#### COUNTY EXECUTIVE COMMITTEE CAMPAIGN FINANCE REPORT

# FORM CEC COVER SHEET PG 1

The CEC Instruction Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00043022	2 Total pages filed: 144
3 COMMITTEE NAME	1	OFFICE USE ONLY
Denton County Democratic Party (CEC)		Date Received ELECTRONICALLY FILED 07/15/2023
ADDRESS 529 Malone St	TY; STATE; ZIP CODE	Date Hand-delivered or Date Postmarked
Change of Address Ste 119 Denton, TX 76201		Receipt # Amount
		Date Processed
		Date Imaged
5     CAMPAIGN TREASURER NAME     MS / MRS / MR     FIRST       Mr.     Michael J.		MI
NICKNAME LAST Callaway		SUFFIX
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) Roanoke, TX 76262	APT / SUITE #; CITY;	STATE; ZIP CODE
7 CAMPAIGN STREET OR PO BOX;	APT / SUITE #; CITY	; STATE; ZIP CODE
TREASURER MAILING ADDRESS	APT/SUITE#, CIT	, STATE, ZIP CODE
Change of Address Roanoke, TX 76262		
8 CAMPAIGN AREA CODE PHONE NUMBER TREASURER (817) 937-4602	EXTENSION	
9 REPORT January 15 3	Oth day before election	Final Report
8 X July 15	th day before election	10th day after campaign treasurer termination
10 PERIOD COVEREDMonthDayYear01/01/2023T	Month Day HROUGH 06/30/202	Year 3
03/05/2024	ELECTION TYPE Primary General Special	Other
GO	TO PAGE 2	
Forms provided by Texas Ethics Commission www.e	thics.state.tx.us	Version V3.5.1.a18ea2ca

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

#### FORM CEC COVER SHEET PG 2

12 COMMITTEE NAME				1	.3 Filer ID	(Ethics Commission Filers)
Denton County Democr	atic Party (CEC)				00043022	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Dr. Staci Barker Le	wisville ISD Pla	ace 7	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
15 CONTRIBUTION TOTALS	PLEDGES, LOAN	S, OR GUARA MADE ELECI	L CONTRIBUTIONS (OT NTEES OF LOANS, OR IRONICALLY) ne higher itemization thresho		\$	0.00
	2. TOTAL POLITIC (OTHER THAN P		BUTIONS NS, OR GUARANTEES	OF LOANS)	\$	37,004.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ED POLITICAI	L EXPENDITURES		\$	0.00
	4. TOTAL POLITIC	AL EXPEND	DITURES		\$	27,669.71
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT		TIONS MAINTAINED AS	OF THE LAST D	DAY \$	62,693.17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPA LAST DAY OF TH		F ALL OUTSTANDING L G PERIOD	OANS AS OF TI	HE \$	0.00
16 AFFIDAVIT			l swear, or affirm, und true and correct and ir under Title 15, Election	ncludes all inform		
				Mr. Michael	J. Callaway	
			S	Signature of Carr	ipaign Treasur	er
AFFIX NOTARY	STAMP / SEAL ABOV	E				
Sworn to and subscribed					s the	day
of	_, 20, to certil	y which, witnes	ss my hand and seal of c	office.		
Signature of officer ad	ministering oath	Printed nam	ne of officer administering	g oath	Title of office	er administering oath
Forms provided by Texas E	thics Commission	WW	w.ethics.state.tx.us			Version V3.5.1.a18ea2ca

# FORM CEC

ADDENDUM

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Denton County Democration	: Party (CEC)				00043022	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Suppor	rted	Michelle Alkhatib Lewisville ISD	Place 6	
(Attach lists on plain paper to complete this report if necessary.)		B. Oppos	ed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Suppor	rted			
		B. Oppos	ed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Suppor	rted	Adam Polter Carrollton Mayor		
(Attach lists on plain paper to complete this report if necessary.)		B. Oppos	ed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Suppor	rted			
		B. Oppos	ed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Suppor	rted	Brittney Verdell Carrollton City C	Council Place 4	
(Attach lists on plain paper to complete this report if necessary.)		B. Oppos	ed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Suppor	rted			
		B. Oppos	ed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

# FORM CEC

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12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Denton County Democration	: Party (CEC)				00043022	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Wesley Nute	Carrollton Farmers	S Branch ISD	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Vicki Byrd De	enton City Council I	District 1	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Dr. Beck Bria	n Denton City Cou	ncil District 2	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					

# FORM CEC

ADDENDUM

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12 COMMITTEE NAME							13 Filer ID	(Ethics Commission Filers)
Denton County Democration	: Party (CEC)						00043022	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		pported	Paul Meltzer	Denton City	y Counci	il District 3	
(Attach lists on plain paper to complete this report if necessary.)		B. Op	posed					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Su	pported					
		B. Op	posed					
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)							
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		pported	Lori Tays De	enton ISD PI	lace 6		
(Attach lists on plain paper to complete this report if necessary.)		B. Op	posed					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Su	pported					
		B. Op	posed					
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)							
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		pported	Dr. Patsy So	sa-Sanchez	Denton	ISD Place 7	
(Attach lists on plain paper to complete this report if necessary.)		B. Op	posed					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Su	pported					
		В. Ор	posed					
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)							
		-						

# FORM CEC

ADDENDUM Page 6 of 144

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Denton County Democration	Party (CEC)			00043022	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Dr. Monique Thompson Little Eli	m ISD School B	oard Place 1
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jason Salsbury Little Elm ISD S	chool Board Pla	ce 3
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Michel Hambrick Little Elm Town	n Council Place	6
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				

#### FORM CEC

ADDENDUM

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12 COMMITTEE NAME						13 Filer ID	(Ethics Commission Filers)
Denton County Democration	c Party (CEC)					00043022	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Supported	Amanda Smith	Northwest ISD	Place 5	
(Attach lists on plain paper to complete this report if necessary.)		В.	Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)		Supported				
		B.	Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Supported	Jennifer Murph	y Northwest ISE	) Place 7	
(Attach lists on plain paper to complete this report if necessary.)		В.	Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A.	Supported				
		В.	Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						

SUBTOTALS - CEC	C	FORM CEC OVER SHEET PG 3 8 of 144
17 COMMITTEE NAME Denton County Democratic Party (CEC)	18 Filer ID 00043022	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 37,004.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	<b>\$</b> 27,669.71
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 CONTRIBUTIO	ONS	\$
10. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/95 Rpt: 9/144	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		nty Democratic Party (CEC)		1	00043022	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	04/27/2023	Aguirre, Olivia				\$100.00
		6 Contributor address; City; State; Zip Code		1		
		Highland Village, TX 75077				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Not Employe	ed	Not Employed			
F	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	06/16/2023	Aguirre, olivia				\$345.00
		Contributor address; City; State; Zip Code		·		
		Highland Village, TX 75077				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/06/2023	Alday, Melissa				\$10.00
		Contributor address; City; State; Zip Code		·		
		Denton, TX 76210				
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Teacher		Dallas isd			
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	02/06/2023	Alday, Melissa				\$10.00
		Contributor address; City; State; Zip Code		1		
		Denton, TX 76210	1			
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Teacher		Dallas isd			
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	03/06/2023	Alday, Melissa				\$10.00
		Contributor address; City; State; Zip Code		]		
	<u> </u>	Denton, TX 76210	<u> </u>	ļ		
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Teacher		Dallas isd			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 2/95 Rpt: 10/144	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filer	rs)
	nty Democratic Party (CEC)		00043022	-,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
04/06/2023	Alday, Melissa		\$1	10.00
	6 Contributor address; City; State; Zip Code			
	Denton, TX 76210	1		
	pation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Teacher		Dallas isd		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/06/2023	Alday, Melissa		\$1	10.00
	Contributor address; City; State; Zip Code			
	5. 10. 77 70010			
- · · ·	Denton, TX 76210			
-	pation / Job title (See Instructions)	Employer (See Instructions	s)	
Teacher		Dallas isd	<del>.</del>	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/06/2023	Alday, Melissa		\$1	10.00
	Contributor address; City; State; Zip Code			
	Denton, TX 76210			
Drincinal occu		Employer (See Instructions		
Teacher	ipation / Job title (See Instructions)	Employer (See Instructions Dallas isd	<i>i)</i>	
Date 06/19/2023		)	Amount of Contribution (\$)	1 5 00
00/19/2023	Allen, Lisa		ττά	15.00
	Contributor address; City; State; Zip Code			
	Corinth, TX 76210			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)	
OCM	, , , , , , , , , , , , , , , , , , ,	Conerica Bank	,	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u> )	Amount of Contribution (\$)	
04/10/2023	Amadi, Hamilton	J		25.00
• • = • • = • - •	Contributor address; City; State; Zip Code		•	-0.01
	Contributor address, Gity, State, Eip Soute			
	The Colony, TX 75056			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)	
Retail sales		Circlek		
		<u> </u>		

The Instruction Guide explains how to complete this form.	
	1 Total pages Schedule A1: Sch: 3/95 Rpt: 11/144
2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
Denton County Democratic Party (CEC)	00043022
4 Date     5 Full name of contributor     out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
01/14/2023 Amendola, Sally	\$10.00
6 Contributor address; City; State; Zip Code	
Sanger, TX 76266	
8 Principal occupation / Job title (See Instructions)     9 Employer (See Instructions)     Not Employed	ons)
Not Employed Not Employed	
Date     Full name of contributor     out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/14/2023 Amendola, Sally	\$10.00
Contributor address; City; State; Zip Code	
Sanger, TX 76266	
Principal occupation / Job title (See Instructions) Employer (See Instruction	
Not Employed Not Employed	013)
	Amount of Contribution (\$)
Date     Full name of contributor     out-of-state PAC (ID#:)       03/14/2023     Amendola, Sally	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code	
Continuation address, City, State, Zip Code	
Sanger, TX 76266	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ons)
Not Employed Not Employed	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/14/2023 Amendola, Sally	\$10.00
Contributor address; City; State; Zip Code	
Sanger, TX 76266	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ons)
Not Employed Not Employed	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/14/2023 Amendola, Sally	\$10.00
Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code	
Sanger, TX 76266	
Sanger, TX 76266         Principal occupation / Job title (See Instructions)         Employer (See Instructions)	ons)
Sanger, TX 76266	ons)

The Instru				
	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 4/95 Rpt: 12/144	
2 FILER NAME			3 Filer ID (Ethics Commission I	Filers)
	nty Democratic Party (CEC)		00043022	110.0,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
06/13/2023	Amendola, Sally			\$920.00
	6 Contributor address; City; State; Zip Code			
	Sanger, TX 76266			
B Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
Not Employe		Not Employed		
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/14/2023	Amendola, Sally			\$10.00
	Sanger, TX 76266			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
Not Employe	}d	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
01/03/2023	Andrews, Prentiss & Francey			\$10.00
	Contributor address; City; State; Zip Code			
	,,,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Denton, TX 76209			
	Denton, TX 76209 pation / Job title (See Instructions)	Employer (See Instructions)		
retired	pation / Job title (See Instructions)	none		
retired Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:)	none	Amount of Contribution (\$)	
retired	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Andrews, Prentiss & Francey	none)		\$10.00
retired Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	none)		\$10.00
retired Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Andrews, Prentiss & Francey	none)		\$10.00
retired Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Andrews, Prentiss & Francey Contributor address; City; State; Zip Code	none)		\$10.00
retired Date 02/03/2023	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Andrews, Prentiss & Francey Contributor address; City; State; Zip Code Denton, TX 76209	none)	Amount of Contribution (\$)	\$10.00
retired Date 02/03/2023	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Andrews, Prentiss & Francey Contributor address; City; State; Zip Code	none)	Amount of Contribution (\$)	\$10.00
retired Date 02/03/2023 Principal occu retired	pation / Job title (See Instructions) Full name of contributorout-of-state PAC (ID#: Andrews, Prentiss & Francey Contributor address; City; State; Zip Code Denton, TX 76209 pation / Job title (See Instructions)	none ) 	Amount of Contribution (\$)	\$10.00
retired Date 02/03/2023 Principal occu retired Date	pation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_ Andrews, Prentiss & Francey         Contributor address; City; State; Zip Code         Denton, TX 76209         pation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_	none ) 	Amount of Contribution (\$)	
retired Date 02/03/2023 Principal occu retired	pation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_ Andrews, Prentiss & Francey         Contributor address; City; State; Zip Code         Denton, TX 76209         pation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_ Andrews, Prentiss & Francey	none) Employer (See Instructions) none)	Amount of Contribution (\$)	\$10.00
retired Date 02/03/2023 Principal occu retired Date	pation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_ Andrews, Prentiss & Francey         Contributor address; City; State; Zip Code         Denton, TX 76209         pation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_ Andrews, Prentiss & Francey	none) Employer (See Instructions) none)	Amount of Contribution (\$)	
retired Date 02/03/2023 Principal occu retired Date	pation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_ Andrews, Prentiss & Francey         Contributor address; City; State; Zip Code         Denton, TX 76209         pation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_ Andrews, Prentiss & Francey	none) Employer (See Instructions) none)	Amount of Contribution (\$)	
retired Date 02/03/2023 Principal occu retired Date	pation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_ Andrews, Prentiss & Francey         Contributor address; City; State; Zip Code         Denton, TX 76209         pation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_ Andrews, Prentiss & Francey	none) Employer (See Instructions) none)	Amount of Contribution (\$)	
retired Date 02/03/2023 Principal occu retired Date 02/18/2023	pation / Job title (See Instructions)         Full name of contributor       out-of-state PAC (ID#:_ Andrews, Prentiss & Francey         Contributor address; City; State; Zip Code         Denton, TX 76209         pation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_ Andrews, Prentiss & Francey         Contributor address; City; State; Zip Code         Contributor address; City; State; Zip Code	none) Employer (See Instructions) none)	Amount of Contribution (\$)	
retired Date	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Andrews, Prentiss & Francey	none)		\$10

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 5/95 Rpt: 13/144
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Denton Cour	nty Democratic Party (CEC)		00043022
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
03/03/2023	Andrews, Prentiss & Francey		\$10.00
	6 Contributor address; City; State; Zip Code		
	Denton, TX 76209		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	;)
retired		none	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/18/2023	Andrews, Prentiss & Francey		\$15.00
	Denton, TX 76209		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions)	;)
retired	•	none	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
04/03/2023	Andrews, Prentiss & Francey	/	\$10.00
0 11 00, 2022	Contributor address; City; State; Zip Code		
	Contributor address, Ory, State, Ep Code		
	Denton, TX 76209		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> ;)
retired	· ·	none	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
04/18/2023	Andrews, Prentiss & Francey	,	\$15.00
	,		
	Denton, TX 76209		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions)	l ;)
retired	•	none	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/03/2023	Andrews, Prentiss & Francey	,	\$10.00
	Contributor address; City; State; Zip Code		·
	לטוונווטענטו מעטובסס, לוגי, סומני, בוף לטעל		
	Denton, TX 76209		
Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> ;)
retired		none	,

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/95 Rpt: 14/144	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
	Denton Cour	nty Democratic Party (CEC)			00043022	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	05/18/2023	Andrews, Prentiss & Francey				\$15.00
		6 Contributor address; City; State; Zip Code		1		
		Denton, TX 76209				
8	Principal occu		9 Employer (See Instructions	<u> </u>		
	retired		none			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/03/2023	Andrews, Prentiss & Francey				\$10.00
		Contributor address; City; State; Zip Code				
		Denton, TX 76209				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)		
	retired		none			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/18/2023	Andrews, Prentiss & Francey				\$15.00
		Contributor address; City; State; Zip Code		1		
		Denton, TX 76209				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		none			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	06/15/2023	Barker, Staci				\$280.00
		Contributor address; City; State; Zip Code		1		
		Flower Mound, TX 75022				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ال</u>		
	•	nd Strategic Priorities Analyst	Region 10 ESC	"		
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	01/28/2023	Batt, Flori				\$5.00
		Contributor address; City; State; Zip Code				
		Denton, TX 76210				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Not Employe		Not Employed			

	ation Cuido explains how to complete this (	form	1 Total pages Schedule A1:
The instru	ction Guide explains how to complete this f	orm.	Sch: 7/95 Rpt: 15/144
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	nty Democratic Party (CEC)		00043022
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
02/28/2023	Batt, Flori		\$5.00
	6 Contributor address; City; State; Zip Code		
	Denton, TX 76210		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
Not Employe		Not Employed	
Date	Full name of contributor Out-of-state PAC (ID#:	l)	Amount of Contribution (\$)
03/28/2023	Batt, Flori		\$5.00
	Contributor address; City; State; Zip Code		1
	Denton, TX 76210	_	
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Not Employe	ed	Not Employed	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
04/28/2023	Batt, Flori		\$5.00
	Contributor address; City; State; Zip Code		
	Denton, TX 76210		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	>\
Not Employe		Not Employed	"
Date			Amount of Contribution (\$)
01/29/2023	Full name of contributor out-of-state PAC (ID#: Beal, Stanley	)	\$5.00
ULLULULU	Contributor address; City; State; Zip Code		
	Continuutor address, City, State, Zip Code		
	Fort Worth, TX 76112		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Office worke	۶r	LifeCycle Dental	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
02/28/2023	Beal, Stanley		\$5.00
	Contributor address; City; State; Zip Code		1
	Fort Worth, TX 76112		<u> </u>
	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Office worke	۲ <u>ــــــــــــــــــــــــــــــــــــ</u>	LifeCycle Dental	

		·		
The Instru	uction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 8/95 Rpt: 16/144	
2 FILER NAME	 E		3 Filer ID (Ethics Commission F	-ilers)
	unty Democratic Party (CEC)		00043022	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
03/29/2023				\$5.00
	6 Contributor address; City; State; Zip Code			
	Fort Worth, TX 76112			
8 Principal occ	cupation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>	
Office work		LifeCycle Dental	<i>'</i> )	
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
04/29/2023		/		\$5.00
0-1/20/2022				40100
	Continuation address, City, State, Zip Code			
	Fort Worth, TX 76112			
Principal occ	L cupation / Job title (See Instructions)	Employer (See Instructions	<u> </u> \$)	
Office work		LifeCycle Dental		
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u> )	Amount of Contribution (\$)	
05/29/2023			,	\$5.00
	Contributor address; City; State; Zip Code			• -
	Fort Worth, TX 76112			
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	\$)	
Office work	.er	LifeCycle Dental		
Date	Full name of contributor out-of-state PAC (ID#:	·)	Amount of Contribution (\$)	
06/29/2023				\$5.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76112	<u>.</u>		
-	cupation / Job title (See Instructions)	Employer (See Instructions	\$)	
Office work	er	LifeCycle Dental		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/10/2023	Beck, Brian			\$140.00
	Contributor address; City; State; Zip Code			
	Denton, TX 76209			
-	cupation / Job title (See Instructions)	Employer (See Instructions		
Computatio	onal Biologist	University of Texas at A	ustin	

The Ins	truction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 9/95 Rpt: 17/144
2 FILER NA	ME		<b>3</b> Filer ID (Ethics Commission Filers)
	County Democratic Party (CEC)		00043022
4 Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7 Amount of Contribution (\$)
06/09/20	23 Beckley, Michelle		\$920.00
	6 Contributor address; City; State; Zip Code		1
<ul> <li>B t sheat</li> </ul>	Carrollton, TX 75007		
	ccupation / Job title (See Instructions)	9 Employer (See Instructions	3)
Presider		Kookaburra Bird Shop	<del> </del>
Date	— — —	:)	Amount of Contribution (\$)
04/26/20			\$50.00
	Contributor address; City; State; Zip Code		]
Drineinel	Denton, TX 76201		<u> </u>
	occupation / Job title (See Instructions)	Employer (See Instructions	3)
Not emp	·	Not employed	<del>.</del>
Date	— — —	:)	Amount of Contribution (\$)
06/14/20			\$115.00
	Contributor address; City; State; Zip Code		
	Denton, TX 76201		
Drincipal	Denton, 1X 76201 occupation / Job title (See Instructions)	Employer (See Instructions	~\
Not emp		Not employed	>)
Date		:)	Amount of Contribution (\$)
06/19/20			\$115.00
	Contributor address; City; State; Zip Code		
	Denton, TX 76201		
Principal	pocupation / Job title (See Instructions)	Employer (See Instructions	s)
Not emp		Not employed	<i>&gt;)</i>
			Amount of Contribution (\$)
Date 01/29/20		)	Amount of Contribution (\$) \$10.00
ULIZJIZU			ψ±0.00
	Contributor address; City; State; Zip Code		
	Carrollton, TX 75010		
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	s)
Teacher		Plano ISD	<i>&gt;)</i>
1			

The Instruction Guide explains how to	complete this form.		l pages Schedule A1: : 10/95 Rpt: 18/144	
2 FILER NAME		3 Filer	ID (Ethics Commission	Filers)
Denton County Democratic Party (CEC)			43022	
4 Date 5 Full name of contributor	out-of-state PAC (ID#:)	7 Amo	unt of Contribution (\$)	
02/28/2023 Binsley, Jerome				\$10.00
6 Contributor address; City; State;	Zip Code			
Carrollton, TX 75010				
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instruction	າຣ)		
Teacher	Plano ISD			
Date Full name of contributor	out-of-state PAC (ID#:)	Amo	ount of Contribution (\$)	
03/29/2023 Binsley, Jerome				\$10.00
Contributor address; City; State;	Zip Code			
Carrollton, TX 75010				
Principal occupation / Job title (See Instructions)	Employer (See Instruction	ıs)		
Teacher	Plano ISD			
Date Full name of contributor	out-of-state PAC (ID#:)	Amo	unt of Contribution (\$)	
04/29/2023 Binsley, Jerome				\$10.00
Contributor address; City; State;	Zip Code			
Carrollton, TX 75010				
Principal occupation / Job title (See Instructions)	Employer (See Instruction	າຣ)		
Teacher	Plano ISD			
Date Full name of contributor	out-of-state PAC (ID#:)	Amo	unt of Contribution (\$)	
05/29/2023 Binsley, Jerome				\$10.00
Contributor address; City; State;		"		
Carrollton, TX 75010		ļ		
Principal occupation / Job title (See Instructions)	Employer (See Instruction	is)		
Teacher	Plano ISD	<u> </u>		
	out-of-state PAC (ID#:)	Amo	unt of Contribution (\$)	
06/29/2023 Binsley, Jerome				\$10.00
Contributor address; City; State;				
Carrollton, TX 75010		<u> </u>		
Principal occupation / Job title (See Instructions)	Employer (See Instruction	1S)		
Teacher				
	Plano ISD			

