
	Sch: 46/63 Rpt:	Kerr County Democratic Party Executive Committee 00083221
4	Date	5 Payee name
	06/08/2023	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.95	PO Box 441174
		Sommerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		FEE
Ļ	2	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	06/08/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.79	PO Box 441174
		Sommerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense FEE
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	5.	
	Date	Payee name
	06/10/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.98	PO Box 441174
		Sommerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		FEE
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 47/63 Rpt:	Kerr County Democratic Party Executive Committee 00083221
4	Date	5 Payee name
	06/10/2023	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.58	PO Box 441174
		Sommerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		FEE
_	Commiste ONII V if disent	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/10/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.10	PO Box 441174
		Sommerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		FEE
	Operation ONLY & Street	Open Helder (Office helder warms and Office helder (Office helder
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/11/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.37	PO Box 441174
		Sommerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		FEE
	Occupation Children	Openhalte Office health and a second of the
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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
TTALE (Control of State Control of C

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 48/63 Rpt:	Kerr County Democratic Party Executive Committee 00083221
4	Date	5 Payee name
	06/14/2023	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.98	PO Box 441174
		Sommerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
Ļ	Commission ONII V if disease	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	<u> </u>	
	Date	Payee name
	06/14/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.60	PO Box 441174
		Sommerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
┝	Computate ONII V if direct	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	<u> </u>	
	Date	Payee name
	06/17/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.79	PO Box 441174
		Sommerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		FEE
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experialitate to beliefft C/OI	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 49/63 Rpt:	Kerr County Democratic Party Executive Committee 00083221
4	Date	5 Payee name
	06/17/2023	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.98	PO Box 441174
		Sommerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		FEE
Ļ	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
⊨		
	Date	Payee name
L	06/18/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	PO Box 441174
		Sommerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		FLL
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
⊨		
	Date	Payee name
	06/18/2023	Act Blue
l	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	PO Box 441174
l		
		Sommerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		FEE
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to beliefft C/OI	'

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 50/63 Rpt:	Kerr County Democratic Party Executive Committee 00083221
4	Date	5 Payee name
	06/20/2023	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.40	PO Box 441174
		Sommerville, MA 02144
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		FEE
		, ==
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
L	Data	
	Date	Payee name
	06/20/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.79	PO Box 441174
		Sommerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense FEE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	_	
	Date	Payee name
	06/20/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	PO Box 441174
		Sommerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		FEE
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to belieff 6/01	·

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 51/63 Rpt:	Kerr County Democratic Party Executive Committee 00083221
4	Date	5 Payee name
	06/20/2023	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.40	PO Box 441174
		Sommerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense FEE
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	D :	
	Date	Payee name
	06/20/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	PO Box 441174
		Sommerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		FEE
	Complete ONLY if divest	Condidate/Officeholder name Office pought
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	06/20/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.95	PO Box 441174
		Sommerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		FEE .
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 52/63 Rpt:	2 FILER NAME Serr County Democratic Party Executive Committee 3 Filer ID (Ethics Commission Filers) 00083221
4	Date 06/21/2023	5 Payee name Act Blue
6	Amount (\$) \$0.40	7 Payee address; City; State; Zip Code PO Box 441174 Sommerville, MA 02144
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FEE
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 06/21/2023	Payee name Act Blue
	Amount (\$) \$0.40	Payee address; City; State; Zip Code PO Box 441174 Sommerville, MA 02144
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FEE
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 06/21/2023	Payee name Act Blue
	Amount (\$) \$0.40	Payee address; City; State; Zip Code PO Box 441174
		Sommerville, MA 02144
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FEE
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/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: 53/63 Rpt:	Kerr County Democratic Party Executive Committee 00083221
4	Date	5 Payee name
	06/21/2023	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.98	PO Box 441174
		Sommerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/21/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.79	PO Box 441174
		Sommerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		FEE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	06/21/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	PO Box 441174
		Sommerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		FEE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 54/63 Rpt:	Kerr County Democratic Party Executive Committee 00083221
4	Date	5 Payee name
	06/21/2023	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.98	PO Box 441174
		Sommerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	- -	Check if Austin, TX, officeholder living expense
c	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OF	
L	·	
	Date	Payee name
L	06/22/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.99	PO Box 441174
L		Sommerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		FEE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
	Date	Payee name
	06/22/2023	Act Blue
	Amount (\$) \$1.43	Payee address; City; State; Zip Code PO Box 441174
	Φ1.43	
		Common tille, MA 004.44
		Sommerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		FEE
		'
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		rpense Tra	avel in District avel Out of District "HER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to co	mplete this form.	
1	Total pages Schedule F1: Sch: 55/63 Rpt:	FILER NAME Kerr County Democratic Party Executive Comr		er ID (Ethics Commission Filers) 0083221
4	Date 06/23/2023	5 Payee name Act Blue	•	
6	Amount (\$) \$0.40	7 Payee address; City; State; Zip Co PO Box 441174 Sommerville, MA 02144	de	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Check if travel outside of Check if Austin, TX, office	of Texas. Complete Schedule T. ceholder living expense
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sou	ght	Office held
	Date	Payee name		
	06/23/2023	Act Blue		
	Amount (\$) \$0.40	Payee address; City; State; Zip Co PO Box 441174	de	
		Sommerville, MA 02144		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Check if travel outside of Check if Austin, TX, office FEE	of Texas. Complete Schedule T. ceholder living expense
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sou	ght	Office held
	Date 04/13/2023	Payee name BLUEHOST		
	Amount (\$) \$12.99	Payee address; City; State; Zip Co 5335 Gate Pkwy	de	
		Jacksonville, FL 32256		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Check if travel outside of Check if Austin, TX, office WEBSITE	of Texas. Complete Schedule T. ceholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sou	ght	Office held
	experience to benefit croi	•		

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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 56/63 Rpt:	2 FILER NAME Kerr County Democratic Party Executive Committee 3 Filer ID (Ethics Commission Filers) 00083221
4	Date 04/13/2023	5 Payee name BLUEHOST
6	Amount (\$) \$9.99	7 Payee address; City; State; Zip Code 5335 Gate Pkwy
8	PURPOSE OF EXPENDITURE	Jacksonville, FL 32256 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense WEBSITE
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 01/24/2023	Payee name GEORGE WITMAN
	Amount (\$) \$1,450.00	Payee address; City; State; Zip Code 405 SHELTON DR
	PURPOSE OF EXPENDITURE	COLLEYVILLE, TX 76034 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense RENT
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/23/2023	Payee name GEORGE WITMAN
	Amount (\$) \$1,450.00	Payee address; City; State; Zip Code 405 SHELTON DR
		COLLEYVILLE, TX 76034
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense RENT
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		gory not listed above)			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (EI	thics Commission Filers)			
	Sch: 57/63 Rpt:	Kerr County Democratic Party Executive Committee 00083221				
4	Date	5 Payee name				
	03/23/2023	GEORGE WITMAN				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$1,450.00	405 SHELTON DR				
		COLLEYVILLE, TX 76034				
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 expe	ense			
		KENI				
_	Complete ONLY if direct	Condidate/Officeholder name Office assists				
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held				
_						
	Date	Payee name				
	04/25/2023	GEORGE WITMAN				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,450.00	405 SHELTON DR				
		COLLEYVILLE, TX 76034				
	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				
	Check if Austin, TX, officeholder living expense RENT					
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O	•				
H	Date	Payee name				
	05/25/2023	GEORGE WITMAN				
_						
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,450.00	405 SHELTON DR				
		COLLEYVILLE, TX 76034				
	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 Check if Austin, TX, officeholder living expe				
		RENT	ызс			
		TALLY!				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			Travel in District Travel Out of Dis	quipment & Related Expense		
1 Total pages So	chedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Commission Filers)
Sch: 58/6			y Democratic Party	Executive Con	nmitte	ee	Ĺ	00083221	,
4 Date		5 Payee name							
06/23/2023		GEORGE V	WITMAN						
6 Amount (\$)	\$1,450.00	7 Payee addre	FON DR	State; Zip (Code				
		COLLEYVI	LLE, TX 76034						
8 PURPOSE OF EXPENDITUR			see Categories listed at the to rhead/Rental Exper		(b)	=		de of Texas. Comp	
9 Complete ONL expenditure to			ïceholder name	Office se	ought			Office he	eld
Date		Payee name							
01/17/2023		KPUB							
Amount (\$) Payee address; City; State; Zip Code									
\$80.57 2250 Memorial Blvd									
		Kerrville, T			1				
PURPOSE OF EXPENDITUR		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ELECTRICITY							
Complete <u>ONL</u> expenditure to			ïceholder name	Office so	ought			Office he	eld
Date		Payee name				-			
02/13/2023		KPUB							
Amount (\$)	\$123.79	Payee addre		State; Zip (Code				
		Kerrville, T	X 78028						
PURPOSE OF EXPENDITUR			See Categories listed at the to rhead/Rental Exper		(b)		, TX,	de of Texas. Comp	
Complete <u>ONL</u> expenditure to			ïceholder name	Office so	ought			Office he	eld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Cabadula F1:	· · · · · · · · · · · · · · · · · · ·	_
1	Total pages Schedule F1: Sch: 59/63 Rpt:	2 FILER NAME Kerr County Democratic Party Executive Committee 3 Filer ID (Ethics Commission Filers 00083221	'
4	Date	5 Payee name	
	03/13/2023	KPUB	
6	Amount (\$) \$114.49	7 Payee address; City; State; Zip Code 2250 Memorial Blvd Kerrville, TX 78028	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ELECTRICITY	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	04/11/2023	KPUB	
	Amount (\$) \$44.71	Payee address; City; State; Zip Code 2250 Memorial Blvd	
		Kerrville, TX 78028	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ELECTRICITY	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	05/15/2023	KPUB	
	Amount (\$) \$70.12	Payee address; City; State; Zip Code 2250 Memorial Blvd	
		Kerrville, TX 78028	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ELECTRICITY	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