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 11/95 Rpt: 19/144	
2 FILER NAME			3 Filer ID (Ethics Commission F	-ilers)
	nty Democratic Party (CEC)		00043022	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7 Amount of Contribution (\$)	
06/21/2023	Bishop, Fredrick			\$760.00
	6 Contributor address; City; State; Zip Code			
	Denton, TX 76209			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)		
Coordinator		City of Denton	)	
Date		)	Amount of Contribution (\$)	
06/08/2023	Bostick, Mary	·/		\$11.00
00/00/2020	Contributor address; City; State; Zip Code			Ψ11.00
	Continuutor address, City, State, Zip Code			
	PONDER, TX 76259			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)	
Not Employe	ed	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
06/15/2023 Bostick, Mary				\$105.00
	Contributor address; City; State; Zip Code			
	Orlando, FL 32824			
	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Not Employe		Not Employed		
Date		:)	Amount of Contribution (\$)	
05/07/2023	Boyce, Juddi			\$25.00
	Contributor address; City; State; Zip Code			
	Denton, TX 76210			
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions)	) )	
Not Employe	be	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:	·)	Amount of Contribution (\$)	
06/16/2023	Buinger, Gene			\$330.00
	Contributor address; City; State; Zip Code			
	Aubrey, TX 76227			
	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Not Employe	ed	Not Employed		

2       FILER NAME Denton County Democratic Party (CEC)       3       Filer ID (EI 00043022         4       Date 06/17/2023       5       Full name of contributor out-of-state PAC (ID#:) Byrd, Vicki       7       Amount of C         6       Contributor address; City; State; Zip Code       6       Contributor address; City; State; Zip Code       7       Amount of C         8       Principal occupation / Job title (See Instructions) Not Employed       9       Employer (See Instructions) Not Employed       9       Employer (See Instructions) Not Employed       Amount of C         Date 01/04/2023       Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of C         Principal occupation / Job title (See Instructions) Roanoke, TX 76262       Employer (See Instructions) Employer (See Instructions) Self       Employer (See Instructions) Self	Rpt: 20/144 hics Commission Filers)
Denton Courty Democratic Party (CEC)       00043022         4 Date       5 Full name of contributor       out-of-state PAC (ID#:)       7 Amount of C         06/17/2023       Byrd, Vicki       6 Contributor address; City; State; Zip Code       7 Amount of C         6 Denton, TX 76209       9 Employer (See Instructions) Not Employed       9 Employer (See Instructions) Not Employed       Amount of C         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of C         01/04/2023       Candler, Charles       Amount of C         Contributor address; City; State; Zip Code       Amount of C         Principal occupation / Job title (See Instructions) Not Employed       Amount of C         Date       Full name of contributor       out-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of C         Principal occupation / Job title (See Instructions) Insurance agent       Employer (See Instructions) Self       Amount of C         Date       Full name of contributor       out-of-state PAC (ID#:) Self       Amount of C         Date       Full name of contributor       out-of-state PAC (ID#:) Self       Amount of C         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of C         O2/04/2023       Candler, Charles       Self       Amount	ontribution (\$) \$115.00
Denton Courtic Party (CEC)       00043022         4 Date       5 Full name of contributor       out-of-state PAC (ID#:)       7 Amount of C         06/17/2023       Byrd, Vicki       6 Contributor address; City; State; Zip Code       7 Denton, TX 76209         8 Principal occurtion / Job title (See Instructions) Not Employed       9 Employer (See Instructions) Not Employed       9 Employer (See Instructions) Not Employed       Amount of C         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of C         01/04/2023       Candler, Charles       Amount of C       Amount of C         Principal occurtion / Job title (See Instructions) Not Employed       Amount of C       Amount of C         Pate       Full name of contributor       out-of-state PAC (ID#:)       Amount of C         01/04/2023       Contributor address; City; State; Zip Code       Amount of C         Principal occurtion / Job title (See Instructions) Insurance agent       Employer (See Instructions) Self       Amount of C         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of C         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of C         02/04/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of C	ontribution (\$) \$115.00
06/17/2023       Byrd, Vicki         6       Contributor address; City; State; Zip Code         Denton, TX 76209       Denton, TX 76209         8       Principal occupation / Job title (See Instructions) Not Employed       9       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:	\$115.00
6       Contributor address; City; State; Zip Code         Denton, TX 76209       Denton, TX 76209         8       Principal occupation / Job title (See Instructions) Not Employed       9       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:) Candler, Charles       Amount of C         01/04/2023       Contributor address; City; State; Zip Code       Amount of C         Principal occupation / Job title (See Instructions) Insurance agent       Employer (See Instructions) self       Amount of C         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of C         Date       Full name of contributor       self         Date       Full name of contributor       out-of-state PAC (ID#:)         O2/04/2023       Candler, Charles       Amount of C	ontribution (\$)
6       Contributor address; City; State; Zip Code         Denton, TX 76209         8       Principal occupation / Job title (See Instructions) Not Employed       9       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of C         01/04/2023       Candler, Charles       Contributor address; City; State; Zip Code       Amount of C         Principal occupation / Job title (See Instructions) Insurance agent       Employer (See Instructions) Self       Employer (See Instructions) Self         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of C         Date       Full name of contributor       Employer (See Instructions) Self       Amount of C	
8       Principal occupation / Job title (See Instructions) Not Employed       9       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of C         01/04/2023       Candler, Charles       Contributor address; City; State; Zip Code       Amount of C         Roanoke, TX 76262       Principal occupation / Job title (See Instructions) Insurance agent       Employer (See Instructions) self       Employer (See Instructions) self         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of C         02/04/2023       Candler, Charles       Self       Amount of C	
8       Principal occupation / Job title (See Instructions) Not Employed       9       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of C         01/04/2023       Candler, Charles       Contributor address; City; State; Zip Code       Amount of C         Principal occupation / Job title (See Instructions) Insurance agent       Employer (See Instructions) Self       Employer (See Instructions) Self         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of C         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of C         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of C         02/04/2023       Candler, Charles       Amount of C       Amount of C	
Not Employed       Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of C         01/04/2023       Candler, Charles       Contributor address; City; State; Zip Code       Amount of C         Contributor address; City; State; Zip Code       Roanoke, TX 76262       Employer (See Instructions) self       Amount of C         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of C         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of C         02/04/2023       Candler, Charles       Amount of C       Amount of C	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of C         01/04/2023       Candler, Charles       Contributor address; City; State; Zip Code       Amount of C         Roanoke, TX 76262       Roanoke, TX 76262       Employer (See Instructions) self       Amount of C         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of C         02/04/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of C	
01/04/2023       Candler, Charles         Contributor address; City; State; Zip Code         Roanoke, TX 76262         Principal occupation / Job title (See Instructions) Insurance agent         Date       Full name of contributor         Out-of-state PAC (ID#:)         Amount of C         O2/04/2023	
Contributor address; City; State; Zip Code         Roanoke, TX 76262         Principal occupation / Job title (See Instructions) Insurance agent       Employer (See Instructions) self         Date       Full name of contributor       out-of-state PAC (ID#:)         02/04/2023       Candler, Charles       Amount of C	\$10.00
Contributor address; City; State; Zip Code       Roanoke, TX 76262         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Insurance agent       self         Date       Full name of contributor out-of-state PAC (ID#:)         02/04/2023       Candler, Charles	
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Insurance agent     self       Date     Full name of contributor     out-of-state PAC (ID#:)       02/04/2023     Candler, Charles	
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Insurance agent     self       Date     Full name of contributor     out-of-state PAC (ID#:)       02/04/2023     Candler, Charles	
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Insurance agent     self       Date     Full name of contributor     out-of-state PAC (ID#:)       02/04/2023     Candler, Charles	
Insurance agent     self       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of C       02/04/2023     Candler, Charles     Amount of C	
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of C       02/04/2023     Candler, Charles     Amount of C	
02/04/2023 Candler, Charles	
	ontribution (\$)
	\$10.00
Roanoke, TX 76262	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Insurance agent self	
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of C       03/04/2023     Candler, Charles	ontribution (\$) \$10.00
	Φ10.00
Contributor address; City; State; Zip Code	
Roanoke, TX 76262	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Insurance agent self	
Date Full name of contributor out-of-state PAC (ID#:) Amount of C	ontribution (\$)
04/04/2023 Candler, Charles	\$10.00
Contributor address; City; State; Zip Code	
Roanoke, TX 76262	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 13/95 Rpt: 21/144	
2 FILER NAME			3 Filer ID (Ethics Commissio	n Filers)
	nty Democratic Party (CEC)		00043022	in nersy
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
05/04/2023	Candler, Charles			\$10.00
	6 Contributor address; City; State; Zip Code			
	Roanoke, TX 76262			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)	
Insurance a	gent	self		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/04/2023	Candler, Charles			\$10.00
	Roanoke, TX 76262			
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	)	
Insurance ag		self	,	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/29/2023	Chester, Deborah	)	Amount of Contribution (\$)	\$50.00
00/25/2025				φ30.00
	Contributor address; City; State; Zip Code			
	Flower Mound, TX 75022			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	)	
Not Employe		Not Employed	)	
Date		)	Amount of Contribution (\$)	¢10.00
04/23/2023	Coe, Jennifer			\$10.00
	Contributor address; City; State; Zip Code			
	Aubrov TV 76227			
DringingLago	Aubrey, TX 76227	Employer (Cool lootry stiene	\	
-	pation / Job title (See Instructions)	Employer (See Instructions	)	
cashier		FISD		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/31/2023	Cook, Annick			\$920.00
	Contributor address; City; State; Zip Code			
	savannah, TX 76227			
	pation / Job title (See Instructions)	Employer (See Instructions	)	
Retired		Retired		

6 Contributor address; City; State; Zip Code savannah, TX 76227	ers) 20.00
Denton Court       Democratic Party (CEC)       00043022         4       Date       5       Full name of contributor       out-of-state PAC (ID#:)       7       Amount of Contribution (\$)         06/21/2023       Cook, Annick       \$1,1         6       Contributor address; City; State; Zip Code       \$1,2         savannah, TX 76227       Image: Contributor address in the state pack	-
Denton Court       Dentor Courtibutor Party (CEC)       00043022         A Date       5 Full name of contributor out-of-state PAC (ID#:)       7 Amount of Contribution (\$)         06/21/2023       Cook, Annick       \$1,1         6 Contributor address; City; State; Zip Code       \$1,2         savannah, TX 76227       Vertice	-
06/21/2023 Cook, Annick \$1,1 6 Contributor address; City; State; Zip Code savannah, TX 76227	.20.00
6 Contributor address; City; State; Zip Code savannah, TX 76227	.20.00
6 Contributor address; City; State; Zip Code savannah, TX 76227	
8 Principal occupation / Job title (See Instructions)   9 Employer (See Instructions)	
Retired	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)	
06/25/2023 Cook, Annick \$1,1	.20.00
Contributor address; City; State; Zip Code	
savannah, TX 76227	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Retired	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)	
06/19/2023 Cortes, Nancy \$1	.15.00
Contributor address; City; State; Zip Code	
Denton, TX 76209	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Not Employed     Not Employed       Date     Full name of contributor     out-of-state PAC (ID#:)   Amount of Contribution (\$)	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Not Employed       Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)         01/14/2023       Craven, Kelly       Amount of Contribution (\$)	\$25.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Not Employed       Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)	25.00
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Not Employed     Not Employed       Date     Full name of contributor     out-of-state PAC (ID#:)       01/14/2023     Craven, Kelly     \$	25.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Not Employed       Not Employed         Date       Full name of contributor out-of-state PAC (ID#:)         01/14/2023       Craven, Kelly         Contributor address; City; State; Zip Code       Amount of Contribution (\$)	25.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Not Employed       Not Employed         Date       Full name of contributor out-of-state PAC (ID#:)         O1/14/2023       Craven, Kelly         Contributor address; City; State; Zip Code       Amount of Contributor \$         The Colony, TX 75056       The Colony, TX 75056	25.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Not Employed       Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)         01/14/2023       Craven, Kelly       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       The Colony, TX 75056         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	:25.00
Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)         01/14/2023       Craven, Kelly       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       The Colony, TX 75056       Employer (See Instructions) Controller         Principal occupation / Job title (See Instructions) Controller       Employer (See Instructions) Fabulous Floors	25.00
Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)         O1/14/2023       Craven, Kelly       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       The Colony, TX 75056       Employer (See Instructions) Controller         Principal occupation / Job title (See Instructions) Controller       Employer (See Instructions) Employer (See Instructions) Fabulous Floors         Date       Full name of contributor       out-of-state PAC (ID#:)	
Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor out-of-state PAC (ID#:) Craven, Kelly       Amount of Contribution (\$)         01/14/2023       Craven, Kelly       \$         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         The Colony, TX 75056       Employer (See Instructions) Controller         Principal occupation / Job title (See Instructions) Controller       Employer (See Instructions) Fabulous Floors         Date       Full name of contributor out-of-state PAC (ID#:) Crawford, Cheryl	\$5.50
Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)         01/14/2023       Craven, Kelly       Amount of Contribution (\$)         °Contributor address; City; State; Zip Code       The Colony, TX 75056       Employer (See Instructions) Controller         Principal occupation / Job title (See Instructions) Controller       Employer (See Instructions) Employer (See Instructions) Fabulous Floors         Date       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         O1/16/2023       Crawford, Cheryl       Amount of Contribution (\$)	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Not Employed       Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)         01/14/2023       Craven, Kelly       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Full Colony, TX 75056       Funcipal occupation / Job title (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Full name of contributor         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         01/16/2023       Crawford, Cheryl       out-of-state PAC (ID#:)       Amount of Contribution (\$)	
Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:) Craven, Kelly       Amount of Contribution (\$)         01/14/2023       Craven, Kelly       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Controller       Employer (See Instructions) Employer (See Instructions) Controller       Employer (See Instructions) Fabulous Floors         Date       Full name of contributor       out-of-state PAC (ID#:) Crawford, Cheryl       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (\$)	
Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)         01/14/2023       Craven, Kelly       Amount of Contribution (\$)         Craven, Kelly       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         The Colony, TX 75056       Employer (See Instructions) Controller       Employer (See Instructions) Fabulous Floors         Date       Full name of contributor       out-of-state PAC (ID#:) Fabulous Floors       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:) Grawford, Cheryl       Amount of Contribution (\$)         O1/16/2023       Full name of contributor       out-of-state PAC (ID#:) Lewisville, TX 75077       Amount of Contribution (\$)	
Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)         01/14/2023       Craven, Kelly       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       The Colony, TX 75056       Employer (See Instructions) Fabulous Floors         Principal occupation / Job title (See Instructions) Controller       Employer (See Instructions) Fabulous Floors       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         O1/16/2023       Crawford, Cheryl	
Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date 01/14/2023       Full name of contributor out-of-state PAC (ID#:) Craven, Kelly       Amount of Contribution (\$)         Craven, Kelly       Craven, Kelly       Image: Contributor address; City; State; Zip Code       Amount of Contribution (\$)         The Colony, TX 75056       The Colony, TX 75056       Employer (See Instructions) Controller       Employer (See Instructions) Fabulous Floors         Date 01/16/2023       Full name of contributor out-of-state PAC (ID#:) Crawford, Cheryl       Amount of Contribution (\$)         O1/16/2023       Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Lewisville, TX 75077       Lewisville, TX 75077       Amount of Contribution (\$)	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 15/95 Rpt: 23/144
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Denton Cour	nty Democratic Party (CEC)		00043022
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
01/23/2023	Crawford, Cheryl		\$20.00
	6 Contributor address; City; State; Zip Code		
Principal occu	Lewisville, TX 75077 pation / Job title (See Instructions)	9 Employer (See Instructions	<u></u>
Not Employe		Not Employed	>)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
02/16/2023			\$5.50
	Contributor address; City; State; Zip Code		
	Lewisville, TX 75077		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<b> </b>
Not Employe		Not Employed	,
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
02/23/2023	Crawford, Cheryl	)	\$20.00
	Contributor address; City; State; Zip Code		
	Lewisville, TX 75077		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Not Employe	:d	Not Employed	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/16/2023	Crawford, Cheryl		\$5.50
	Contributor address; City; State; Zip Code		
Principal occu	Lewisville, TX 75077 pation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Not Employe		Not Employed	>)
			Amount of Contribution (ft)
Date 03/23/2023	Full name of contributor out-of-state PAC (ID#: Crawford, Cheryl	)	Amount of Contribution (\$) \$20.00
03/23/2023	-		φ20.00
	Contributor address; City; State; Zip Code		
	Lewisville, TX 75077		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	) S)
Not Employe		Not Employed	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 16/95 Rpt: 24/144	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)	)
	nty Democratic Party (CEC)		00043022	, 
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
04/16/2023	Crawford, Cheryl		\$5	5.50
	6 Contributor address; City; State; Zip Code			
	Lewisville, TX 75077			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	)	
Not Employe	ed set of the set of t	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
04/23/2023	Crawford, Cheryl		\$20	0.00
	Contributor address; City; State; Zip Code			
	Lewisville, TX 75077			
	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Not Employe	ed	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/16/2023	05/16/2023 Crawford, Cheryl		\$5	5.50
	Contributor address; City; State; Zip Code			
Duin single ages	Lewisville, TX 75077			
Principal occu Not Employe	Ipation / Job title (See Instructions)	Employer (See Instructions) Not Employed	)	
Date		)	Amount of Contribution (\$)	
05/23/2023	Crawford, Cheryl		ΦΖΟ	0.00
	Contributor address; City; State; Zip Code			
	Lewisville, TX 75077			
Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions)	)	
Not Employe		Not Employed	, ,	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
06/16/2023	Crawford, Cheryl	,		5.50
	Contributor address; City; State; Zip Code			
	Lewisville, TX 75077			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	)	
Not Employe	ed	Not Employed		
		1		

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 17/95 Rpt: 25/144
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	nty Democratic Party (CEC)		00043022
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
06/16/2023	Crawford, Cheryl		\$115.00
	6 Contributor address; City; State; Zip Code		
	Lewisville, TX 75077		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)
Not Employe	}d	Not Employed	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/23/2023	Crawford, Cheryl		\$20.00
1	Contributor address; City; State; Zip Code		
	Lewisville, TX 75077		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)
Not Employe	d	Not Employed	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/27/2023	Crooks, Annette		\$165.00
	Contributor address; City; State; Zip Code		
	Denton, TX 76210		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)
Not Employe	d	Not Employed	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/28/2023	Crooks, Annette		\$10.00
	Contributor address; City; State; Zip Code		
	Aubrey, TX 76227		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)
Business ow	'ner	Self	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/07/2023	Crooks, Annette		\$11.00
	Contributor address; City; State; Zip Code		
	Denton, TX 76210		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)
Business ow	ner	Self	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 18/95 Rpt: 26/144	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Fi	ilers)
	nty Democratic Party (CEC)		00043022	-,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
06/14/2023	Crooks, Annette			\$20.00
	6 Contributor address; City; State; Zip Code			
	Denton, TX 76210			
	upation / Job title (See Instructions)	9 Employer (See Instructions)	)	
Not Employe		Not Employed		
Date		)	Amount of Contribution (\$)	
06/28/2023				\$10.00
	Contributor address; City; State; Zip Code			
- · · ·	Aubrey, TX 76227			
	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Business ow		Self		
Date		)	Amount of Contribution (\$)	
01/20/2023	Daly, Gina			\$50.00
	Contributor address; City; State; Zip Code			
	Lastana TV 76006			
Dringing ogg	Lantana, TX 76226	Employer (See Instructions)		
Not Employe	upation / Job title (See Instructions)	Employer (See Instructions) Not Employed	)	
Date		)	Amount of Contribution (\$)	*50.00
02/20/2023	Daly, Gina			\$50.00
	Contributor address; City; State; Zip Code			
	Lantana, TX 76226			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Not Employe		Not Employed	!	
Date		<u> </u>	Amount of Contribution (\$)	
03/20/2023	Full name of contributor out-of-state PAC (ID#: Daly, Gina	/		\$50.00
00,20,2020	Contributor address; City; State; Zip Code			ψ00.00
	Continuutor address, City, State, Zip Code			
	Lantana, TX 76226			
Principal occu	Iupation / Job title (See Instructions)	Employer (See Instructions)	)	
Not Employe		Not Employed		

The Instruc	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 19/95 Rpt: 27/144	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	nty Democratic Party (CEC)		00043022	510)
4 Date	5 Full name of contributor out-of-state PAC (IE	)#:)	7 Amount of Contribution (\$)	
04/20/2023	Daly, Gina		9	\$50.00
	6 Contributor address; City; State; Zip Code			
	Lantana, TX 76226			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	) 5)	
Not Employe		Not Employed	, 	
Date	Full name of contributor 🛛 out-of-state PAC (IE	)#:)	Amount of Contribution (\$)	
05/20/2023	Daly, Gina		4	\$50.00
	Contributor address; City; State; Zip Code			
	Lantana, TX 76226			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<b> </b>	
Not Employe		Not Employed	"	
Date		)#:)	Amount of Contribution (\$)	
06/09/2023	Daly, Gina		1	\$15.00
	Contributor address; City; State; Zip Code			
	Lantana, TX 76226			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)	
Not Employe	d	Not Employed		
Date	Full name of contributor Out-of-state PAC (IE	)#: )	Amount of Contribution (\$)	
06/20/2023	Daly, Gina	/		\$50.00
00,20,2020	-			
	Contributor address; City; State; Zip Code			
	Lantana, TX 76226			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)	
Not Employe	d	Not Employed		
Date	Full name of contributor out-of-state PAC (IE	)#· )	Amount of Contribution (\$)	
05/31/2023	David, Beck	)		\$50.00
03/31/2023				00.00
	Contributor address; City; State; Zip Code			
	luction TV 76247			
	Justin, TX 76247			
	pation / Job title (See Instructions)	Employer (See Instructions	3)	
retired		retired		

_			1 Total pages Schedule A1:
The Instru	ction Guide explains how to complete this f	orm.	Sch: 20/95 Rpt: 28/144
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Denton Cour	nty Democratic Party (CEC)		00043022
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
01/17/2023	Davila, Rebecca		\$5.00
	6 Contributor address; City; State; Zip Code		
	Highland Villate, TX 75077		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)
not employe	d	retired	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
01/29/2023	Davila, Rebecca		\$10.00
	Contributor address; City; State; Zip Code		
	Linkland Villate, TV 75077		
Dringing ogg	Highland Villate, TX 75077	Employer (See Instructions	
not employe	pation / Job title (See Instructions) d	Employer (See Instructions retired	)
Date			Amount of Contribution (\$)
02/17/2023	Full name of contributor out-of-state PAC (ID#: Davila, Rebecca	)	Amount of Contribution (\$) \$5.00
02/11/2023	Contributor address; City; State; Zip Code		\$3.00
	Highland Villate, TX 75077		
	pation / Job title (See Instructions)	Employer (See Instructions	
not employe	d	retired	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
02/28/2023	Davila, Rebecca		\$10.00
	Contributor address; City; State; Zip Code		
	Highland Villate, TX 75077		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
not employe	d	retired	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/17/2023	Davila, Rebecca		\$5.00
	Contributor address; City; State; Zip Code		
Dringing oog	Highland Villate, TX 75077	Employer (Cool Instructions	、 、
Principal occu not employe	pation / Job title (See Instructions) d	Employer (See Instructions retired	5)
not employe		Teureu	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 21/95 Rpt: 29/144	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	rs)
	nty Democratic Party (CEC)		00043022	-,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
03/29/2023	Davila, Rebecca		\$1	10.00
	6 Contributor address; City; State; Zip Code			
	Highland Villate, TX 75077			
	pation / Job title (See Instructions)	9 Employer (See Instructions	;)	_
not employe	d	retired		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
04/17/2023	Davila, Rebecca		\$	\$5.00
	Contributor address; City; State; Zip Code			
	Highland Villate, TX 75077			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)	
not employe	d	retired		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
04/29/2023	Davila, Rebecca		\$1	10.00
	Contributor address; City; State; Zip Code			
	Highland Villate, TX 75077			
	pation / Job title (See Instructions)	Employer (See Instructions	;)	
not employe	d	retired		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/17/2023	Davila, Rebecca		\$	\$5.00
	Contributor address; City; State; Zip Code			
	Highland Villate, TX 75077			
	pation / Job title (See Instructions)	Employer (See Instructions	;)	
not employe	d	retired		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/29/2023	Davila, Rebecca		\$1	10.00
	Contributor address; City; State; Zip Code			
	Highland Villate, TX 75077			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)	
not employe	d	retired		

The Instru	iction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 22/95 Rpt: 30/144	
2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
Denton Cou	inty Democratic Party (CEC)			00043022	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
06/17/2023	Davila, Rebecca				\$5.00
	6 Contributor address; City; State; Zip Code	1	]		
	Highland Villate, TX 75077				
8 Principal occu not employe	upation / Job title (See Instructions) ed	9 Employer (See Instructions retired	s)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
06/29/2023	Davila, Rebecca				\$10.00
	Contributor address; City; State; Zip Code		"		
	Highland Villate, TX 75077				
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	L S)		
not employe		retired			
Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
06/19/2023	DeBurr, Detrick				\$11.00
	Contributor address; City; State; Zip Code		-		
	THE COLONY, TX 75056				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> (2)		
Not Employe		Not Employed	0,		
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Τ	Amount of Contribution (\$)	
04/10/2023	DeStefano, Nancy				\$10.00
	Contributor address; City; State; Zip Code				
	Celina, TX 75009	<u> </u>			
Principal occu Minister	upation / Job title (See Instructions)	Employer (See Instructions		anofiquiration	
		Episcopal Church of the	3 110 —		
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	ቀባኖር በር
05/14/2023	Denton County Democratic Club				\$960.00
	Contributor address; City; State; Zip Code				
	Denton, TX 76201				
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	L s)		
			-,		
		<u> </u>			
1					

The Instruction Guide	explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 23/95 Rpt: 31/144
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Denton County Democratic	c Party (CEC)		00043022
4 Date 5 Full name o	of contributor 🔲 out-of-state PAC (ID	#:)	7 Amount of Contribution (\$)
01/11/2023 Dillard, Glo	oria		\$10.0
	address; City; State; Zip Code		1
Lantana, T	LA 26006		
8 Principal occupation / Job title		9 Employer (See Instructions	
Not Employed		Not Employed	
	of contributor Out-of-state PAC (ID	; #:)	Amount of Contribution (\$)
02/11/2023 Dillard, Glo		#)	\$10.0
Continuation	aduless, City, State, Zip Code		
Lantana, T	TX 76226		
Principal occupation / Job title	e (See Instructions)	Employer (See Instructions	5)
Not Employed		Not Employed	
Date Full name o	of contributor out-of-state PAC (ID	#:)	Amount of Contribution (\$)
03/11/2023 Dillard, Glo	oria		\$10.0
Contributor	address; City; State; Zip Code		
Lantana, T		i	
Principal occupation / Job title	e (See Instructions)	Employer (See Instructions	5)
Not Employed		Not Employed	
		#:)	Amount of Contribution (\$)
04/11/2023 Dillard, Glo	oria		\$10.0
Contributor	address; City; State; Zip Code		
Lantana, T	TX 76226		
Principal occupation / Job title		Employer (See Instructions	<u>ا</u> ۶)
Not Employed		Not Employed	, ,
Date Full name o	of contributor 🔲 out-of-state PAC (ID		Amount of Contribution (\$)
05/11/2023 Dillard, Glo		····	\$10.0
Contributor	address; City; State; Zip Code		
Lantana, T	TX 76226		
Principal occupation / Job title	e (See Instructions)	Employer (See Instructions	5)
Not Employed		Not Employed	

The Instruction Guide explains how to complete this form.       s         2 FILER NAME       3 F         Denton County Democratic Party (CEC)       c	Total pages Schedule A1:
Denton County Democratic Party (CEC)	Sch: 24/95 Rpt: 32/144
Denton County Democratic Party (CEC)	Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor Out-of-state PAC (ID#: ) 7 A	00043022
	Amount of Contribution (\$)
06/11/2023 Dillard, Gloria	\$10.00
6 Contributor address; City; State; Zip Code	
Lantana, TX 76226	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Not Employed     Not Employed	
Date     Full name of contributor     out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/04/2023 Dobson, Robin	\$5.00
Contributor address; City; State; Zip Code	
Flower mound, TX 75022	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Physician Pathgroup	
Date     Full name of contributor     out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/04/2023 Dobson, Robin	\$5.00
Contributor address; City; State; Zip Code	
Flower mound, TX 75022	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Pathgroup	Amount of Contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Physician Pathgroup	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Physician     Pathgroup       Date     Full name of contributor     out-of-state PAC (ID#:)	
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Physician     Pathgroup       Date     Full name of contributor     out-of-state PAC (ID#:)       03/04/2023     Dobson, Robin	
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Physician     Pathgroup       Date     Full name of contributor out-of-state PAC (ID#:)       03/04/2023     Dobson, Robin       Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Pathgroup         Date       Full name of contributor out-of-state PAC (ID#:)         03/04/2023       Dobson, Robin         Contributor address; City; State; Zip Code       Flower mound, TX 75022	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Pathgroup         Date       Full name of contributor out-of-state PAC (ID#:)         03/04/2023       Dobson, Robin         Contributor address; City; State; Zip Code       Flower mound, TX 75022         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Pathgroup         Date       Full name of contributor out-of-state PAC (ID#:)         03/04/2023       Dobson, Robin         Contributor address; City; State; Zip Code       Flower mound, TX 75022	
Principal occupation / Job title (See Instructions) Employer (See Instructions)   Physician Pathgroup   Date Full name of contributor out-of-state PAC (ID#:)   03/04/2023 Dobson, Robin Contributor address; City; State; Zip Code   Contributor address; City; State; Zip Code Flower mound, TX 75022   Principal occupation / Job title (See Instructions) Employer (See Instructions)   Physician Employer (See Instructions)   Physician Full name of contributor   Date Full name of contributor   Oat Out-of-state PAC (ID#:)	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Pathgroup         Date       Full name of contributor out-of-state PAC (ID#:)         03/04/2023       Dobson, Robin         Contributor address; City; State; Zip Code       Flower mound, TX 75022         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Employer out-of-state PAC (ID#:)	\$5.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)   Physician Pathgroup   Date Full name of contributor out-of-state PAC (ID#:)   03/04/2023 Dobson, Robin Contributor address; City; State; Zip Code   Contributor address; City; State; Zip Code Flower mound, TX 75022   Principal occupation / Job title (See Instructions) Employer (See Instructions)   Physician Employer (See Instructions)   Physician Full name of contributor   Date Full name of contributor   Oat Out-of-state PAC (ID#:)	\$5.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Pathgroup         Date       Full name of contributor out-of-state PAC (ID#:)         03/04/2023       Dobson, Robin         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Employer (See Instructions)         Physician       Employer (See Instructions)         Date       Full name of contributor         04/04/2023       Dobson, Robin	\$5.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Pathgroup         Date       Full name of contributor       out-of-state PAC (ID#:)         03/04/2023       Dobson, Robin       Contributor address; City; State; Zip Code         Flower mound, TX 75022       Flower mound, TX 75022         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Employer (See Instructions)         Physician       Flower mound, TX 75022         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         04/04/2023       Dobson, Robin       A         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code	\$5.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Pathgroup         Date       Full name of contributor       out-of-state PAC (ID#:)         03/04/2023       Dobson, Robin	\$5.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Pathgroup         Date       Full name of contributor       out-of-state PAC (ID#:)         03/04/2023       Dobson, Robin       Contributor address; City; State; Zip Code         Flower mound, TX 75022       Flower mound, TX 75022         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Employer (See Instructions)         Physician       Flower mound, TX 75022         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Physician       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         04/04/2023       Dobson, Robin       A         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code	\$5.00

-				
	The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 25/95 Rpt: 33/144
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	Denton Cou	nty Democratic Party (CEC)		00043022
4	Date	5 Full name of contributor out-of-state PAC (ID:	D#:)	7 Amount of Contribution (\$)
	05/04/2023	Dobson, Robin		\$5.0
		6 Contributor address; City; State; Zip Code		
		Flower mound, TX 75022		
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	<u> </u>
ľ	Physician		Pathgroup	)
╞	Date	Full name of contributor Out-of-state PAC (ID:	)#:)	Amount of Contribution (\$)
	06/04/2023	Dobson, Robin	#/	\$5.0 \$5.0
	••••			
		Flower mound, TX 75022		
		upation / Job title (See Instructions)	Employer (See Instructions)	
	Physician		Pathgroup	
	Date		D#:)	Amount of Contribution (\$)
	04/08/2023	Dodd, Mary		\$50.0
		Contributor address; City; State; Zip Code		
		Denton, TX 76201		
$\vdash$	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions)	;)
	Not Employe	эd	Not Employed	
F	Date	Full name of contributor out-of-state PAC (ID:	D#:)	Amount of Contribution (\$)
	06/21/2023	Dodd, Mary		\$50.0
		Contributor address; City; State; Zip Code		
		Denton, TX 76201		
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	
	Not Employe		Not Employed	)
╞	Date	Full name of contributor Out-of-state PAC (ID:		Amount of Contribution (\$)
	04/06/2023	Dryburgh, James	#/	\$25.0
		Contributor address; City; State; Zip Code		
		Carrollton, TX 75007		
		upation / Job title (See Instructions)	Employer (See Instructions)	)
	Karate Teac	her	PowerKenpo Inc.	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 26/95 Rpt: 34/144	
2 FILER NAME			3 Filer ID (Ethics Commission Fil	lers)
	nty Democratic Party (CEC)		00043022	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
05/06/2023	Dryburgh, James			\$5.00
	6 Contributor address; City; State; Zip Code			
Dringinglocgy	Carrollton, TX 75007	Employer (See Instructions		
Karate Teac	upation / Job title (See Instructions)	9 Employer (See Instructions PowerKenpo Inc.	)	
Date		)	Amount of Contribution (\$)	<b>*</b> = 00
06/06/2023				\$5.00
	Contributor address; City; State; Zip Code			
	Carrollton, TX 75007			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions		
Karate Teac		PowerKenpo Inc.	)	
Date		)	Amount of Contribution (\$)	÷05 00
01/14/2023	Dyer, Julia			\$25.00
	Contributor address; City; State; Zip Code			
	Denton, TX 76208			
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	;)	
Writer		One Mind Productions		
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
02/14/2023	Dyer, Julia			\$25.00
	Contributor address; City; State; Zip Code			
	Denton, TX 76208			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<i>s</i> )	
Writer		One Mind Productions		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
03/14/2023	Dyer, Julia			\$25.00
	Contributor address; City; State; Zip Code			
	Denton, TX 76208			
-	upation / Job title (See Instructions)	Employer (See Instructions	<i>;</i> )	
Writer		One Mind Productions		

The Instru	ction Guide explains how to complete	this form.	1 Total pages Schedule A1: Sch: 27/95 Rpt: 35/144
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	nty Democratic Party (CEC)		00043022
4 Date	5 Full name of contributor out-of-state PA	AC (ID#:)	7 Amount of Contribution (\$)
04/14/2023	Dyer, Julia		\$25.00
	6 Contributor address; City; State; Zip Code		
	Denton, TX 76208	<u> </u>	
	pation / Job title (See Instructions)	9 Employer (See Instruction	
Writer		One Mind Productions	S
Date		AC (ID#:)	Amount of Contribution (\$)
05/14/2023	Dyer, Julia		\$25.00
	Contributor address; City; State; Zip Code		
	Denton, TX 76208	i	
	ipation / Job title (See Instructions)	Employer (See Instructio	
Writer		One Mind Productions	s
Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of Contribution (\$)
06/14/2023	Dyer, Julia		\$25.00
	Contributor address; City; State; Zip Code		
	Denton, TX 76208	i	
	pation / Job title (See Instructions)	Employer (See Instruction	
Writer		One Mind Productions	S
Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of Contribution (\$)
01/26/2023	Ehrlich, Kurt		\$20.00
	Contributor address; City; State; Zip Code		
	Carrollton, TX 75007	i	
-	pation / Job title (See Instructions)	Employer (See Instruction	
engineer		UT Southwestern Me	dical Center
Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of Contribution (\$)
02/26/2023	Ehrlich, Kurt		\$20.00
	Contributor address; City; State; Zip Code		
	Carrollton, TX 75007		
	ipation / Job title (See Instructions)	Employer (See Instruction	
engineer		UT Southwestern Me	dical Center

The Instruc	ction Guide explains how to complete thi	is form.	1 Total pages Schedule A1: Sch: 28/95 Rpt: 36/144	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	nty Democratic Party (CEC)		00043022	510,
4 Date	5 Full name of contributor out-of-state PAC (II	D#:)	7 Amount of Contribution (\$)	
03/26/2023	Ehrlich, Kurt		\$	\$20.00
	6 Contributor address; City; State; Zip Code			
	Carrollton, TX 75007			
	pation / Job title (See Instructions)	9 Employer (See Instructions		
engineer		UT Southwestern Medic	cal Center	
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of Contribution (\$)	
04/26/2023	Ehrlich, Kurt		\$	\$20.00
	Contributor address; City; State; Zip Code			
	Carrollton, TX 75007			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions		
engineer		UT Southwestern Medic	cal Center	
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of Contribution (\$)	
05/26/2023	Ehrlich, Kurt		\$	\$20.00
	Contributor address; City; State; Zip Code			
	Carrollton, TX 75007			
	pation / Job title (See Instructions)	Employer (See Instructions	•	
engineer		UT Southwestern Medic	cal Center	
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of Contribution (\$)	
06/26/2023	Ehrlich, Kurt		\$	\$20.00
	Contributor address; City; State; Zip Code			
	Carrollton, TX 75007			
	pation / Job title (See Instructions)	Employer (See Instructions		
engineer		UT Southwestern Medic	cal Center	
Date	Full name of contributor 🔲 out-of-state PAC (II	)	Amount of Contribution (\$)	
01/01/2023	Elrod, Diana		\$	\$10.00
	Contributor address; City; State; Zip Code			
	Denton, TX 76209			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
Faculty		TWU		
		<u> </u>		

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 29/95 Rpt: 37/144
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	inty Democratic Party (CEC)		00043022
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
02/01/2023	Elrod, Diana		\$10.
	6 Contributor address; City; State; Zip Code		
Deinsinglasse	Denton, TX 76209		
Faculty	upation / Job title (See Instructions)	9 Employer (See Instructions TWU	5)
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
03/01/2023	Elrod, Diana	)	\$10.
	Denton, TX 76209		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Faculty		TWU	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
04/01/2023	Elrod, Diana		\$10.
	Contributor address; City; State; Zip Code		
	Denter TV 70000		
Duin sin staats	Denton, TX 76209	England (Or a la struction	
Faculty	upation / Job title (See Instructions)	Employer (See Instructions TWU	5)
-			
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/01/2023	Elrod, Diana		\$10.
	Contributor address; City; State; Zip Code		
	Denton, TX 76209		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>م</u> ۵)
Faculty		TWU	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/01/2023	Elrod, Diana		\$10.
	Contributor address; City; State; Zip Code		
	Denton, TX 76209		
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Faculty		TWU	
			5)

	The Instru	ction Guide explains how to complete th	is fo	rm.	1	Total pages Schedule A1: Sch: 30/95 Rpt: 38/144	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		nty Democratic Party (CEC)				00043022	,
4	Date	5 Full name of contributor out-of-state PAC	(ID#:	)	7	Amount of Contribution (\$)	
	06/23/2023	Fehler, Brian					\$140.00
		6 Contributor address; City; State; Zip Code			1		
		Fort Worth, TX 76108					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	professor			TWU			
F	Date	Full name of contributor out-of-state PAC	(ID#:	)		Amount of Contribution (\$)	
	05/01/2023	Finger, Marilyn					\$25.00
		Contributor address; City; State; Zip Code					
		Denton, TX 76205					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Art Dealer			PDNB Gallery (owner)			
	Date	Full name of contributor out-of-state PAC	(ID#:	)		Amount of Contribution (\$)	
	06/19/2023	Fleming, Richard					\$115.00
		Contributor address; City; State; Zip Code					
		Carrollton, TX 75006					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Self Employ	ed		Self employed			
	Date	Full name of contributor out-of-state PAC	(ID#:	)		Amount of Contribution (\$)	
	06/18/2023	Ford, Helen					\$115.00
		Contributor address; City; State; Zip Code			1		
		Frisco, TX 75033					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Real Estate	Broker/Owner		The Helen Ford Group			
	Date	Full name of contributor out-of-state PAC	(ID#:	)		Amount of Contribution (\$)	
	04/12/2023	Fox, Cal and Dee					\$25.00
		Contributor address; City; State; Zip Code					
$\vdash$	Duine 1 1	Lantana, TX 76226		Freedom (O. 1. 1. 1.			
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
L	Not Employe	:u		Not Employed			

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 31/95 Rpt: 39/144
2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
Denton County Democratic Party (CEC)	00043022
4 Date     5 Full name of contributor     out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/05/2023 Fox, Cal and Dee	\$36.00
6 Contributor address; City; State; Zip Code	
Lantana, TX 76226	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruction	ns)
Not Employed Not Employed	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/10/2023 Fox, Cal and Dee	\$230.00
Contributor address; City; State; Zip Code	
Lantana, TX 76226	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ns)
Not Employed Not Employed	
	Amount of Contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:) 06/19/2023 Fox, Clifton	\$230.00
	φ230.00
Contributor address; City; State; Zip Code Lewisville, TX 75067	
Principal occupation / Job title (See Instructions)Employer (See InstructionInformation TechnologyARGO Data Resource	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/09/2023 Frey, Dale	\$14.00
Contributor address; City; State; Zip Code	
The Colony, TX 75056	
Principal occupation / Job title (See Instructions)Employer (See InstructionSysAdmin / Web DevloperMobomo	ns)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/18/2023 Frey, Dale	\$115.00
Contributor address; City; State; Zip Code	
The Colony, TX 75056	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ns)
SysAdmin / Web Devloper Mobomo	10)

The Instru	ction Guide explains how to complete this f	örm.	1 Total pages Schedule A1: Sch: 32/95 Rpt: 40/144	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	rs)
	nty Democratic Party (CEC)		00043022	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
01/18/2023	Gentry, Jay		\$1	10.00
	6 Contributor address; City; State; Zip Code			
	Flower Mound, TX 75022			
	upation / Job title (See Instructions)	9 Employer (See Instructions)	)	
Not Employe	ed	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
02/18/2023	Gentry, Jay		\$1	10.00
	Contributor address; City; State; Zip Code			
	Flower Mound, TX 75022			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Not Employe	∋d	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
03/18/2023	Gentry, Jay		\$1	10.00
	Contributor address; City; State; Zip Code			
	Flower Mound, TX 75022			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	)	
Not Employe	ed	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
04/18/2023	Gentry, Jay		\$1	10.00
	Contributor address; City; State; Zip Code			
	Flower Mound, TX 75022			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	)	
Not Employe	ed	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/18/2023	Gentry, Jay		\$1	10.00
	Contributor address; City; State; Zip Code			
	Flower Mound, TX 75022			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	)	
Not Employe	Эd	Not Employed		
		1		