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: 60/63 Rpt:	Kerr County Democratic Party Executive Committee 00083221
4 Date	5 Payee name
06/12/2023	KPUB
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$72.29	2250 Memorial Blvd
	Kerrville, TX 78028
8 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
	ELECTRICITY
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experialitate to belieff 6/0	лі -
Date	Payee name
01/05/2023	Spectrum
Amount (\$)	Payee address; City; State; Zip Code
\$98.02	PO Box 60074
	City of Industry, CA 91716
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
LXI LINDITORL	Check if Austin, TX, officeholder living expense
	WIFI
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete ONLY if direct expenditure to benefit C/O	
Date	Payee name
02/06/2023	Spectrum
Amount (\$)	Payee address; City; State; Zip Code
\$98.02	PO Box 60074
	City of Industry, CA 91716
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense WIFI
	VVIET
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/0	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing 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: 61/63 Rpt:	Kerr County Democratic Party Executive Committee 00083221			
4	Date	5 Payee name			
	03/06/2023	Spectrum			
6	Amount (\$)	7 Payee address; City; State; Zip Code	_		
ľ	* *	PO Box 60074			
	\$98.02	PO BOX 00074			
		City of Industry, CA 91716			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Office Overhead/Rental Expense			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		WIFI			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	1			
F	Date	Payee name	_		
	04/05/2023	Spectrum			
H		·			
	Amount (\$)				
	\$98.02	PO Box 60074			
		City of Industry, CA 91716			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Office Overhead/Rental Expense			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		WIFI			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	1			
F	Date	Payee name	_		
	05/05/2023	Spectrum			
\vdash	Amount (\$)	Payee address; City; State; Zip Code			
	()				
	\$98.02	PO Box 60074			
L		City of Industry, CA 91716			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense			
	EXPENDITORE	Check if Austin, TX, officeholder living expense			
		WIFI			
L					
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	1			
Г			_		
ı					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 62/63 Rpt:	Kerr County Democratic Party Executive Committee 00083221
4	Date	5 Payee name
	06/05/2023	Spectrum
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$98.02	PO Box 60074
		City of Industry, CA 91716
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense WIFI
		· · · · · · · · · · · · · · · · · · ·
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٦	expenditure to benefit C/OI	
_	Data	
	Date	Payee name
	01/13/2023	Staples Direct
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.05	659 Worcester Rd
		Farmingham, MA 01701
	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
		OFFICE SUPPLIES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		
	Date	Payee name
	03/20/2023	UPS Store
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.99	317 Sidney Baker St
		Kerrville, TX 78028
	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
		BUSINESS CARDS
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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 (expense a category not listed above)

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)			
ļ_	T-4-1 O-1	_						_	Ell ID	(Fabine Commission Filers)
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commission Filers)
	Sch: 63/63 Rpt:		Kerr County	Democratic Party E	Executive Comr	nitte	ee		00083221	
4	Date	5	Payee name							
	01/13/2023		VistaPrint							
Ļ		_								
6	Amount (\$)	7	Payee addres		State; Zip Co	ode				
	\$37.36		95 Hayden A	Ave						
			Lexington, N	/A 02421						
Ļ		_								
8	PURPOSE OF	(a)		e Categories listed at the top		(b)	Description			
	EXPENDITURE		Office Overh	nead/Rental Expens	se		_			nplete Schedule T.
							_		officeholder living	g expense
							BUSINESS C	Αŀ	KDS	
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office sou	ight			Office h	eld
	expenditure to benefit C/O	4								
\vdash	Date		Davis a re-							
			Payee name							
	01/23/2023		VistaPrint							
	Amount (\$)		Payee address	ss; City;	State; Zip Co	ode				
	\$41.63		95 Hayden	Ave						
			Lovington N	44 02421						
			Lexington, N	/IA U2421						
	PURPOSE	(a)	Category (Se	e Categories listed at the top	of this schedule)	(b)	Description			
OF EXPENDITURE			Office Overh	nead/Rental Expens	se		—			nplete Schedule T.
EXI ENDITORE							_		officeholder livin	g expense
							BUSINESS C	AF	RDS	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office sou	ıght			Office h	eld
	expenditure to benefit C/O	4								
l										