The Instruction Guide explains how to complete this form.     FILER NAME     Denton County Democratic Party (CEC)	1 Total pages Schedule A1: Sch: 33/95 Rpt: 41/144
Denton Courty Democratic Party (CEC)         4       Date       5       Full name of contributor       out-of-state PAC (ID#:)         06/18/2023       Gentry, Jay	
Denton Courty Democratic Party (CEC)         4       Date       5       Full name of contributor       out-of-state PAC (ID#:)         06/18/2023       Gentry, Jay	<b>3</b> Filer ID (Ethics Commission Filers)
06/18/2023 Gentry, Jay	00043022
	7 Amount of Contribution (\$)
	\$10.00
6 Contributor address; City; State; Zip Code	
Flower Mound, TX 75022	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	)
Not Employed Not Employed	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/20/2023 Gentry, Sharon	\$14.00
Contributor address; City; State; Zip Code	
Continuator address, City, State, Zip Code	
Flower Mound, TX 75022	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	)
Not Employed Not Employed	, ,
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
02/20/2023 Gentry, Sharon	\$14.00
Contributor address; City; State; Zip Code	
Continuator address, City, State, Zip Code	
Flower Mound, TX 75022	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	)
Not Employed Not Employed	
	Amount of Contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:)	\$14.00
03/20/2023 Gentry, Sharon	+=
03/20/2023 Gentry, Sharon	
03/20/2023 Gentry, Sharon	
03/20/2023 Gentry, Sharon	
03/20/2023 Gentry, Sharon Contributor address; City; State; Zip Code	
03/20/2023 Gentry, Sharon Contributor address; City; State; Zip Code Flower Mound, TX 75022	
03/20/2023 Gentry, Sharon Contributor address; City; State; Zip Code Flower Mound, TX 75022 Principal occupation / Job title (See Instructions) Employer (See Instructions)	
03/20/2023       Gentry, Sharon         Contributor address; City; State; Zip Code         Flower Mound, TX 75022         Principal occupation / Job title (See Instructions)         Not Employed         Date         Full name of contributor         Out-of-state PAC (ID#:)         O4/20/2023	)
03/20/2023       Gentry, Sharon         Contributor address; City; State; Zip Code         Flower Mound, TX 75022         Principal occupation / Job title (See Instructions)         Not Employed         Date         Full name of contributor         out-of-state PAC (ID#:)	) Amount of Contribution (\$)
03/20/2023       Gentry, Sharon         Contributor address; City; State; Zip Code         Flower Mound, TX 75022         Principal occupation / Job title (See Instructions)         Not Employed         Date         Full name of contributor         Out-of-state PAC (ID#:)         O4/20/2023	) Amount of Contribution (\$)
03/20/2023       Gentry, Sharon         Contributor address; City; State; Zip Code         Flower Mound, TX 75022         Principal occupation / Job title (See Instructions)         Not Employed         Date         Full name of contributor         Out-of-state PAC (ID#:)         O4/20/2023	) Amount of Contribution (\$)
03/20/2023       Gentry, Sharon         Contributor address; City; State; Zip Code         Flower Mound, TX 75022         Principal occupation / Job title (See Instructions)         Not Employed         Date         Full name of contributor         Out-of-state PAC (ID#:)         O4/20/2023	) Amount of Contribution (\$)
03/20/2023       Gentry, Sharon         Contributor address; City; State; Zip Code         Flower Mound, TX 75022         Principal occupation / Job title (See Instructions)         Not Employed         Date         6entry, Sharon         04/20/2023         Gentry, Sharon         Contributor address; City; State; Zip Code	) Amount of Contribution (\$) \$14.00

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 34/95 Rpt: 42/144	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	nty Democratic Party (CEC)		00043022	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
05/20/2023	Gentry, Sharon			\$14.00
	6 Contributor address; City; State; Zip Code			
	Flower Mound, TX 75022			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)	
Not Employe	¢d	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/04/2023	Gentry, Sharon			\$11.00
	Contributor address; City; State; Zip Code			
	Flower Mound, TX 75022			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
Not Employe	:d	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/20/2023	Gentry, Sharon			\$14.00
	Contributor address; City; State; Zip Code			
	Flower Mound, TX 75022			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)	
Not Employe	d	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/22/2023	Gentry, Sharon			\$100.00
	Contributor address; City; State; Zip Code			
	Flower Mound, TX 75022			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)	
Not Employe	¢d	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
06/19/2023	Giffin, Kenna			\$100.00
	Contributor address; City; State; Zip Code			
	McAllen, TX 78502			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	.)	
Attorney		Self		

The Instruc	tion Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 35/95 Rpt: 43/144	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission	Filers)
	ty Democratic Party (CEC)		00043022	
4 Date !	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
01/02/2023	Giroux, Yvonne			\$15.00
Ĩ	6 Contributor address; City; State; Zip Code		1	
	DENTON, TX 76208	<b>I</b>		
	pation / Job title (See Instructions)	9 Employer (See Instructions		
Administrative	e Specialist	State Farm Insurance C	companies	
Date		)	Amount of Contribution (\$)	
02/02/2023	Giroux, Yvonne			\$15.00
l l l l l l l l l l l l l l l l l l l	Contributor address; City; State; Zip Code		1	
I	DENTON, TX 76208	<del> </del>		
	pation / Job title (See Instructions)	Employer (See Instructions		
Administrative	e Specialist	State Farm Insurance C		
Date		)	Amount of Contribution (\$)	
03/02/2023	Giroux, Yvonne			\$15.00
	Contributor address; City; State; Zip Code		]	
	DENTON, TX 76208	1 _ /0 kartanting	<u> </u>	
	pation / Job title (See Instructions)	Employer (See Instructions	,	
Administrative		State Farm Insurance C		
Date		)	Amount of Contribution (\$)	
04/02/2023	Giroux, Yvonne			\$15.00
	Contributor address; City; State; Zip Code			
	DENTON, TX 76208			
Principal occup	bettion / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Administrative		State Farm Insurance C		
	·			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	<b>*1</b> 5 00
05/02/2023	Giroux, Yvonne			\$15.00
	Contributor address; City; State; Zip Code			
	DENTON, TX 76208			
Principal occup	bation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Administrative		State Farm Insurance C		
Aummonauve			Junpanies	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 36/95 Rpt: 44/144	
2 FILER NAME			3 Filer ID (Ethics Commission I	Filers)
	nty Democratic Party (CEC)		00043022	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
06/02/2023	Giroux, Yvonne			\$15.00
	6 Contributor address; City; State; Zip Code			
2 Drineiral coorr	DENTON, TX 76208		<u> </u>	
8 Principal occup Administrativ	pation / Job title (See Instructions)	9 Employer (See Instructions		
		State Farm Insurance C		
Date		)	Amount of Contribution (\$)	÷=2.00
03/08/2023				\$50.00
	Contributor address; City; State; Zip Code			
	Little Elm, TX 75068			
Princinal occur	pation / Job title (See Instructions)	Employer (See Instructions	2)	
Not Employe		Not Employed	7	
Date		)	Amount of Contribution (\$)	
06/18/2023	Hale, Denise	/		\$115.00
00/10/2020	Contributor address; City; State; Zip Code			Ψ110.00
	Contributor address, City, State, Zip Code			
	savannah, TX 76227			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Not Employe	d	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/18/2023	Hall, Kimberly			\$115.00
	Contributor address; City; State; Zip Code			
Dringingloggy	FLOWER MOUND, TX 75028			
Teacher's Ai	pation / Job title (See Instructions)	Employer (See Instructions Lewisville Christian Scho		
			1	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	÷400.00
03/29/2023	Hammonds, Don			\$100.00
	Contributor address; City; State; Zip Code			
	Lake Dallas, TX 75065			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Not Employe		Not Employed	,	
		1		

	The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 37/95 Rpt: 45/144	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		nty Democratic Party (CEC)			00043022	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	06/12/2023	Harris, Mary				\$230.00
		6 Contributor address; City; State; Zip Code				
_	<u> </u>	Denton, TX 76201		Ĺ		
8		upation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Not Employe		Not Employed	—		
	Date		)		Amount of Contribution (\$)	
	06/20/2023					\$280.00
		Contributor address; City; State; Zip Code				
		Corrollton TV 75007				
	Dringing oog	Carrollton, TX 75007		Ļ		
	Marketing M	upation / Job title (See Instructions)	Employer (See Instructions)	)		
⊨	_	-		—		
	Date	—	)		Amount of Contribution (\$)	<b>\$20.00</b>
	06/14/2023	Higgins, Jennifer				\$20.00
		Contributor address; City; State; Zip Code				
		Denton, TX 75033				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	ـــــــــــــــــــــــــــــــــــــ		
	Not Employe		Not Employed	,		
⊨	Date		)	—	Amount of Contribution (\$)	
	06/16/2023	Higgins, Jennifer	/			\$22.00
	00/10/2020	Contributor address; City; State; Zip Code				Ψ <u></u> <u></u> <u></u>
		Continuutor address, City, State, Zip Code				
		Denton, TX 75033				
	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions)	ـــــــــــــــــــــــــــــــــــــ		
	Not Employe	ed	Not Employed			
F	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	01/22/2023	Hilliard, Constance				\$25.00
		Contributor address; City; State; Zip Code				
		Hickory Creek, TX 75065				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
	Professor		University of North Texa	เร		

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	The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 38/95 Rpt: 46/144
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	Denton Cou	nty Democratic Party (CEC)		00043022
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
	01/15/2023	Hilton, Jill		\$10.00
		6 Contributor address; City; State; Zip Code		1
		flower mound, TX 75028		
8		upation / Job title (See Instructions)	9 Employer (See Instructions)	
	Licensing Ma	anager	Funimation Entertainme	ent
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	02/15/2023	Hilton, Jill		\$10.00
		Contributor address; City; State; Zip Code		1
	,	flower mound, TX 75028		
		upation / Job title (See Instructions)	Employer (See Instructions)	,
	Licensing Ma		Funimation Entertainme	
	Date		)	Amount of Contribution (\$)
	03/15/2023	Hilton, Jill		\$10.00
		Contributor address; City; State; Zip Code		]
		flower mound TV 75020		
	Dringing oog	flower mound, TX 75028		
	Licensing Ma	upation / Job title (See Instructions)	Employer (See Instructions) Funimation Entertainmen	
	-	-		
	Date		)	Amount of Contribution (\$)
	04/15/2023	Hilton, Jill		\$10.00
		Contributor address; City; State; Zip Code		
		flower mound, TX 75028		
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u></u>
	Licensing Ma		Funimation Entertainmen	
⊨		-	<u> </u>	
	Date 05/15/2023	Full name of contributor out-of-state PAC (ID#: Hilton, Jill	)	Amount of Contribution (\$) \$10.00
	00/10/2020			ψ±0.00
		Contributor address; City; State; Zip Code		
		flower mound, TX 75028		
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	s)
	Licensing Ma		Funimation Entertainme	
⊢				

The Instruction Guide explains how to complete this form.       1       Total rages Schedule A1: Sch: 39/95 Rp: 47/144         2       FILTER NAME       3       Filter ID (Ethics Commission Filters)       00043922         4       Date       5       Full name of contributor address; City, State: Zip Code       7       Amount of Contribution (\$)         6       Contributor address; City, State: Zip Code       7       Amount of Contribution (\$)       \$10.00         8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)       Funcipal cocupation / Job title (See Instructions)         Contributor address; City, State: Zip Code					
Denton County Democratic Party (CEC)       00043022         4 Date       5 Full name of contribution	The Instru	iction Guide explains how to complete this f	form.		
Denton County Democratic Party (CEC)       00043022         4 Date       5 Full name of contribution	2 FILER NAME				Filers)
06/15/2023       Hilton, Jill       \$10.00         6       Contributor address; City; State; Zip Code       Inverter mound, TX 75028         7       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         Date       Full name of contributor       out of-state PAC (DB#)       Amount of Contribution (\$)         9       Full name of contributor       out of-state PAC (DB#)       Amount of Contribution (\$)         95/28/2023       Full name of contributor       out of-state PAC (DB#)       Amount of Contribution (\$)         9       Employer (See Instructions)       Retired       \$430.00         05/28/2023       Full name of contributor       out of-state PAC (DB#)       Amount of Contribution (\$)         9       Full name of contributor       out of-state PAC (DB#)       Amount of Contribution (\$)         06/19/2023       Full name of contributor       out of-state PAC (DB#)       Amount of Contribution (\$)         01/09/2023       Full name of contributor       out of-state PAC (DB#)       Amount of Contribution (\$)         01/09/2023       Full name of contributor       out of-state PAC (DB#)       Amount of Contribution (\$)         01/09/2023       Hujatt, Polly       St.00       St.00         01/09/2023       Hujatt, Polly       Interployed       Amou					,
6       Contributor address; City; State; Zip Code         flower mound, TX 75028       Penployer (See Instructions)         Licensing Manager       Pull name of contributor         Date       Full name of contributor         05/28/2023       Hinson, Elma         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Date       Denton, TX 76207         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Retired       Retired         Date       Of/19/2023         Full name of contributor       out-of-state PAC (ID#	4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
6       Contributor address; City; State; Zip Code         10       flower mound, TX 75028         9       Employer (See Instructions)         Licensing Manager       Pull name of contributor         05/28/2023       Full name of contributor         06/19/2023       Full name of contributor         06/19/2023       Full name of contributor         06/19/2023       Full name of contributor         01/09/2023       Full name of contributor         02/09/2023       Full name of contributor	06/15/2023				\$10.00
8       Principal occupation / Job title (See Instructions) Licensing Manager       9       Employer (See Instructions) Funimation Entertainment         Date       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$) S430.00         OS/28/2023       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$) S430.00         Os/28/2023       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$) S430.00         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$) S230.00         Date       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$) S230.00         Of/19/2023       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$) S230.00         Olf/19/2023       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$) S5.00         Olf/09/2023       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$) S5.00         Olf/09/2023       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$) S5.00         Olf/09/2023       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$) Not Employed       \$5.00					
8       Principal occupation / Job title (See Instructions) Licensing Manager       9       Employer (See Instructions) Funimation Entertrainment         Date 05/28/2023       Full name of contributor       out-of-state PAC (Der) Hinson, Elma       Amount of Contribution (\$) \$430.00         Date 05/28/2023       Full name of contributor       out-of-state PAC (Der) Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$430.00         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$) \$230.00         Date 06/19/2023       Full name of contributor       out-of-state PAC (Der) Holl, Lucas       Amount of Contribution (\$) \$230.00         Principal occupation / Job title (See Instructions) Attorney       Employer (See Instructions) HBWV       Amount of Contribution (\$) \$5.00         Date 01/09/2023       Full name of contributor       out-of-state PAC (Der) HBWV       Amount of Contribution (\$) \$5.00         Date 01/09/2023       Full name of contributor       out-of-state PAC (Der) Not Employed       Amount of Contribution (\$) \$5.00         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$) \$5.00         Date 02/09/2023       Full name of contributor       out-of-state PAC (Der) Not Employed       Amount of Contribution (\$) \$5.00         Date 02/09/20					
Licensing Manager         Funimation Entertainment           Date 05/28/2023 Hinson, Elma Contributor address; City: State, Zip Code         Amount of Contribution (\$) \$430.00           Defend, TX 76207         Employer (See Instructions) Retired         Employer (See Instructions) Retired           Date 06/19/2023 Holl, Lucas         Full name of contributor         out-of-state PAC (DP: 		flower mound, TX 75028			
Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         05/28/2023       Hinson, Elma	8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	)	
05/28/2023       Hinson, Elma	Licensing M	lanager	Funimation Entertainmer	nt	
05/28/2023       Hinson, Elma	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code	05/28/2023	Hinson, Elma			\$430.00
Denton, TX 76207       Employer (See Instructions) Retired       Employer (See Instructions) Retired         Date 06/19/2023       Full name of contributor or out-of-state PAC (ID#:) Holl, Lucas       Amount of Contribution (\$) \$230.00         Date 06/19/2023       Full name of contributor or out-of-state PAC (ID#:) Holl, Lucas       Amount of Contribution (\$) \$230.00         Principal occupation / Job title (See Instructions) Attorney       Employer (See Instructions) HBWV         Date 01/09/2023       Full name of contributor or out-of-state PAC (ID#:) Hyatt, Polly       Amount of Contribution (\$) \$5.00         Principal occupation / Job title (See Instructions) Attorney       Employer (See Instructions) HBWV       Amount of Contribution (\$) \$5.00         Date 01/09/2023       Full name of contributor Lewisville, TX 75067       Employer (See Instructions) Not Employed       Amount of Contribution (\$) \$5.00         Date 02/09/2023       Full name of contributor or out-of-state PAC (ID#:) Hyatt, Polly       Amount of Contribution (\$) \$5.00       \$5.00         Date 02/09/2023       Full name of contributor or out-of-state PAC (ID#:) Hyatt, Polly       Amount of Contribution (\$) \$5.00       \$5.00         Date 02/09/2023       Full name of contributor or out-of-state PAC (ID#:) Lewisville, TX 75067       Amount of Contribution (\$) \$5.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$) \$5.00					
Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired         Date 06/19/2023       Full name of contributor or out-of-state PAC (ID#:					
Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired         Date 06/19/2023       Full name of contributor or out-of-state PAC (ID#:					
Retired       Retired         Date       Full name of contributor       out-of-state PAC (ID#:		Denton, TX 76207			
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/19/2023       Holl, Lucas       \$230.00         Contributor address; City; State; Zip Code       \$230.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Attorney       HBWV         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       Employer (See Instructions)       Amount of Contribution (\$)         01/09/2023       Hyatt, Polly       Amount of Contribution (\$)       \$5.00         Contributor address; City; State; Zip Code       Employer (See Instructions)       \$5.00         V       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Lewisville, TX 75067       Employer (See Instructions)       Amount of Contribution (\$)         02/09/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         02/09/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         02/09/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         02/09/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	)	
06/19/2023       Holl, Lucas       \$230.00         Contributor address; City; State; Zip Code	Retired		Retired		
Contributor address; City; State; Zip Code         Denton, TX 76209         Principal occupation / Job title (See Instructions)         Attorney         Date         Full name of contributor         01/09/2023         Hyatt, Polly         Contributor address; City; State; Zip Code         Lewisville, TX 75067         Principal occupation / Job title (See Instructions)         Not Employed         Date         Principal occupation / Job title (See Instructions)         Not Employed         Date         Principal occupation / Job title (See Instructions)         Not Employed         Date         Full name of contributor         out-of-state PAC (ID#:         Not Employed         Date         Full name of contributor         Out-of-state PAC (ID#:         Not Employed         Date         Full name of contributor         Out-of-state PAC (ID#:         Not Employed         Date         Full name of contributor         Out-of-state PAC (ID#:         Contributor address; City; State; Zip Code         Lewisville, TX 75067         Principal occupation / Job title (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Attorney       HBWV         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         01/09/2023       Hyatt, Polly          Contributor address; City; State; Zip Code	06/19/2023				\$230.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Attorney       HBWV         Date       Full name of contributor       out-of-state PAC (ID#:)         01/09/2023       Hyatt, Polly       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Employer (See Instructions)       \$5.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$5.00         Not Employed       Not Employed       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         02/09/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         02/09/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         02/09/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         02/09/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Use with the poly       Contributor address; City; State; Zip Code       Employer (See Instructions)         Lewisville, TX 75067       Employer (See Instructions)       Employer (See Instructions)					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Attorney       HBWV         Date       Full name of contributor       out-of-state PAC (ID#:)         01/09/2023       Hyatt, Polly       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Employer (See Instructions)       \$5.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$5.00         Not Employed       Not Employed       Amount of Contribution (\$)         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         02/09/2023       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         02/09/2023       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         02/09/2023       Full, Polly       S5.00       S5.00         Contributor address; City; State; Zip Code       Employer (See Instructions)       \$5.00         Lewisville, TX 75067       Employer (See Instructions)       \$5.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Attorney       HBWV         Date       Full name of contributor       out-of-state PAC (ID#:)         01/09/2023       Hyatt, Polly       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Employer (See Instructions)       \$5.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$5.00         Not Employed       Not Employed       Amount of Contribution (\$)         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         02/09/2023       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         02/09/2023       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         02/09/2023       Full, Polly       S5.00       S5.00         Contributor address; City; State; Zip Code       Employer (See Instructions)       \$5.00         Lewisville, TX 75067       Employer (See Instructions)       \$5.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)					
Attorney       HBWV         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         01/09/2023       Hyatt, Polly       \$5.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         02/09/2023       Hyatt, Polly       \$5.00       S5.00         Contributor address; City; State; Zip Code       Lewisville, TX 75067       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$5.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$5.00	· · ·				
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         01/09/2023       Hyatt, Polly       \$5.00         Contributor address; City; State; Zip Code       Lewisville, TX 75067         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Not Employed       Not Employed         Date       Full name of contributor         02/09/2023       Hyatt, Polly         Watt, Polly       \$5.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)         02/09/2023       Hyatt, Polly       \$5.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Lewisville, TX 75067       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		upation / Job title (See Instructions)	,	)	
01/09/2023       Hyatt, Polly       \$5.00         Contributor address; City; State; Zip Code					
Contributor address; City; State; Zip Code         Lewisville, TX 75067         Principal occupation / Job title (See Instructions) Not Employed         Date       Full name of contributor out-of-state PAC (ID#:) Hyatt, Polly         02/09/2023       Full name of contributor contributor         Contributor address; City; State; Zip Code         Lewisville, TX 75067         Principal occupation / Job title (See Instructions)         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)         Employer (See Instructions)			)	Amount of Contribution (\$)	÷= 00
Lewisville, TX 75067         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor out-of-state PAC (ID#:) Hyatt, Polly       Amount of Contribution (\$)         02/09/2023       Hyatt, Polly       \$5.00         Contributor address; City; State; Zip Code       Lewisville, TX 75067         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	01/09/2023				\$5.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Not Employed       Not Employed         Date       Full name of contributor out-of-state PAC (ID#:)         02/09/2023       Hyatt, Polly         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Lewisville, TX 75067       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Not Employed       Not Employed         Date       Full name of contributor out-of-state PAC (ID#:)         02/09/2023       Hyatt, Polly         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Lewisville, TX 75067       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Not Employed       Not Employed         Date       Full name of contributor out-of-state PAC (ID#:)         02/09/2023       Hyatt, Polly         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Lewisville, TX 75067       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		Lewisville, TX 75067			
Not Employed       Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         02/09/2023       Hyatt, Polly       \$5.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       Full name of contributor         Lewisville, TX 75067       Employer (See Instructions)       Employer (See Instructions)	Principal occu		Emplover (See Instructions)	)	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         02/09/2023       Hyatt, Polly       \$5.00         Contributor address; City; State; Zip Code       Lewisville, TX 75067         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				1	
02/09/2023       Hyatt, Polly       \$5.00         Contributor address; City; State; Zip Code       Lewisville, TX 75067         Principal occupation / Job title (See Instructions)       Employer (See Instructions)			<u> </u>	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code Lewisville, TX 75067 Principal occupation / Job title (See Instructions) Employer (See Instructions)			/		\$5.00
Lewisville, TX 75067       Principal occupation / Job title (See Instructions)       Employer (See Instructions)	02/00/2022				<b>40.0</b> 2
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address, Gity, State, Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
		Lewisville, TX 75067			
	Principal occu		Employer (See Instructions)	)	
			1		

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 40/95 Rpt: 48/144
P FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
Denton County Democratic Party (CEC)	00043022
Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
03/09/2023 Hyatt, Polly	\$5.
6 Contributor address; City; State; Zip Code	
Lewisville, TX 75067	
Principal occupation / Job title (See Instructions) 9 Employer (See Instruction	ons)
Not Employed Not Employed	
Date     Full name of contributor     out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/09/2023 Hyatt, Polly	\$5.
Contributor address; City; State; Zip Code	
Lewisville, TX 75067	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ons)
Not Employed Not Employed	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/09/2023 Hyatt, Polly	\$5.
05/09/2023 Hyatt, Polly	
05/09/2023 Hyatt, Polly Contributor address; City; State; Zip Code	
05/09/2023 Hyatt, Polly Contributor address; City; State; Zip Code Lewisville, TX 75067	\$5.
05/09/2023 Hyatt, Polly Contributor address; City; State; Zip Code Lewisville, TX 75067 Principal occupation / Job title (See Instructions) Employer (See Instruction	\$5.
05/09/2023 Hyatt, Polly Contributor address; City; State; Zip Code Lewisville, TX 75067	\$5.
05/09/2023 Hyatt, Polly Contributor address; City; State; Zip Code Lewisville, TX 75067 Principal occupation / Job title (See Instructions) Employer (See Instruction	\$5.
05/09/2023       Hyatt, Polly         Contributor address; City; State; Zip Code         Lewisville, TX 75067         Principal occupation / Job title (See Instructions)         Not Employed         Date         Full name of contributor         06/09/2023         Hyatt, Polly	\$5. 
05/09/2023       Hyatt, Polly         Contributor address; City; State; Zip Code         Lewisville, TX 75067         Principal occupation / Job title (See Instructions)         Not Employed         Date         Full name of contributor         out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/09/2023       Hyatt, Polly         Contributor address; City; State; Zip Code         Lewisville, TX 75067         Principal occupation / Job title (See Instructions)         Not Employed         Date         Full name of contributor         06/09/2023         Hyatt, Polly	Amount of Contribution (\$)
05/09/2023       Hyatt, Polly         Contributor address; City; State; Zip Code         Lewisville, TX 75067         Principal occupation / Job title (See Instructions)         Not Employed         Date         Full name of contributor         O6/09/2023         Hyatt, Polly         Contributor address; City; State; Zip Code	Amount of Contribution (\$)
05/09/2023       Hyatt, Polly         Contributor address; City; State; Zip Code         Lewisville, TX 75067         Principal occupation / Job title (See Instructions)         Not Employed         Date         Full name of contributor         06/09/2023         Hyatt, Polly         Contributor address; City; State; Zip Code         Lewisville, TX 75067	\$5. ons) Amount of Contribution (\$) \$5.
05/09/2023       Hyatt, Polly         Contributor address; City; State; Zip Code         Lewisville, TX 75067         Principal occupation / Job title (See Instructions)         Not Employed         Date         Full name of contributor         06/09/2023         Hyatt, Polly         Contributor address; City; State; Zip Code         Lewisville, TX 75067         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Principal occupation / Job title (See Instructions)         Employer (See Instructions)	\$5. ons) Amount of Contribution (\$) \$5.
05/09/2023       Hyatt, Polly         Contributor address; City; State; Zip Code         Lewisville, TX 75067         Principal occupation / Job title (See Instructions)         Not Employed         Date         Full name of contributor         06/09/2023         Hyatt, Polly         Contributor address; City; State; Zip Code         Lewisville, TX 75067	\$5. ons) Amount of Contribution (\$) \$5.
05/09/2023       Hyatt, Polly         Contributor address; City; State; Zip Code         Lewisville, TX 75067         Principal occupation / Job title (See Instructions)         Not Employed         Date         Full name of contributor         06/09/2023         Hyatt, Polly         Contributor address; City; State; Zip Code         Date         Full name of contributor         O6/09/2023         Hyatt, Polly         Contributor address; City; State; Zip Code         Lewisville, TX 75067         Principal occupation / Job title (See Instructions)         Not Employed         Date         Full name of contributor         Lewisville, TX 75067         Principal occupation / Job title (See Instructions)         Not Employed         Date         Full name of contributor         Not Employed         Date         Full name of contributor         out-of-state PAC (ID#:)	Amount of Contribution (\$) S5. Amount of Contribution (\$) S5. Amount of Contribution (\$)
05/09/2023       Hyatt, Polly         Contributor address; City; State; Zip Code         Lewisville, TX 75067         Principal occupation / Job title (See Instructions)         Not Employed         Date         Full name of contributor         06/09/2023         Hyatt, Polly         Contributor address; City; State; Zip Code         Lewisville, TX 75067         Principal occupation / Job title (See Instructions)         Lewisville, TX 75067         Principal occupation / Job title (See Instructions)         Lewisville, TX 75067         Principal occupation / Job title (See Instructions)         Not Employed	\$5.           ons)           Amount of Contribution (\$)           \$5.           ons)
05/09/2023       Hyatt, Polly         Contributor address; City; State; Zip Code         Lewisville, TX 75067         Principal occupation / Job title (See Instructions)         Not Employed         Date         Full name of contributor         06/09/2023         Hyatt, Polly         Contributor address; City; State; Zip Code         Date         Full name of contributor         O6/09/2023         Hyatt, Polly         Contributor address; City; State; Zip Code         Envisville, TX 75067         Principal occupation / Job title (See Instructions)         Not Employed         Date         Frincipal occupation / Job title (See Instructions)         Not Employed         Date         Principal occupation / Job title (See Instructions)         Not Employed         Date         Full name of contributor         out-of-state PAC (ID#:)         06/18/2023         Jackson, Eric	Amount of Contribution (\$) S5. Amount of Contribution (\$) S5. Amount of Contribution (\$)
05/09/2023       Hyatt, Polly         Contributor address; City; State; Zip Code         Lewisville, TX 75067         Principal occupation / Job title (See Instructions)         Not Employed         Date         Full name of contributor         06/09/2023         Hyatt, Polly         Contributor address; City; State; Zip Code         Lewisville, TX 75067         Principal occupation / Job title (See Instructions)         Equivalence         Contributor address; City; State; Zip Code         Lewisville, TX 75067         Principal occupation / Job title (See Instructions)         Not Employed         Date         Full name of contributor         Not Employed         Date         Principal occupation / Job title (See Instructions)         Not Employed         Date         Full name of contributor         Odt-of-state PAC (ID#:)         O6/18/2023         Jackson, Eric	Amount of Contribution (\$) S5. Amount of Contribution (\$) S5. Amount of Contribution (\$)
05/09/2023       Hyatt, Polly         Contributor address; City; State; Zip Code         Lewisville, TX 75067         Principal occupation / Job title (See Instructions)         Not Employed         Date         Full name of contributor         06/09/2023         Hyatt, Polly         Contributor address; City; State; Zip Code         Lewisville, TX 75067         Principal occupation / Job title (See Instructions)         Not Employed         Date         Full name of contributor         Lewisville, TX 75067         Principal occupation / Job title (See Instructions)         Not Employed         Date         Principal occupation / Job title (See Instructions)         Not Employed         Date         Full name of contributor         Odtorf-state PAC (ID#:         Not Employed         Date         Full name of contributor         Odtorf-state PAC (ID#:         Of/18/2023         Jackson, Eric         Contributor address; City; State; Zip Code	Amount of Contribution (\$) S5. Amount of Contribution (\$) S5. Amount of Contribution (\$)
05/09/2023       Hyatt, Polly         Contributor address; City; State; Zip Code         Lewisville, TX 75067         Principal occupation / Job title (See Instructions)         Not Employed         Date         Full name of contributor         o6/09/2023         Hyatt, Polly         Contributor address; City; State; Zip Code         Lewisville, TX 75067         Principal occupation / Job title (See Instructions)         Not Employed         Date         Full name of contributor         Od/09/2023         Hyatt, Polly         Contributor address; City; State; Zip Code         Lewisville, TX 75067         Principal occupation / Job title (See Instructions)         Not Employed         Date         Full name of contributor         out-of-state PAC (ID#:         O6/18/2023         Jackson, Eric         Contributor address; City; State; Zip Code         Frisco, TX 75033	\$5.           ons)         Amount of Contribution (\$)            \$5.           ons)         \$5.            Amount of Contribution (\$)            \$330.
05/09/2023       Hyatt, Polly         Contributor address; City; State; Zip Code         Lewisville, TX 75067         Principal occupation / Job title (See Instructions)         Not Employed         Date         Full name of contributor         06/09/2023         Hyatt, Polly         Contributor address; City; State; Zip Code         Lewisville, TX 75067         Principal occupation / Job title (See Instructions)         Not Employed         Date         Full name of contributor         Lewisville, TX 75067         Principal occupation / Job title (See Instructions)         Not Employed         Date         Principal occupation / Job title (See Instructions)         Not Employed         Date         Full name of contributor         Odtorf-state PAC (ID#:         Not Employed         Date         Full name of contributor         Odtorf-state PAC (ID#:         Of/18/2023         Jackson, Eric         Contributor address; City; State; Zip Code	\$5.           ons)         Amount of Contribution (\$)            \$5.           ons)         \$5.            Amount of Contribution (\$)            \$330.

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 41/95 Rpt: 49/144	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	rs)
	nty Democratic Party (CEC)		00043022	-,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
01/24/2023	Jackson, Reed		\$1	10.00
	6 Contributor address; City; State; Zip Code			
	Denton, TX 76209			
	ipation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Not Employe	;d	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
02/24/2023	Jackson, Reed		\$1	10.00
	Contributor address; City; State; Zip Code			
	Denton, TX 76209	<u>.</u>		
	pation / Job title (See Instructions)	Employer (See Instructions	3)	
Not Employe	2d	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
03/24/2023	Jackson, Reed		\$1	10.00
	Contributor address; City; State; Zip Code			
Denton, TX 76209				
	ipation / Job title (See Instructions)	Employer (See Instructions	3)	
Not Employe	?d	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
04/24/2023	Jackson, Reed		\$1	10.00
	Contributor address; City; State; Zip Code			
	Denton, TX 76209	<u>.</u>		
	ipation / Job title (See Instructions)	Employer (See Instructions	3)	
Not Employe	?d	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/24/2023	Jackson, Reed		\$1	10.00
	Contributor address; City; State; Zip Code			
	Denton, TX 76209			
	pation / Job title (See Instructions)	Employer (See Instructions	3)	
Not Employe	ed be	Not Employed		

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 42/95 Rpt: 50/144
2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
Denton County Democratic Party (CEC)	00043022
4 Date 5 Full name of contributor out-of-state PAC (ID#:	) <b>7</b> Amount of Contribution (\$)
06/24/2023 Jackson, Reed	\$10.00
6 Contributor address; City; State; Zip Code	
Denton, TX 76209	
	(See Instructions)
Not Employed Not Employed	
	-
Date Full name of contributor out-of-state PAC (ID#: 06/04/2023 Jones, Juanita	) Amount of Contribution (\$) \$26.00
Contributor address; City; State; Zip Code	
Carrollton, TX 75007	
	(See Instructions)
Family service Head Sta	
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
06/14/2023 Jones, Juanita	\$345.00
Contributor address; City; State; Zip Code	
Carrollton, TX 75007	
	(See Instructions)
Social Work Head Sta	art
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
06/21/2023 Kao, Vicky	\$105.00
Contributor address; City; State; Zip Code	
Aubrey, TX 76227	
	(See Instructions)
Marketing Analyst Yelp	
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
04/05/2023 Kastl, Kristina N.	\$100.00
Contributor address; City; State; Zip Code	
Dallas, TX 75204	
	(Coolectructions)
	(See Instructions)
Attorney KASTLI	
Attorney KASTL L	AW P.C.

_						
	The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 43/95 Rpt: 51/144	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		nty Democratic Party (CEC)		1	00043022	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	05/27/2023	Kato, Edward				\$25.00
		6 Contributor address; City; State; Zip Code		1		
		Flower Mound, TX 75028				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/31/2023	Keith, Shelton				\$50.00
		Contributor address; City; State; Zip Code		1		
		Denton, TX 76201				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/05/2023	Kennedy, Cheri				\$25.00
		Contributor address; City; State; Zip Code		1		
		Denton, TX 76207				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor 🔲 out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	02/05/2023	Kennedy, Cheri				\$25.00
		Contributor address; City; State; Zip Code		1		
		Denton, TX 76207				
	•	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/05/2023	Kennedy, Cheri				\$25.00
		Contributor address; City; State; Zip Code		]		
		D				
		Denton, TX 76207				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe	20	Not Employed			

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 44/95 Rpt: 52/144	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
	nty Democratic Party (CEC)		00043022	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
04/05/2023	Kennedy, Cheri			\$25.00
	6 Contributor address; City; State; Zip Code			
	Denton, TX 76207			
	upation / Job title (See Instructions)	9 Employer (See Instructions)	)	
Not Employe	ed	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/05/2023	Kennedy, Cheri			\$25.00
	Contributor address; City; State; Zip Code			
	Denton, TX 76207			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	)	
Not Employe	ed	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
06/07/2023	Kennedy, Cheri			\$25.00
	Contributor address; City; State; Zip Code			
	Denton, TX 76207			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	)	
Not Employe	ed	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
04/07/2023	Kennedy, Kathleen		\$	\$200.00
	Contributor address; City; State; Zip Code			
	Plano, TX 75024			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	)	
Not Employe	ed	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/07/2023	Kennedy, Kathleen		\$	\$200.00
	Contributor address; City; State; Zip Code			
	Plano, TX 75024			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	)	
Not Employe	эd	Not Employed		
		1		

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 45/95 Rpt: 53/144
2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
Denton County Democratic Party (CEC)	00043022
4 Date     5 Full name of contributor     out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/07/2023 Kennedy, Kathleen	\$200.00
6 Contributor address; City; State; Zip Code	
Plano, TX 75024	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	;)
Not Employed Not Employed	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/12/2023 Kennedy, Kathleen	\$300.00
Contributor address; City; State; Zip Code	
Plano, TX 75024	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	;)
Not Employed Not Employed	
Date     Full name of contributor     out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/08/2023 Kohn, Elizabeth	\$280.00
Contributor address; City; State; Zip Code	
The Colony TV 75056	
The Colony, TX 75056	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Not Employed       Not Employed	<i>;</i> )
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/19/2023 Kuhn, Dorothy	\$115.00
Contributor address; City; State; Zip Code	
Denton, TX 76209	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	<u> </u> ;)
Not Employed Not Employed	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/25/2023 Lagerblad, Kathie	\$20.00
Contributor address; City; State; Zip Code	
Corinth, TX 76210	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	.) .)
Sec-officer Merlin Automation Inc	

The Instru	iction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 46/95 Rpt: 54/144	
2 FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
Denton Cou	Inty Democratic Party (CEC)			00043022	
4 Date 02/25/2023			7	Amount of Contribution (\$)	\$20.00
	6 Contributor address; City; State; Zip Code		1		
	Corinth, TX 76210				
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Sec-officer		Merlin Automation Inc			
Date	Full name of contributor out-of-state PAC (ID#:	·)	Γ	Amount of Contribution (\$)	
03/25/2023	5				\$20.00
	Contributor address; City; State; Zip Code		1		
	Corinth, TX 76210				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<b></b> s)		
Sec-officer		Merlin Automation Inc	-		
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Τ	Amount of Contribution (\$)	
04/25/2023		/		Allount of contribution (+)	\$20.00
0-1,20,2022	Contributor address; City; State; Zip Code		-		Ψ=0.02
	Corinth, TX 76210				
	upation / Job title (See Instructions)	Employer (See Instructions	5)		
Sec-officer		Merlin Automation Inc			
Date	Full name of contributor out-of-state PAC (ID#:	)	Ī	Amount of Contribution (\$)	
05/25/2023					\$20.00
	Contributor address; City; State; Zip Code				
	Corinth, TX 76210				
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Sec-officer		Merlin Automation Inc			
Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
06/25/2023					\$20.00
	Contributor address; City; State; Zip Code				
	Corinth, TX 76210				
	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Sec-officer		Merlin Automation Inc			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 47/95 Rpt: 55/144	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		nty Democratic Party (CEC)			00043022	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	05/16/2023	Lampkin, Jamed				\$25.00
		6 Contributor address; City; State; Zip Code				
		Denton, TX 76205				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Information S	Security Analyst	UNT System			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	06/02/2023	Lane, Jennifer			• •	\$115.00
		Denton, TX 76205				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Professor		University of North Texa	S		
╞	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	06/04/2023	Lane, Jennifer				\$11.00
		Contributor address; City; State; Zip Code				
		Denton, TX 76205				
		pation / Job title (See Instructions)	Employer (See Instructions)			
	Professor		University of North Texa	S		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/16/2023	Lawrence, Grace				\$345.00
		Contributor address; City; State; Zip Code				
		Highland Village, TX 75077				
		upation / Job title (See Instructions)	Employer (See Instructions)	)		
	Not Employe	30 	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/12/2023	Lee, Keun				\$10.00
		Contributor address; City; State; Zip Code				
		Correlitor TV 75007				
$\vdash$	Di sinal aggi	Carrollton, TX 75007		<u> </u>		
		upation / Job title (See Instructions)	Employer (See Instructions) Diversified Electrical Sol			
	Engineer			uu	UNS	

The Instruction Guide explains how to complete this form.       1 Total pages Schedule A1: Sch: 48/95 Rpt: 56/144         2 FILER NAME Denton County Democratic Party (CEC)       3 Filer ID (Ethics Commission 00043022         4 Date 02/12/2023       5 Full name of contributor out-of-state PAC (ID#:) Lee, Keun       7 Amount of Contribution (\$)         6 Contributor address; City; State; Zip Code       7 Amount of Contributions) Diversified Electrical Solutions       7 Amount of Contribution (\$)         Date 03/12/2023       Full name of contributor out-of-state PAC (ID#:) Lee, Keun       9 Employer (See Instructions) Diversified Electrical Solutions       Amount of Contribution (\$)         Date 03/12/2023       Full name of contributor out-of-state PAC (ID#:) Lee, Keun       Amount of Contribution (\$)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Engineer       Employer (See Instructions) Diversified Electrical Solutions       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Engineer       Employer (See Instructions) Diversified Electrical Solutions       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Engineer       Employer (See Instructions) Diversified Electrical Solutions       Amount of Contribution (\$)         Date 04/12/2023       Full name of contributor       out-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (\$)	* Filers) \$10.00
Denton Courty Democratic Party (CEC)       00043022         4 Date       5 Full name of contributor       out-of-state PAC (ID#:)       7 Amount of Contribution (\$)         02/12/2023       Lee, Keun       6 Contributor address; City; State; Zip Code       7 Amount of Contribution (\$)         6 Carrollton, TX 75007       9 Employer (See Instructions) Engineer       9 Employer (See Instructions) Diversified Electrical Solutions         Date       Full name of contributor       out-of-state PAC (ID#:	\$10.00
Denton Courty Democratic Party (CEC)       00043022         4 Date       5 Full name of contributor       out-of-state PAC (ID#:)       7 Amount of Contribution (\$)         02/12/2023       Lee, Keun       6 Contributor address; City; State; Zip Code       7 Amount of Contribution (\$)         6 Carrollton, TX 75007       9 Employer (See Instructions) Engineer       9 Employer (See Instructions) Diversified Electrical Solutions         Date       Full name of contributor       out-of-state PAC (ID#:	\$10.00
02/12/2023       Lee, Keun         6       Contributor address; City; State; Zip Code         Carrollton, TX 75007       9         8       Principal occupation / Job title (See Instructions) Engineer       9         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       Contributor address; City; State; Zip Code         03/12/2023       Lee, Keun       Amount of Contribution (\$)         Carrollton, TX 75007       Employer (See Instructions) Lee, Keun       Employer (See Instructions) Engineer         Principal occupation / Job title (See Instructions) Engineer       Employer (See Instructions) Diversified Electrical Solutions         Principal occupation / Job title (See Instructions) Engineer       Employer (See Instructions) Diversified Electrical Solutions         Date       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       Amount of Contribution (\$)	
6       Contributor address; City; State; Zip Code         Carrollton, TX 75007       9         8       Principal occupation / Job title (See Instructions)       9         Engineer       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         03/12/2023       Lee, Keun       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Carrollton, TX 75007         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor       Out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/12/2023       Lee, Keun       Amount of Contribution (\$)       Amount of Contribution (\$)	
6       Contributor address; City; State; Zip Code         Carrollton, TX 75007         8       Principal occupation / Job title (See Instructions) Engineer       9       Employer (See Instructions) Diversified Electrical Solutions         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/12/2023       Lee, Keun       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Engineer       Employer (See Instructions) Diversified Electrical Solutions       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Engineer       Employer (See Instructions) Diversified Electrical Solutions       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/12/2023       Lee, Keun       Amount of Contribution (\$)       Amount of Contribution (\$)	\$10.00
8       Principal occupation / Job title (See Instructions) Engineer       9       Employer (See Instructions) Diversified Electrical Solutions         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/12/2023       Lee, Keun       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)         Engineer       Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/12/2023       Lee, Keun       out-of-state PAC (ID#:)       Amount of Contribution (\$)	\$10.00
8       Principal occupation / Job title (See Instructions) Engineer       9       Employer (See Instructions) Diversified Electrical Solutions         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/12/2023       Lee, Keun       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)         Engineer       Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/12/2023       Lee, Keun       out-of-state PAC (ID#:)       Amount of Contribution (\$)	\$10.00
8       Principal occupation / Job title (See Instructions) Engineer       9       Employer (See Instructions) Diversified Electrical Solutions         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/12/2023       Lee, Keun       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Engineer       Employer (See Instructions) Employer (See Instructions) Diversified Electrical Solutions         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/12/2023       Lee, Keun       out-of-state PAC (ID#:)       Amount of Contribution (\$)	\$10.00
Engineer       Diversified Electrical Solutions         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/12/2023       Lee, Keun	\$10.00
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/12/2023       Lee, Keun       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Carrollton, TX 75007       Carrollton, TX 75007       Employer (See Instructions)         Engineer       Diversified Electrical Solutions         Date       Full name of contributor       out-of-state PAC (ID#:)         04/12/2023       Lee, Keun       Amount of Contribution (\$)	\$10.00
03/12/2023       Lee, Keun         Contributor address; City; State; Zip Code         Carrollton, TX 75007         Principal occupation / Job title (See Instructions)         Engineer         Date         Full name of contributor         Out-of-state PAC (ID#:)         Amount of Contribution (\$)	\$10.00
Contributor address; City; State; Zip Code         Carrollton, TX 75007         Principal occupation / Job title (See Instructions)         Engineer         Date         Full name of contributor         04/12/2023         Lee, Keun	
Carrollton, TX 75007         Principal occupation / Job title (See Instructions)         Engineer         Date         Full name of contributor         04/12/2023         Lee, Keun	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Engineer       Diversified Electrical Solutions         Date       Full name of contributor       out-of-state PAC (ID#:)         04/12/2023       Lee, Keun       Amount of Contribution (\$)	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Engineer       Diversified Electrical Solutions         Date       Full name of contributor       out-of-state PAC (ID#:)         04/12/2023       Lee, Keun       Amount of Contribution (\$)	
Engineer     Diversified Electrical Solutions       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       04/12/2023     Lee, Keun     Lee, Keun     Amount of Contribution (\$)	
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       04/12/2023     Lee, Keun     Image: Contribution (\$)     Image: Contribution (\$)	
04/12/2023 Lee, Keun	
	\$10.00
Carrollton, TX 75007	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Engineer       Diversified Electrical Solutions	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/12/2023       Lee, Keun	\$10.00
	Φ10.00
Contributor address; City; State; Zip Code	
Carrollton, TX 75007	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Engineer Diversified Electrical Solutions	
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)	
06/08/2023 Lee, Keun	\$20.00
Contributor address; City; State; Zip Code	\$20.00
	\$20.00
Contributor address; City; State; Zip Code	\$20.00
Contributor address; City; State; Zip Code Carrollton, TX 75007	\$20.00
Contributor address; City; State; Zip Code Carrollton, TX 75007 Principal occupation / Job title (See Instructions) Employer (See Instructions)	\$20.00
Contributor address; City; State; Zip Code Carrollton, TX 75007	\$20.00

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 49/95 Rpt: 57/144
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
		nty Democratic Party (CEC)		00043022
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
	06/12/2023	Lee, Keun		\$10.00
		6 Contributor address; City; State; Zip Code		1
0	Dringing occu	Carrollton, TX 75007 pation / Job title (See Instructions)	9 Employer (See Instructions	~
ō	Engineer	pation / Job lite (see instructions)	Diversified Electrical So	
				-
	Date 06/19/2023	Full name of contributor out-of-state PAC (ID#: Lee, Keun	)	Amount of Contribution (\$) \$230.00
	00/13/2023			φ230.00
		Contributor address; City; State; Zip Code		
		Carrollton, TX 75007		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Engineer		Diversified Electrical So	olutions
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	06/27/2023	Lee, Sandra		\$210.00
		Contributor address; City; State; Zip Code		1
		Kanadala TV 76060		
	Dringing oog	Kennedale, TX 76060	Employer (Cap Instructions	
	Constable	pation / Job title (See Instructions)	Employer (See Instructions Tarrant County	5)
	Date 04/13/2023		)	Amount of Contribution (\$) \$50.00
	04/13/2023	Lindsay, William		φου.υυ
		Contributor address; City; State; Zip Code		
		Flower Mound, TX 75028		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Not Employe	≩d	Not Employed	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	01/03/2023	Longo, Antonella		\$10.00
		Contributor address; City; State; Zip Code		1
	D 1 start see	Highland Village, TX 75077		
	research pro	pation / Job title (See Instructions)	Employer (See Instructions UNT	S)
			UNT	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 50/95 Rpt: 58/144	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers	 S)
	nty Democratic Party (CEC)		00043022	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
02/03/2023	Longo, Antonella		\$1	.0.00
	6 Contributor address; City; State; Zip Code			
	Highland Village, TX 75077			
	pation / Job title (See Instructions)	9 Employer (See Instructions	5)	
research pro	ofessor	UNT		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
03/03/2023	Longo, Antonella		\$1	.0.00
	Contributor address; City; State; Zip Code			
	Highland Village, TX 75077			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)	
research pro	ofessor	UNT		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
04/03/2023	Longo, Antonella		\$1	0.00
	Contributor address; City; State; Zip Code			
	Highland Village, TX 75077			
	pation / Job title (See Instructions)	Employer (See Instructions	8)	
research pro	ofessor	UNT		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/03/2023	Longo, Antonella		\$1	0.00
	Contributor address; City; State; Zip Code			
	Highland Village, TX 75077			
	pation / Job title (See Instructions)	Employer (See Instructions	5)	
research pro	ofessor	UNT		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/14/2023	Longo, Antonella		\$1	5.00
	Contributor address; City; State; Zip Code			
	Highland Village, TX 75077			
	pation / Job title (See Instructions)	Employer (See Instructions		
research sci	entist	UNT		

The Instruction Guide explains how to complete this form.       1 Trait pages Schedule A1: Sch: 51/95 Ppt: 59/144         2 FILER NAME Denton County Democratic Party (CEC)       9 Fiel remote of contributor					
2       FileR NAME       3       Filer ID       (Eltics Commission Filers)         Date       5       Full name of contributor       out-of-state PAC (DF,	The Inst	ruction Guide explains how to complete this	form.		
Denton County Democratic Party (CEC)         00043022           4 Date         5 Full name of contributor         out-of-state PAC ((D#	2 FILER NAM	ле 1		-	n Filers)
06/14/2023       Longo, Antonella       \$20.00         6       Contributor address; City; State; Zip Code       \$20.00         7       Highland Village, TX 75077       9       Employer (See Instructions)         08       Principal occupation / Job title (See Instructions)       0       Full name of contributor       out-of-state PAC (IDE       OUT         Date       Full name of contributor       out-of-state PAC (IDE       Amount of Contribution (\$)       \$300.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$300.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Not Employed       Amount of Contribution (\$)       \$3155.00         Date       Full name of contributor       out-of-state PAC (IDE       Amount of Contribution (\$)       \$155.00         Child (223       Full name of contributor       out-of-state PAC (IDE       Amount of Contribution (\$)       \$155.00         Contributor address; City; State; Zip Code       The Colony, TX 75056       Employer (See Instructions)       \$25.00         CPA       Pull name of contributor       out-of-state PAC (IDE       Amount of Contribution (\$)       \$25.00         Date       Date       Pull name of contributor       out-of-state PAC (IDE <td< td=""><td></td><td></td><td></td><td></td><td> ,</td></td<>					,
6       Contributor address: City; State; Zip Code         Highland Village, TX 75077       Principal occupation / Job title (See Instructions)       UNT         8       Principal occupation / Job title (See Instructions)       UNT         O6/16/2023       Macpherson, Kim       One-of-state PAC (Date)       Amount of Contribution (\$)         06/16/2023       Macpherson, Kim       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         06/16/2023       Full name of contributor       out-of-state PAC (Date)       Amount of Contribution (\$)         Not Employed       Not Employed       Amount of Contribution (\$)       \$155.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$155.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$155.00         Contributor address; City; State; Zip Code       S155.00       S155.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$155.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$25.00         CPA       Full name of contributor       out-of-state PAC (Date)       Amount of Contribution (\$)         01/05/2023       Full name of contributor       out-of-state PAC (Date)       Amount of Contribution (\$) <t< td=""><td>4 Date</td><td>5 Full name of contributor out-of-state PAC (ID#</td><td>:)</td><td>7 Amount of Contribution (\$)</td><td></td></t<>	4 Date	5 Full name of contributor out-of-state PAC (ID#	:)	7 Amount of Contribution (\$)	
6       Contributor address; City; State; Zip Code         Highland Village, TX 75077       9       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (S)         Date       Contributor address; City; State; Zip Code	06/14/202	5			\$20.00
9       Principal occupation / Job title (See Instructions) research scientist       9       Employer (See Instructions) UNT         Date 06/16/2023       Full name of contributor Macpherson, Kim Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$300.00         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$) \$155.00         Principal occupation / Job title (See Instructions) Not Employed       Magner, Lisa Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$155.00         Principal occupation / Job title (See Instructions) Not Employed       Full name of contributor address; City; State; Zip Code       Amount of Contribution (\$) \$155.00         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Employer (See Instructions) Self       Amount of Contribution (\$) \$25.00         Date 01/05/2023       Full name of contributor Denton, TX 76210       out-of-state PAC (Dor Denton, TX 76210       Amount of Contribution (\$) \$25.00         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$) \$25.00         Date 02/05/2023       Full name of contributor Denton, TX 76210       Out-of-state PAC (Dor Denton, TX 76210       Amount of Contribution (\$) \$25.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions) Not Employed       Amount of Co					
9       Principal occupation / Job title (See Instructions) research scientist       9       Employer (See Instructions) UNT         Date 06/16/2023       Full name of contributor Macpherson, Kim Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$300.00         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$) \$155.00         Principal occupation / Job title (See Instructions) Not Employed       Magner, Lisa Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$155.00         Principal occupation / Job title (See Instructions) Not Employed       Full name of contributor address; City; State; Zip Code       Amount of Contribution (\$) \$155.00         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Employer (See Instructions) Self       Amount of Contribution (\$) \$25.00         Date 01/05/2023       Full name of contributor Denton, TX 76210       out-of-state PAC (Dor Denton, TX 76210       Amount of Contribution (\$) \$25.00         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$) \$25.00         Date 02/05/2023       Full name of contributor Denton, TX 76210       Out-of-state PAC (Dor Denton, TX 76210       Amount of Contribution (\$) \$25.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions) Not Employed       Amount of Co					
research scientist       UNT         Date       Full name of contributor       out-of-state PAC (D#) Macpherson, Kim       Amount of Contribution (\$) \$300.00         O6/16/2023       Macpherson, Kim		Highland Village, TX 75077			
Date       Full name of contributor       out-of-state PAC (DB       Amount of Contribution (\$)         06/16/2023       Macpherson, Kim       \$300.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       S300.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Not Employed         Date       Full name of contributor       out-of-state PAC (DB       Amount of Contribution (\$)         06/06/2023       Magee, Lisa       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         06/06/2023       Magee, Lisa       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       St155.00         Contributor address; City; State; Zip Code       Maguire-Powell, Alison       St25.00         Ol/05/2023       Maguire-Powell, Alison       Employer (See Instructions)       \$25.00         Not Employed       Denton, TX 76210       Employer (See Instructions)       \$25.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$25.00         Not Employed       Denton, TX 76210       Amount of Contribution (\$)       \$25.00         Date       Full name of contributor       out-of				)	
06/16/2023       Macpherson, Kim       \$300.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       \$300.00         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (S)         Date 06/06/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (S)         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Employer (See Instructions) Self       Amount of Contribution (S)         Principal occupation / Job title (See Instructions) CPA       Employer (See Instructions) Self       Amount of Contribution (S)         Date 01/05/2023       Full name of contributor       out-of-state PAC (ID#:) Maguire-Powell, Alison       Amount of Contribution (S)         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (S)         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (S)         Date 02/05/2023       Full name of contributor       out-of-state PAC (ID#:	research	scientist	UNT		
Contributor address; City; State; Zip Code       Corinth, TX 76210         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:	Date	Full name of contributor out-of-state PAC (ID#	÷)	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Not Employed       Amount of Contribution (\$)         Date       Full name of contributor	06/16/202				\$300.00
Corinth, TX 76210       Employer (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date 06/06/2023       Full name of contributor or out-of-state PAC (IDE:) Magee, Lisa Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$155.00         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Employer (See Instructions) Self         Date 01/05/2023       Full name of contributor or out-of-state PAC (IDE:) Maguire-Powell, Alison or out-of-state PAC (IDE:)       Amount of Contribution (\$) Self         Date 01/05/2023       Full name of contributor or out-of-state PAC (IDE:)       Amount of Contribution (\$) Self         Date 01/05/2023       Full name of contributor or out-of-state PAC (IDE:)       Amount of Contribution (\$) Self         Date 01/05/2023       Full name of contributor or out-of-state PAC (IDE:)       Amount of Contribution (\$) Self         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$) Self         Date 02/05/2023       Full name of contributor or out-of-state PAC (IDE:) Maguire-Powell, Alison Contributor address; City, State; Zip Code       Amount of Contribution (\$) Self       \$25.00         Date 02/05/2023       Full name of contributor					
Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (D#:					
Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (D#:					
Not Employed       Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:		Corinth, TX 76210			
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/06/2023       Magee, Lisa       \$155.00         Contributor address; City; State; Zip Code       The Colony, TX 75056       \$155.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Self         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         01/05/2023       Maguire-Powell, Alison       Self       Amount of Contribution (\$)         01/05/2023       Maguire-Powell, Alison       \$25.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$25.00         Date       Denton, TX 76210       Employer (See Instructions)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Not Employed       Amount of Contribution (\$)         02/05/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         02/05/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$25.00         Contributor address; City; State; Zip Code	-		,	)	
06/06/2023       Magee, Lisa       \$155.00         Contributor address; City; State; Zip Code       The Colony, TX 75056       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Self         Date       Full name of contributor       out-of-state PAC (ID#;	Not Emplo	oyed	Not Employed		
Contributor address; City; State; Zip Code         The Colony, TX 75056         Principal occupation / Job title (See Instructions)         CPA         Date         01/05/2023         Maguire-Powell, Alison         Contributor address; City; State; Zip Code         Denton, TX 76210         Principal occupation / Job title (See Instructions)         Self         Date         Denton, TX 76210         Principal occupation / Job title (See Instructions)         Not Employed         Date         Principal occupation / Job title (See Instructions)         Not Employed         Date         O2/05/2023         Maguire-Powell, Alison         Self         Denton, TX 76210         Date         O2/05/2023         Maguire-Powell, Alison         Contributor address; City; State; Zip Code         Date       Full name of contributor         O2/05/2023       Maguire-Powell, Alison         Contributor address; City; State; Zip Code         Denton, TX 76210         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Principal occupation / Job titite (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#	÷)	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         CPA       Self         Date       Full name of contributor       out-of-state PAC (ID#:)         01/05/2023       Maguire-Powell, Alison       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Denton, TX 76210       Employer (See Instructions)         Not Employed       Not Employed         Date       Full name of contributor         02/05/2023       Full name of contributor       out-of-state PAC (ID#:)         Not Employed       Not Employed       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)         02/05/2023       Maguire-Powell, Alison       Employer (See Instructions)         Not Employed       Amount of Contribution (\$)       \$25.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Denton, TX 76210       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	06/06/202				\$155.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         CPA       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         01/05/2023       Maguire-Powell, Alison       \$25.00         Contributor address; City; State; Zip Code       Denton, TX 76210         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Not Employed       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       S25.00         Date       Full name of contributor       out-of-state PAC (ID#:)         02/05/2023       Maguire-Powell, Alison       Amount of Contribution (\$)         02/05/2023       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       s25.00         Contributor address; City; State; Zip Code       \$25.00         Denton, TX 76210       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         CPA       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         01/05/2023       Maguire-Powell, Alison       \$25.00         Contributor address; City; State; Zip Code       Denton, TX 76210         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Not Employed       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       S25.00         Date       Full name of contributor       out-of-state PAC (ID#:)         02/05/2023       Maguire-Powell, Alison       Amount of Contribution (\$)         02/05/2023       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       s25.00         Contributor address; City; State; Zip Code       \$25.00         Denton, TX 76210       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         CPA       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         01/05/2023       Maguire-Powell, Alison       \$25.00         Contributor address; City; State; Zip Code       Denton, TX 76210         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Not Employed       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       S25.00         Date       Full name of contributor       out-of-state PAC (ID#:)         02/05/2023       Maguire-Powell, Alison       Amount of Contribution (\$)         02/05/2023       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       s25.00         Contributor address; City; State; Zip Code       \$25.00         Denton, TX 76210       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)					
CPA       Self         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         01/05/2023       Maguire-Powell, Alison       \$25.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       \$25.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$25.00         Not Employed       Not Employed       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         02/05/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         02/05/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         02/05/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         02/05/2023       Denton, TX 76210       Employer (See Instructions)       \$25.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$25.00					
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         01/05/2023       Maguire-Powell, Alison       \$25.00         Contributor address; City; State; Zip Code       Denton, TX 76210         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Not Employed       Not Employed         Date       Full name of contributor         02/05/2023       Full name of contributor         Waguire-Powell, Alison       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)         02/05/2023       Maguire-Powell, Alison       \$25.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Denton, TX 76210       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		cupation / Job title (See Instructions)	,	)	
01/05/2023       Maguire-Powell, Alison       \$25.00         Contributor address; City; State; Zip Code       \$25.00         Denton, TX 76210       Employer (See Instructions)         Not Employed       Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)         02/05/2023       Maguire-Powell, Alison       \$25.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)         02/05/2023       Maguire-Powell, Alison       \$25.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	СРА		Self		
Contributor address; City; State; Zip Code         Denton, TX 76210         Principal occupation / Job title (See Instructions) Not Employed         Date       Full name of contributor out-of-state PAC (ID#:) Maguire-Powell, Alison         02/05/2023       Full name of contributor contributor contributor         Date       Full name of contributor         02/05/2023       Maguire-Powell, Alison         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Denton, TX 76210       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)			······································	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code       Denton, TX 76210         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor out-of-state PAC (ID#:) Maguire-Powell, Alison       Amount of Contribution (\$) \$25.00         02/05/2023       Maguire-Powell, Alison       \$25.00         Contributor address; City; State; Zip Code       Denton, TX 76210         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	01/05/202				\$25.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Not Employed       Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)         02/05/2023       Maguire-Powell, Alison       \$25.00         Contributor address; City; State; Zip Code       Denton, TX 76210       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Not Employed       Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)         02/05/2023       Maguire-Powell, Alison       \$25.00         Contributor address; City; State; Zip Code       Denton, TX 76210       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Not Employed       Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)         02/05/2023       Maguire-Powell, Alison       \$25.00         Contributor address; City; State; Zip Code       Denton, TX 76210       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)		Donton TV 76210			
Not Employed       Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         02/05/2023       Maguire-Powell, Alison       \$25.00         Contributor address; City; State; Zip Code       Employed       State; City; State; City; State; Zip Code         Denton, TX 76210       Employer (See Instructions)       Employer (See Instructions)	Drincipal or		Employor (Soc Instructions)	Λ	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         02/05/2023       Maguire-Powell, Alison       \$25.00         Contributor address; City; State; Zip Code       Denton, TX 76210         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	-			)	
02/05/2023       Maguire-Powell, Alison       \$25.00         Contributor address; City; State; Zip Code       Denton, TX 76210         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		·			
Contributor address; City; State; Zip Code Denton, TX 76210 Principal occupation / Job title (See Instructions) Employer (See Instructions)			·)	Amount of Contribution (\$)	<u>ቀሳር</u> 00
Denton, TX 76210       Principal occupation / Job title (See Instructions)       Employer (See Instructions)	02/05/202				\$∠5.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Denton TX 76210			
	Principal or		Employer (See Instructions)	<u>\</u>	
				)	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 52/95 Rpt: 60/144	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	lers)
Denton Cou	nty Democratic Party (CEC)		00043022	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
03/05/2023	Maguire-Powell, Alison			\$25.00
	6 Contributor address; City; State; Zip Code			
	Denton, TX 76210			
	upation / Job title (See Instructions)	9 Employer (See Instructions	6)	
Not Employe	ed	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
04/05/2023	Maguire-Powell, Alison			\$25.00
	Contributor address; City; State; Zip Code			
	Denton, TX 76210			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)	
Not Employe	ed	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/05/2023	Maguire-Powell, Alison			\$25.00
	Contributor address; City; State; Zip Code			
	Denton, TX 76210			
	upation / Job title (See Instructions)	Employer (See Instructions	6)	
Not Employe	ed	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/05/2023	Maguire-Powell, Alison			\$25.00
	Contributor address; City; State; Zip Code			
	Denton, TX 76210			
-	upation / Job title (See Instructions)	Employer (See Instructions	\$)	
Not Employe	ed	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/10/2023	Maguire-Powell, Alison		\$	\$330.00
	Contributor address; City; State; Zip Code			
	Denton, TX 76210			
-	upation / Job title (See Instructions)	Employer (See Instructions	6)	
Not Employe	ed	Not Employed		

	The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 53/95 Rpt: 61/144	
2	FILER NAME				Filer ID (Ethics Commission	n Filers)
		nty Democratic Party (CEC)			00043022	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	05/11/2023	Mallet, Penny				\$35.00
		6 Contributor address; City; State; Zip Code		1		
		Lewisville, TX 75077				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u> د)		
	Not Employe		Not Employed	0,		
╞━	Date			Т	Amount of Contribution (\$)	
	06/01/2023	Mallet, Penny	)			\$105.00
	00/01/2020					Φ105.00
		Contributor address; City; State; Zip Code				
		Lewisville, TX 75077				
	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Not Employe		Not Employed	-,		
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	)	Т	Amount of Contribution (\$)	
	06/04/2023	Mallet, Penny	/			\$11.00
		Contributor address; City; State; Zip Code				Ŧ== - ·
		Lewisville, TX 75077				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe	∋d	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	06/11/2023	Mallet, Penny				\$35.00
		Contributor address; City; State; Zip Code		1		
		Lewisville, TX 75077				
	•	upation / Job title (See Instructions)	Employer (See Instructions	s)		
L	Not Employe	2d	Not Employed			
$\square$	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	06/19/2023	Mallet, Penny				\$105.00
		Contributor address; City; State; Zip Code		1		
L		LEWISVILLE, TX 75077	1			
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
L	Not Employe	3d	Not Employed			

The In:	struction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 54/95 Rpt: 62/144	
2 FILER N	AME		3 Filer ID (Ethics Commission Filers)	)
	County Democratic Party (CEC)		00043022	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
01/09/2	023 Marrs, Brian		\$25	5.00
	6 Contributor address; City; State; Zip Code			
	Flower Mound, TX 75022			
8 Principal	occupation / Job title (See Instructions)	9 Employer (See Instructions	)	
Progran	imer	Koan Health		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
02/09/2		······		5.00
-				-
	Flower Mound, TX 75022			
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	)	
Progran	imer	Koan Health		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
03/09/2	— — —			5.00
	Contributor address; City; State; Zip Code			
	Flower Mound, TX 75022			
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	)	
Progran	imer	Koan Health		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
04/09/2	· · ·		\$25	5.00
	Contributor address; City; State; Zip Code			
	Flower Mound, TX 75022	i		
	occupation / Job title (See Instructions)	Employer (See Instructions	)	
Progran	imer	Koan Health		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
05/09/2	023 Marrs, Brian		\$25	5.00
	Contributor address; City; State; Zip Code			
	Flower Mound, TX 75022	· · · · · · ·		
	occupation / Job title (See Instructions)	Employer (See Instructions	)	
Progran	imer	Koan Health		

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 55/95 Rpt: 63/144
2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
Denton County Democratic Party (CEC)	00043022
4 Date 5 Full name of contributor out-of-state PAC (ID#:	) <b>7</b> Amount of Contribution (\$)
06/09/2023 Marrs, Brian	\$25.00
6 Contributor address; City; State; Zip Code	
Flower Mound, TX 75022	
8 Principal occupation / Job title (See Instructions)     9 Employer (See	Instructions)
Programmer Koan Health	
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
06/18/2023 Marshall, Linda	\$330.00
Contributor address; City; State; Zip Code	
Denton, TX 76210	
Principal occupation / Job title (See Instructions) Employer (See	Instructions)
Not Employed Not Employed	1
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
01/09/2023 Mason, Rebecca	\$20.00
Contributor address; City; State; Zip Code	
Denton, TX 76201	· · · · · ·
Principal occupation / Job title (See Instructions) Employer (See	
Not Employed Not Employed	
Date Full name of contributor out-of-state PAC (ID#:	
02/09/2023 Mason, Rebecca	\$20.00
Contributor address; City; State; Zip Code	
Denton, TX 76201	
Principal occupation / Job title (See Instructions) Employer (See	Instructions)
Not Employed Not Employed	
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
03/09/2023 Mason, Rebecca	\$20.00
Contributor address; City; State; Zip Code	
Denton, TX 76201	
Principal occupation / Job title (See Instructions) Employer (See	Instructions)
Not Employed Not Employed	1

The Instruction Guide explains how to complete this form.       1 Trail pages Schedule A1: Sch: 56/95 Rpt: 64/144         2 FILER NAME       Self: 56/95 Rpt: 64/144       Self: 56/95 Rpt: 64/144         2 Fulce NAME       Full name of contributor control one of contributor control one of contributor control one of contributor control one of control o							
Denton County Democratic Party (CEC)       00043022         4 Date       5 Full name of contributor		The Instru	ction Guide explains how to complete this	form.	1		
Denton County Democratic Party (CEC)       00043022         4 Date       5 Full name of contributor	2	FILER NAME			3	-	n Filers)
04/09/2023       Mason. Rebecca       \$20.00         6       Contributor address; City; State: Zip Code       \$20.00         7       Principal occupation / Job Itle (See Instructions) Not Employed       Prempoyer (See Instructions) Not Employed         7       Pale       Full name of contributor       out-of-state PAC (De:       Amount of Contribution (\$)         7       S20.00       Mason, Rebecca       Amount of Contribution (\$)       \$20.00         7       Mason, Rebecca       Contributor address; City, State: Zip Code       Amount of Contribution (\$)       \$20.00         7       Principal occupation / Job Itle (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$)       \$20.00         7       Full name of contributor       out-of-state PAC (De:       Amount of Contribution (\$)       \$20.00         7       Full name of contributor       out-of-state PAC (De:       Amount of Contribution (\$)       \$20.00         7       Principal occupation / Job Itle (See Instructions) Not Employed       Not Employed       Amount of Contribution (\$)       \$20.00         7       Principal occupation / Job Itle (See Instructions) Not Employed       Not Employed       Amount of Contribution (\$)       \$20.00         7       Full name of contributor       out-of-state PAC (De:							
6       Contributor address; City; State; Zip Code         Denton, TX 76201       9         8       Principal occupation / Job title (See Instructions) Not Employed       Not Employed         Date       Full name of contributor       out-of-state PAC (ID):	4	Date	5 Full name of contributor out-of-state PAC (ID#	+:)	7	Amount of Contribution (\$)	
6       Contributor address; City; State; Zip Code         Principal occupation / Job Ittle (See Instructions) Not Employed       9       Employer (See Instructions) Not Employed         Date       Full name of contributor       out of-state PAC (IDE		04/09/2023					\$20.00
8       Principal occupation / Job title (See Instructions) Not Employed       9       Employer (See Instructions) Not Employed         Date 05/09/2023       Full name of contributor out-of-state PAC (D#:) Mason, Rebecca Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$20.00         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$) \$20.00         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$) \$20.00         Date 06/09/2023       Full name of contributor out-of-state PAC (D#:) (Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$20.00         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$) \$100.00         Date 05/07/2023       Full name of contributor out-of-state PAC (D#:) (Contributor address; City; State; Zip Code          Date 05/07/2023       Full name of contributor out-of-state PAC (D#:) (Contributor address; City; State; Zip Code          Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code          Date 06/18/2023       Full name of contributor		I			"		
8       Principal occupation / Job title (See Instructions) Not Employed       9       Employer (See Instructions) Not Employed         Date 05/09/2023       Full name of contributor out-of-state PAC (D#:) Mason, Rebecca Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$20.00         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$) \$20.00         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$) \$20.00         Date 06/09/2023       Full name of contributor out-of-state PAC (D#:) (Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$20.00         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$) \$100.00         Date 05/07/2023       Full name of contributor out-of-state PAC (D#:) (Contributor address; City; State; Zip Code          Date 05/07/2023       Full name of contributor out-of-state PAC (D#:) (Contributor address; City; State; Zip Code          Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code          Date 06/18/2023       Full name of contributor							
8       Principal occupation / Job title (See Instructions) Not Employed       9       Employer (See Instructions) Not Employed         Date 05/09/2023       Full name of contributor out-of-state PAC (D#:) Mason, Rebecca Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$20.00         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$) \$20.00         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$) \$20.00         Date 06/09/2023       Full name of contributor out-of-state PAC (D#:) (Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$20.00         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$) \$100.00         Date 05/07/2023       Full name of contributor out-of-state PAC (D#:) (Contributor address; City; State; Zip Code          Date 05/07/2023       Full name of contributor out-of-state PAC (D#:) (Contributor address; City; State; Zip Code          Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code          Date 06/18/2023       Full name of contributor							
Not Employed       Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:							
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$20.00         05/09/2023       Mason, Rebecca       \$20.00       \$20.00       \$20.00         Contributor address; City; State; Zip Code       Denton, TX 76201       Employer (See Instructions) Not Employed       Amount of Contribution (\$)       \$20.00         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$20.00         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$20.00         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$20.00         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$20.00         Date       Denton, TX 76201       Employer (See Instructions)       Amount of Contribution (\$)       \$100.00         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$100.00         Of/07/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$100.00         Of/07/2023       Full name of contributor       out-of-state PAC (ID#:	8				s)		
05/09/2023       Mason, Rebecca       \$20.00         Contributor address; City; State; Zip Code		Not Employe	1	Not Employed	<u> </u>		
Contributor address; City, State; Zip Code         Denton, TX 76201         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor				#:)	Ţ	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code       Denton, TX 76201         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)         06/09/2023       Mason, Rebecca       Amount of Contribution (\$) S20.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$) S20.00         Principal occupation / Job title (See Instructions) Not Employed       Amount of Contribution (\$) S20.00         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:) Not Employer       Amount of Contribution (\$) S100.00         Contributor address; City; State; Zip Code       Employer (See Instructions) McClinton Consulting       S100.00         CEO       McDowell, Jan       out-of-state PAC (ID#:) McDowell, Jan       Amount of Contribution (\$) McDowell, Jan         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       Amount of Contribution (\$) McDowell, Jan         Carrollton, TX 75007       Employer (See Instructions)		05/09/2023					\$20.00
Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution address; City; State; Zip Code       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Employer (See Instructions) Not Employed         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:) Not Employed       Amount of Contribution (\$)         05/07/2023       McClinton, James       Employer (See Instructions) McClinton Consulting       \$100.00         Centributor address; City; State; Zip Code       Employer (See Instructions) McClinton Consulting       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:) McDowell, Jan       Amount of Contribution (\$)         06/18/2023       Full name of contributor       out-of-state PAC (ID#:) McDowell, Jan       Amount of Contribution (\$)         06/18/2023       Full name of contributor       out-of-state PAC (ID#:) McDowell, Jan       Amount of Cont		I			Ϊ		
Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution address; City; State; Zip Code       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Employer (See Instructions) Not Employed         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:) Not Employed       Amount of Contribution (\$)         05/07/2023       McClinton, James       Employer (See Instructions) McClinton Consulting       \$100.00         Centributor address; City; State; Zip Code       Employer (See Instructions) McClinton Consulting       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:) McDowell, Jan       Amount of Contribution (\$)         06/18/2023       Full name of contributor       out-of-state PAC (ID#:) McDowell, Jan       Amount of Contribution (\$)         06/18/2023       Full name of contributor       out-of-state PAC (ID#:) McDowell, Jan       Amount of Cont							
Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution address; City; State; Zip Code       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Employer (See Instructions) Not Employed         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:) Not Employed       Amount of Contribution (\$)         05/07/2023       McClinton, James       Employer (See Instructions) McClinton Consulting       \$100.00         Centributor address; City; State; Zip Code       Employer (See Instructions) McClinton Consulting       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:) McDowell, Jan       Amount of Contribution (\$)         06/18/2023       Full name of contributor       out-of-state PAC (ID#:) McDowell, Jan       Amount of Contribution (\$)         06/18/2023       Full name of contributor       out-of-state PAC (ID#:) McDowell, Jan       Amount of Cont							
Not Employed       Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/09/2023       Mason, Rebecca       \$20.00         Contributor address; City; State; Zip Code       Employer (See Instructions)       \$20.00         Denton, TX 76201       Employer (See Instructions)       Amount of Contribution (\$)         Not Employed       McClinton, James       Amount of Contribution (\$)         05/07/2023       Full name of contributor       out-of-state PAC (ID#:	<u> </u>				Ť		
Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         06/09/2023       Mason, Rebecca       \$20.00         Contributor address; City; State; Zip Code       Denton, TX 76201       \$20.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Not Employed         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         05/07/2023       McClinton, James       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         05/07/2023       McClinton, James       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       St100.00         CEO       Employer (See Instructions)       McClinton Consulting         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         CEO       McDowell, Jan       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         06/18/2023       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         Contributor address; City; State; Zip Code					s)		
06/09/2023       Mason, Rebecca       \$20.00         Contributor address; City; State; Zip Code		Not Employe	1	Not Employed	—		
Contributor address; City; State; Zip Code         Denton, TX 76201         Principal occupation / Job title (See Instructions) Not Employed         Date       Full name of contributor out-of-state PAC (ID#:) McClinton, James       Amount of Contribution (\$) \$100.00         05/07/2023       McClinton, James       \$100.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$) Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions) CEO       Employer (See Instructions) McClinton Consulting         Date       Full name of contributor out-of-state PAC (ID#:) McDowell, Jan       Amount of Contribution (\$) McDowell, Jan         06/18/2023       Full name of contributor out-of-state PAC (ID#:) McDowell, Jan       Amount of Contribution (\$) S165.00         Carrollton, TX 75007       Employer (See Instructions) Carrollton, TX 75007       Employer (See Instructions)						Amount of Contribution (\$)	
Contributor address; City; State; Zip Code         Denton, TX 76201         Principal occupation / Job title (See Instructions)         Not Employed         Date       Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)         05/07/2023       McClinton, James         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Lewisville, TX 75067       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         CEO       McDowell, Jan         Date       Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)       \$165.00         Carrollton, TX 75007       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Amount of Contribution (\$)         Carrollton, TX 75007       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       \$165.00		06/09/2023					\$20.00
Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor out-of-state PAC (ID#:) McClinton, James       Amount of Contribution (\$)         05/07/2023       McClinton, James       \$100.00         Contributor address; City; State; Zip Code       Employer (See Instructions) Contributor address; City; State; Zip Code       \$100.00         Principal occupation / Job title (See Instructions) CEO       Employer (See Instructions) McClinton Consulting       \$100.00         Date       Full name of contributor out-of-state PAC (ID#:) McDowell, Jan       Amount of Contribution (\$)       \$165.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Employer (See Instructions)       \$165.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$165.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$165.00					]		
Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor out-of-state PAC (ID#:) McClinton, James       Amount of Contribution (\$)         05/07/2023       McClinton, James       \$100.00         Contributor address; City; State; Zip Code       Employer (See Instructions) Contributor address; City; State; Zip Code       \$100.00         Principal occupation / Job title (See Instructions) CEO       Employer (See Instructions) McClinton Consulting       \$100.00         Date       Full name of contributor out-of-state PAC (ID#:) McDowell, Jan       Amount of Contribution (\$)       \$165.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Employer (See Instructions)       \$165.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$165.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$165.00							
Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor out-of-state PAC (ID#:) McClinton, James       Amount of Contribution (\$)         05/07/2023       McClinton, James       \$100.00         Contributor address; City; State; Zip Code       Employer (See Instructions) Contributor address; City; State; Zip Code       \$100.00         Principal occupation / Job title (See Instructions) CEO       Employer (See Instructions) McClinton Consulting       \$100.00         Date       Full name of contributor out-of-state PAC (ID#:) McDowell, Jan       Amount of Contribution (\$)       \$165.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code       Employer (See Instructions)       \$165.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$165.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$165.00			Denton TV 76201				
Not Employed       Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/07/2023       McClinton, James       \$100.00         Contributor address; City; State; Zip Code		Drive sized easy			<u> </u>		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/07/2023       McClinton, James       \$100.00         Contributor address; City; State; Zip Code       Lewisville, TX 75067         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         CEO       McClinton Consulting         Date       Full name of contributor       out-of-state PAC (ID#:)         McDowell, Jan       S165.00         Contributor address; City; State; Zip Code       \$165.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Carrollton, TX 75007       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)					S)		
05/07/2023       McClinton, James       \$100.00         Contributor address; City; State; Zip Code       Lewisville, TX 75067         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         CEO       McClinton Consulting         Date       Full name of contributor       out-of-state PAC (ID#:)         McDowell, Jan       McDowell, Jan       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       S165.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)							
Contributor address; City; State; Zip Code         Lewisville, TX 75067         Principal occupation / Job title (See Instructions)         CEO         Date         Full name of contributor         06/18/2023         McDowell, Jan         Contributor address; City; State; Zip Code         Contributor address; City; State; Zip Code         Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions)         Principal occupation / Job title (See Instructions)         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)				ť:)		Amount of Contribution (\$)	÷••••
Lewisville, TX 75067         Principal occupation / Job title (See Instructions) CEO         Date       Full name of contributor out-of-state PAC (ID#:) McDowell, Jan         06/18/2023       McDowell, Jan         Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$165.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		05/07/2023					\$100.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         CEO       McClinton Consulting         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/18/2023       McDowell, Jan       \$165.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       \$165.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$1000000000000000000000000000000000000			Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         CEO       McClinton Consulting         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/18/2023       McDowell, Jan       \$165.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       \$165.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$1000000000000000000000000000000000000							
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         CEO       McClinton Consulting         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/18/2023       McDowell, Jan       \$165.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       \$165.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$1000000000000000000000000000000000000			Lowisville TY 75067				
CEO       McClinton Consulting         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/18/2023       McDowell, Jan       \$165.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       \$165.00         Carrollton, TX 75007       Employer (See Instructions)       Employer (See Instructions)		Drincinal occu		Employer (See Instruction	<u> </u>		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/18/2023       McDowell, Jan       \$165.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       \$165.00         Carrollton, TX 75007       Employer (See Instructions)       Employer (See Instructions)					5)		
06/18/2023       McDowell, Jan       \$165.00         Contributor address; City; State; Zip Code       \$165.00         Carrollton, TX 75007       Employer (See Instructions)							
Contributor address; City; State; Zip Code Carrollton, TX 75007 Principal occupation / Job title (See Instructions) Employer (See Instructions)				ť:)		Amount of Contribution (\$)	\$40F 00
Carrollton, TX 75007     Employer (See Instructions)		06/18/2023					\$165.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
Principal occupation / Job title (See Instructions) Employer (See Instructions)			Carrollton TX 75007				
		Drincinal occu		Employor (See Instruction	<u> </u>		
Not Employed					5)		
				Νοι Επιριογέα			

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The Inst	ruction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 57/95 Rpt: 65/144	
2 FILER NAM	 ЛЕ		3 Filer ID (Ethics Commission	1 Filers)
	ounty Democratic Party (CEC)		00043022	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
06/19/202	23 McGehearty, Patrick			\$230.00
	6 Contributor address; City; State; Zip Code			
	Lewisville, TX 75056			
8 Principal of	ccupation / Job title (See Instructions)	9 Employer (See Instructions	s)	
Computer	Scientist	Oracle		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/16/202				\$115.00
	Lewisville, TX 75067			
Principal of	ccupation / Job title (See Instructions)	Employer (See Instructions	) ;)	
Not Emplo	byed	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
01/11/202				\$200.00
	Contributor address; City; State; Zip Code			
	Carrollton, TX 75007			
	ccupation / Job title (See Instructions)	Employer (See Instructions	(i	
Not emplo	/yed	Not employed		
Date	Full name of contributor         out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
02/11/202				\$200.00
	Contributor address; City; State; Zip Code			
	Carrollton, TX 75007			
-	ccupation / Job title (See Instructions)	Employer (See Instructions	;)	
Not emplo	.yed	Not employed		
Date	Full name of contributor         out-of-state PAC (ID#:	)	Amount of Contribution (\$)	_
03/11/202	Meador, Marston			\$200.00
	Contributor address; City; State; Zip Code			
	Carrollton, TX 75007		-	
-	ccupation / Job title (See Instructions)	Employer (See Instructions	;)	
Not emplo	/yed	Not employed		

The Instr	ruction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 58/95 Rpt: 66/144	
2 FILER NAM	 /E		3 Filer ID (Ethics Commission	n Filers)
	ounty Democratic Party (CEC)		00043022	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7 Amount of Contribution (\$)	
04/11/202				\$200.00
	6 Contributor address; City; State; Zip Code			
	Carrollton, TX 75007			
8 Principal oc	ccupation / Job title (See Instructions)	9 Employer (See Instructions)	;)	
Not emplo		Not employed	,	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/11/202		·,		\$200.00
	Carrollton, TX 75007			
Principal oc	ccupation / Job title (See Instructions)	Employer (See Instructions)	;)	
Not emplo	yed	Not employed		
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
06/11/202				\$200.00
	Contributor address; City; State; Zip Code			
	Carrollton, TX 75007			
	ccupation / Job title (See Instructions)	Employer (See Instructions)	;)	
Not emplo	yed	Not employed		
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
06/03/202	3 Menius, Bill			\$20.00
	Contributor address; City; State; Zip Code			
	Denton, TX 76210			
Principal oc	ccupation / Job title (See Instructions)	Employer (See Instructions)	() ()	
Not emplo		Not employed	7	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
06/12/202		/		\$230.00
00/12/202	Contributor address; City; State; Zip Code			Ψ200.00
	Continuation address, City, State, Zip Code			
	Denton, TX 76210			
Principal oc	ccupation / Job title (See Instructions)	Employer (See Instructions)	;)	
Not emplo		Not employed		

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The Instru	ction Guide explains hov	v to complete this f	form.	1	Total pages Schedule A1: Sch: 59/95 Rpt: 67/144	
2 FILER NAME				3	Filer ID (Ethics Commission	Filers)
	nty Democratic Party (CEC)				00043022	
4 Date	5 Full name of contributor	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
01/11/2023	Miller, Ben					\$10.00
	6 Contributor address; City; S	State; Zip Code				
	Arendo TV 76006					
	Argyle, TX 76226			ŕ		
8 Principal occu none	pation / Job title (See Instruction	s)	9 Employer (See Instructions none	s)		
Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
02/11/2023	Miller, Ben	—				\$10.00
	Contributor address; City; S					
	-					
	Argyle, TX 76226					
Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	s)		
none			none			
Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
03/11/2023	Miller, Ben					\$10.00
	Contributor address; City; S	State; Zip Code				
		······) [				
	Argyle, TX 76226					
Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	s)		
none			none			
Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
04/11/2023	Miller, Ben				• •	\$10.00
		State; Zip Code				
		uuto, <u></u> p c				
	Argyle, TX 76226					
Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	s)		
none			none			
Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
05/11/2023	Miller, Ben					\$10.00
	Contributor address; City; S	State; Zip Code				
	Argyle, TX 76226					
Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	s)		
none			none			

The Instru	uction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: Sch: 60/95 Rpt: 68/144
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	unty Democratic Party (CEC)		00043022
4 Date	5 Full name of contributor out-of-state PAC (II	D#:)	7 Amount of Contribution (\$)
06/11/2023			\$10.
	6 Contributor address; City; State; Zip Code		
0 Dringing lage	Argyle, TX 76226		
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructions none	5)
Date		D#:)	Amount of Contribution (\$)
06/21/2023	·		\$25.
	Contributor address; City; State; Zip Code		
	The Colony, TX 75056		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	5)
Adjunct Pro		Texas Woman's Univers	
Date	Full name of contributor		Amount of Contribution (\$)
05/31/2023		Dπ)	\$100.
	Contributor address; City; State; Zip Code		
	Trophy Club, TX 76262		
-	upation / Job title (See Instructions)	Employer (See Instructions	5)
Designer	Designer NellaBlue Designs		
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of Contribution (\$)
06/16/2023			\$1,370.
Contributor address; City; State; Zip Code			
Dringinglage	Bartonville, TX 76226	Energies ver (Coo la structione	
Not Employ	upation / Job title (See Instructions)	Employer (See Instructions Not Employed	5)
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of Contribution (\$)
06/08/2023			\$11.
	Contributor address; City; State; Zip Code		
	Waco, TX 76706		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	5)
Not Employ		Not Employed	,

The Instruction Guide explains how to complete this form.       1 Total pages Schedule A1: Sch: 61/98 Rpi: 69/144         2 FILER NAME Denton County Democratic Party (CEC)       9 Filer ID (Ethics Schmission Filers) 00043022         4 Date 03/31/2023       5 Full name of contributor	The Instruc	tion Guide explains how to complete this fe	orm	
Denton County Democratic Party (CEC)         00043022           4 Date         5 Full name of contributor         out-of-state PAC (DEC				Sch: 61/95 Rpt: 69/144
Denton Courty Democratic Party (CEC)       00043022         4 Date       5 Full name of contributor       out-of-state PAC (ID#	2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
03/31/2023       PUTNEY, THOMAS       \$100.00         6       Contributor address; City; State; Zip Code       \$100.00         8       Principal occupation / Job title (See Instructions)       © Employer (See Instructions)       Delta Air Lines         01/03/2023       Full name of contributor       out-of-state PAC (ID#		ty Democratic Party (CEC)		
6       Contributor address; City; State; Zip Code         HIGHLAND VILLAGE, TX 75077       9       Employer (See Instructions) Delta Air Lines         Date       Full name of contributor       out-of-state PAC (ID::::::::::::::::::::::::::::::::::::	4 Date !	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
6       Contributor address; City; State; Zip Code         HIGHLAND VILLAGE, TX 75077       9         8       Principal occupation / Job title (See Instructions) retired airline pilot       9       Employer (See Instructions) Delta Air Lines         Date       Full name of contributor       out-of-state PAC (IDI::	03/31/2023			\$100.
8       Principal occupation / Job title (See Instructions) retired airline pilot       9       Employer (See Instructions) Delta Air Lines         Date 01/03/2023       Full name of contributor Park, Patty       out-of-state PAC (ID#:	l i	6 Contributor address; City; State; Zip Code		1
8       Principal occupation / Job title (See Instructions) retired airline pilot       9       Employer (See Instructions) Delta Air Lines         Date 01/03/2023       Full name of contributor Park, Patty       out-of-state PAC (ID#:				
retired airline pilot       Delta Air Lines         Date       Full name of contributor       out-of-state PAC (ID#:		HIGHLAND VILLAGE, TX 75077		
Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         01/03/2023       Park, Patty       \$100.00         Contributor address; City; State; Zip Code       Denton, TX 76201       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) not employed       Employer (See Instructions) none       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         02/03/2023       Park, Patty       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) not employed       Employer (See Instructions) none       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         03/03/2023       Park, Patty       s100.00       S100.00         Ontributor address; City; State; Zip Code       Amount of Contribution (\$)       \$100.00         O3/03/2023       Park, Patty       Employer (See Instructions) none       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) not employed       Employer (See Instructions) none       Amount of Contribution (\$)         Park, Patty       Date       Full name of contributor       out-of-state PAC (ID#	8 Principal occup	ation / Job title (See Instructions)	9 Employer (See Instructions	\$)
01/03/2023       Park, Patty       \$100.00         Contributor address; City; State; Zip Code       Denton, TX 76201       Employer (See Instructions) none         Principal occupation / Job title (See Instructions) not employed       Full name of contributor	retired airline	pilot	Delta Air Lines	
01/03/2023       Park, Patty       \$100.00         Contributor address; City; State; Zip Code       Employer (See Instructions) none       \$100.00         Principal occupation / Job title (See Instructions) not employed       Employer (See Instructions) none       Amount of Contribution (\$)         Date       Pull name of contributor       out-of-state PAC (ID#	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
Contributor address; City; State; Zip Code         Denton, TX 76201         Principal occupation / Job title (See Instructions) not employed       Employer (See Instructions) none         Date       Full name of contributor       out-of-state PAC (ID#:	01/03/2023	Park, Patty		\$100.
Denton, TX 76201       Employer (See Instructions) none         Principal occupation / Job title (See Instructions) none       Employer (See Instructions) none         Date       Full name of contributor or out-of-state PAC (ID#	·			•
Principal occupation / Job title (See Instructions) not employed       Employer (See Instructions) none         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$) \$100.00         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$) \$100.00         Date       Denton, TX 76201       Employer (See Instructions) none       Silon.00         Principal occupation / Job title (See Instructions) not employed       Employer (See Instructions) none       Amount of Contribution (\$) \$100.00         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$) \$100.00         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$) \$100.00         Park, Patty       Contributor address; City; State; Zip Code       Employer (See Instructions) none       Amount of Contribution (\$) \$100.00         Principal occupation / Job title (See Instructions) not employed       Employer (See Instructions) none       Amount of Contribution (\$) \$100.00         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$) none         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$) none         Date       Full name of contributor       out-of-state PAC (ID#:				
Principal occupation / Job title (See Instructions) not employed       Employer (See Instructions) none         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$) \$100.00         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$) \$100.00         Date       Denton, TX 76201       Employer (See Instructions) none       Silon.00         Principal occupation / Job title (See Instructions) not employed       Employer (See Instructions) none       Amount of Contribution (\$) \$100.00         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$) \$100.00         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$) \$100.00         Park, Patty       Contributor address; City; State; Zip Code       Employer (See Instructions) none       Amount of Contribution (\$) \$100.00         Principal occupation / Job title (See Instructions) not employed       Employer (See Instructions) none       Amount of Contribution (\$) \$100.00         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$) none         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$) none         Date       Full name of contributor       out-of-state PAC (ID#:				
not employed       none         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         02/03/2023       Park, Patty       \$100.00         Contributor address; City; State; Zip Code       Employer (See Instructions)       \$100.00         Denton, TX 76201       Employer (See Instructions)       none         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:		Denton, TX 76201		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         02/03/2023       Park, Patty       \$100.00         Contributor address; City; State; Zip Code       Denton, TX 76201       \$100.00         Principal occupation / Job title (See Instructions) not employed       Employer (See Instructions) none       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/03/2023       Park, Patty       Amount of Contribution (\$)       \$100.00         Principal occupation / Job title (See Instructions) not employed       Amount of Contribution (\$)       \$100.00         Date       Full name of contributor       out-of-state PAC (ID#:) Denton, TX 76201       Amount of Contribution (\$)       \$100.00         Principal occupation / Job title (See Instructions) not employed       Employer (See Instructions) none       Amount of Contribution (\$)       \$100.00         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$100.00         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$100.00         04/03/2023       Park, Patty       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$100.00    <	Principal occup	ation / Job title (See Instructions)	Employer (See Instructions	5)
02/03/2023       Park, Patty       \$100.00         Contributor address; City; State; Zip Code	not employed		none	
02/03/2023       Park, Patty       \$100.00         Contributor address; City; State; Zip Code       \$100.00         Denton, TX 76201       Employer (See Instructions) none         Principal occupation / Job title (See Instructions) not employed       Employer (See Instructions) none         Date       Full name of contributor       out-of-state PAC (ID#:)         03/03/2023       Park, Patty       Amount of Contribution (\$)         03/03/2023       Denton, TX 76201       Employer (See Instructions) none         Principal occupation / Job title (See Instructions) not employed       Employer (See Instructions) none         Principal occupation / Job title (See Instructions) none       Employer (See Instructions) none         Principal occupation / Job title (See Instructions) none       Employer (See Instructions) none         Principal occupation / Job title (See Instructions) none       Employer (See Instructions) none         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/03/2023       Park, Patty       S100.00	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
Contributor address; City; State; Zip Code         Denton, TX 76201         Principal occupation / Job title (See Instructions) not employed         Date         Date         O3/03/2023         Full name of contributor         Oatributor address; City; State; Zip Code         Date         O3/03/2023         Park, Patty         Contributor address; City; State; Zip Code         Denton, TX 76201         Principal occupation / Job title (See Instructions) not employed         Principal occupation / Job title (See Instructions) not employed         Principal occupation / Job title (See Instructions) not employed         Date         Date         Full name of contributor         Out-of-state PAC (ID#:)         Amount of Contribution (\$)         Employer (See Instructions) none         Amount of Contribution (\$)         Park, Patty         O4/03/2023         Park, Patty	02/03/2023	Park, Patty		
Denton, TX 76201       Employer (See Instructions) none         Principal occupation / Job title (See Instructions) not employed       Employer (See Instructions) none         Date       Full name of contributor       out-of-state PAC (ID#:)         03/03/2023       Park, Patty       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Denton, TX 76201       Employer (See Instructions) none         Principal occupation / Job title (See Instructions) not employed       Employer (See Instructions) none         Principal occupation / Job title (See Instructions) none       Employer (See Instructions) none         Date       Full name of contributor	···			•
Principal occupation / Job title (See Instructions) not employed       Employer (See Instructions) none         Date       Full name of contributor       out-of-state PAC (ID#:)         03/03/2023       Park, Patty       Amount of Contribution (\$) Park, Patty         Contributor address; City; State; Zip Code       Penton, TX 76201         Principal occupation / Job title (See Instructions) not employed       Employer (See Instructions) none         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor       out-of-state PAC (ID#:)         Principal occupation / Job title (See Instructions) not employed       Employer (See Instructions) none         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       \$100.00         Park, Patty       \$100.00				
Principal occupation / Job title (See Instructions) not employed       Employer (See Instructions) none         Date       Full name of contributor       out-of-state PAC (ID#:)         03/03/2023       Park, Patty       Amount of Contribution (\$) Park, Patty         Contributor address; City; State; Zip Code       Penton, TX 76201         Principal occupation / Job title (See Instructions) not employed       Employer (See Instructions) none         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor       out-of-state PAC (ID#:)         Principal occupation / Job title (See Instructions) not employed       Employer (See Instructions) none         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       \$100.00         Park, Patty       \$100.00				
not employed       none         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/03/2023       Park, Patty       \$100.00         Contributor address; City; State; Zip Code       Denton, TX 76201       \$100.00         Principal occupation / Job title (See Instructions) not employed       Employer (See Instructions) none       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         04/03/2023       Park, Patty       \$100.00		Denton, TX 76201		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/03/2023       Park, Patty       \$100.00         Contributor address; City; State; Zip Code       Denton, TX 76201         Principal occupation / Job title (See Instructions) not employed       Employer (See Instructions) none         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor (\$)       \$100.00         Park, Patty       \$100.00	Principal occup	ation / Job title (See Instructions)	Employer (See Instructions	5)
03/03/2023       Park, Patty       \$100.00         Contributor address; City; State; Zip Code       Denton, TX 76201         Principal occupation / Job title (See Instructions) not employed       Employer (See Instructions) none         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       \$100.00         94/03/2023       Park, Patty       \$100.00	not employed		none	
03/03/2023       Park, Patty       \$100.00         Contributor address; City; State; Zip Code       Denton, TX 76201       \$100.00         Principal occupation / Job title (See Instructions) not employed       Employer (See Instructions) none       Employer (See Instructions) none         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$) \$100.00         04/03/2023       Park, Patty       \$100.00	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
Contributor address; City; State; Zip Code         Denton, TX 76201         Principal occupation / Job title (See Instructions) not employed         Employer (See Instructions) none         Date         Full name of contributor         Out-of-state PAC (ID#:)         Amount of Contribution (\$)         \$100.00	03/03/2023			
Denton, TX 76201       Principal occupation / Job title (See Instructions) not employed       Date       Full name of contributor       04/03/2023   Park, Patty Park Patty Pat	··	-		•
Principal occupation / Job title (See Instructions) not employed       Employer (See Instructions) none         Date       Full name of contributor       out-of-state PAC (ID#:)         04/03/2023       Park, Patty       \$100.00				
Principal occupation / Job title (See Instructions) not employed       Employer (See Instructions) none         Date       Full name of contributor       out-of-state PAC (ID#:)         04/03/2023       Park, Patty       \$100.00				
not employed     none       Date     Full name of contributor     out-of-state PAC (ID#:)       04/03/2023     Park, Patty     \$100.00		Denton, TX 76201		
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       04/03/2023     Park, Patty     \$100.00	Principal occup	ation / Job title (See Instructions)	Employer (See Instructions	s)
04/03/2023 Park, Patty \$100.00	not employed		none	
04/03/2023 Park, Patty \$100.00	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	04/03/2023	Park, Patty		\$100.
	·			•
Denton, TX 76201		Denton, TX 76201		
Principal occupation / Job title (See Instructions)	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)
	not employed		none	

<b>The Instruction Guide explains how to complete this form.</b> <b>2</b> FILER NAME	
2 FILER NAME	1 Total pages Schedule A1: Sch: 62/95 Rpt: 70/144
	<b>3</b> Filer ID (Ethics Commission Filers)
Denton County Democratic Party (CEC)	00043022
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/03/2023 Park, Patty	\$100.00
6 Contributor address; City; State; Zip Code	
B         Principal occupation / Job title (See Instructions)         9         Employer (See Instructions)	iono)
<ul> <li>8 Principal occupation / Job title (See Instructions)</li> <li>9 Employer (See Instructions)</li> <li>not employed</li> </ul>	ions)
	Amount of Contribution (#)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$) \$100.00
06/03/2023 Park, Patty	φτ00.00
Contributor address; City; State; Zip Code	
Denton, TX 76201	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	lions)
not employed none	,
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/07/2023 Parker-Mims, Delia	\$25.00
Contributor address; City; State; Zip Code	
Lewisville, TX 75067	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
lawyer parkerlegal	
Date     Full name of contributor     out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/07/2023 Parker-Mims, Delia	\$5.00
Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code Lewisville, TX 75067	ions)
Contributor address; City; State; Zip Code Lewisville, TX 75067	ions)
Contributor address; City; State; Zip Code Lewisville, TX 75067 Principal occupation / Job title (See Instructions) lawyer Employer (See Instructions) Principal occupation / Job title (See Instructions)	
Contributor address; City; State; Zip Code Lewisville, TX 75067 Principal occupation / Job title (See Instructions) lawyer Employer (See Instructions) Principal occupation / Job title (See Instructions)	ions) Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code         Lewisville, TX 75067         Principal occupation / Job title (See Instructions)         lawyer         Date         Full name of contributor         out-of-state PAC (ID#:)	Amount of Contribution (\$)
Contributor address; City; State; Zip Code         Lewisville, TX 75067         Principal occupation / Job title (See Instructions)         lawyer       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         05/07/2023       Parker-Mims, Delia	Amount of Contribution (\$)
Contributor address; City; State; Zip Code         Lewisville, TX 75067         Principal occupation / Job title (See Instructions)         lawyer       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         05/07/2023       Parker-Mims, Delia	Amount of Contribution (\$)
Contributor address; City; State; Zip Code         Lewisville, TX 75067         Principal occupation / Job title (See Instructions)         lawyer       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         05/07/2023       Parker-Mims, Delia	Amount of Contribution (\$)
Contributor address; City; State; Zip Code Lewisville, TX 75067 Principal occupation / Job title (See Instructions) lawyer Date Full name of contributor out-of-state PAC (ID#:) P3/07/2023 Parker-Mims, Delia Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$5.00

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 63/95 Rpt: 71/144
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	nty Democratic Party (CEC)		00043022
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
06/07/2023	Parker-Mims, Delia		\$5.00
	6 Contributor address; City; State; Zip Code		1
Dringinglocgy	Lewisville, TX 75067 upation / Job title (See Instructions)	9 Employer (See Instructions	
lawyer		parkerlegal	<i>;</i> )
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/20/2023	Parker-Mims, Delia		\$600.00
	Contributor address; City; State; Zip Code		•
	Lewisville, TX 75067		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	š)
lawyer		parker legal	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
01/12/2023	Payne, Kathy		\$5.00
	Contributor address; City; State; Zip Code		1
	Lewisville, TX 75067		
	upation / Job title (See Instructions)	Employer (See Instructions	;)
Not Employe	3d	Not Employed	
Date		)	Amount of Contribution (\$)
01/12/2023	Payne, Kathy		\$5.00
	Contributor address; City; State; Zip Code		
	Lewisville, TX 75067		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Not Employe		Not Employed	· ·
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
02/12/2023	Payne, Kathy	/	\$5.00
<b>VE, 22</b> , 2222	Contributor address; City; State; Zip Code		•
	Lewisville, TX 75067		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)
Not Employe		Not Employed	
		1	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 64/95 Rpt: 72/144
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Denton Cou	nty Democratic Party (CEC)		00043022
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
02/12/2023	Payne, Kathy		\$5.0
	6 Contributor address; City; State; Zip Code		
	Lewisville, TX 75067		<u> </u>
	ipation / Job title (See Instructions)	9 Employer (See Instructions	;)
Not Employe		Not Employed	
Date		)	Amount of Contribution (\$)
03/12/2023			\$5.0
	Contributor address; City; State; Zip Code		
Driv single age	Lewisville, TX 75067		<u> </u>
	Ipation / Job title (See Instructions)	Employer (See Instructions	•)
Not Employe		Not Employed	
Date		)	Amount of Contribution (\$)
03/12/2023	Payne, Kathy		\$5.0
	Contributor address; City; State; Zip Code		
	Lewisville, TX 75067		
Dringinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	
Not Employe		Employer (See Instructions Not Employed	<i>i</i> )
Date		)	Amount of Contribution (\$)
04/12/2023	Payne, Kathy		\$5.0
	Contributor address; City; State; Zip Code		
	Lewisville, TX 75067		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Not Employe		Not Employed	7
			Amount of Contribution (¢)
Date 04/12/2023	Full name of contributor out-of-state PAC (ID#: Payne, Kathy	)	Amount of Contribution (\$) \$5.0
04/12/2020			ψυ.υ
	Contributor address; City; State; Zip Code		
	Lewisville, TX 75067		
Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)
Not Employe		Not Employed	,
• •			

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	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 65/95 Rpt: 73/144	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		nty Democratic Party (CEC)			00043022	-
4	Date	5 Full name of contributor out-of-state PAC (ID#	<i>t</i> :)	7	Amount of Contribution (\$)	
	01/01/2023	Payne, Stephanie				\$10.00
		6 Contributor address; City; State; Zip Code	,	1		
Ļ	Dringing occ	Lewisville, TX 75067	- Employer (See Instruction)	<u> </u>		
ŏ	Principal occu Physician As	upation / Job title (See Instructions)	9 Employer (See Instructions Rosemary Bates MD	5)		
⊢	-			<del>—</del>		
	Date		#:)		Amount of Contribution (\$)	÷10.00
	02/01/2023					\$10.00
		Contributor address; City; State; Zip Code				
		Lewisville, TX 75067				
┝	Bringinal occu	upation / Job title (See Instructions)	Employer (See Instructions			
	Physician As		Rosemary Bates MD	5)		
⊢	-			<del>—</del>		
	Date	Full name of contributor out-of-state PAC (ID#	٤) ا		Amount of Contribution (\$)	<b>#10.00</b>
	03/01/2023					\$10.00
		Contributor address; City; State; Zip Code				
		Lewisville, TX 75067				
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ار</u>		
	Physician As		Rosemary Bates MD	3)		
╞	Date		#:)	<del>—</del>	Amount of Contribution (\$)	
	04/01/2023	Payne, Stephanie	·:/			\$10.00
	04/01/2020					Ψ10.00
		Contributor address; City; State; Zip Code				
		Lewisville, TX 75067				
⊢	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	上 s)		
	Physician As		Rosemary Bates MD			
╞	Date	Full name of contributor Out-of-state PAC (ID#		<del>—</del>	Amount of Contribution (\$)	
	05/01/2023	Payne, Stephanie	·/			\$10.00
	00,01,111	Contributor address; City; State; Zip Code		·		<b>~</b> =•==
		Lewisville, TX 75067				
⊢	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<b></b> s)		
	Physician As		Rosemary Bates MD			
⊢						

The Inst	ruction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 66/95 Rpt: 74/144
2 FILER NAM	 /E		<b>3</b> Filer ID (Ethics Commission Filers)
	ounty Democratic Party (CEC)		00043022
4 Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7 Amount of Contribution (\$)
06/22/202			\$360.00
	6 Contributor address; City; State; Zip Code		1
	THE COLONY, TX 75056		
8 Principal or	ccupation / Job title (See Instructions)	9 Employer (See Instructions	3)
Hairdress	er	Jami Pease	
Date	Full name of contributor out-of-state PAC (ID#:	·)	Amount of Contribution (\$)
05/01/202			\$100.00
	Contributor address; City; State; Zip Code		
	Highland Village, TX 75077		
Principal of	ccupation / Job title (See Instructions)	Employer (See Instructions	3)
not emplo	yed	none	
Date	Full name of contributor out-of-state PAC (ID#:	· )	Amount of Contribution (\$)
06/08/202		·	\$11.00
	Contributor address; City; State; Zip Code		•
	Little Elm, TX 75068		
Principal or	ccupation / Job title (See Instructions)	Employer (See Instructions	<u> </u> \$)
Accountin		Falcon	, ,
Date	Full name of contributor out-of-state PAC (ID#:	· )	Amount of Contribution (\$)
06/14/202		·/	\$20.00
001171202			↓ ↓
	Contributor address; City; State; Zip Code		
	Little Elm, TX 75068		
Principal or	ccupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Accountin		Falcon	"
	-		Amount of Contribution (\$)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
01/07/202			\$20.00
	Contributor address; City; State; Zip Code		
	Lewisville, TX 75067		
Dringinglig			
-	ccupation / Job title (See Instructions)	Employer (See Instructions	
Systems /	Administrator	Childrens Health System	n of Texas

-					
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 67/95 Rpt: 75/144	
2	FILER NAME			3 Filer ID (Ethics Commission F	-ilers)
		nty Democratic Party (CEC)		00043022	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
	02/07/2023	Portier, Jason			\$20.00
		6 Contributor address; City; State; Zip Code		1	
-	Dringingl occu	Lewisville, TX 75067	Employer (See Instructions	<u> </u>	
	Systems Ad	ipation / Job title (See Instructions) ministrator	9 Employer (See Instructions Childrens Health System		
	-			1	
	Date		)	Amount of Contribution (\$)	
	03/07/2023	Portier, Jason			\$20.00
		Contributor address; City; State; Zip Code			
		Lewisville, TX 75067	1		
		upation / Job title (See Instructions)	Employer (See Instructions		
	Systems Adı	ninistrator	Childrens Health System	n of Texas	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	04/07/2023	Portier, Jason			\$20.00
		Contributor address; City; State; Zip Code		1	
		Lewisville, TX 75067	-		
		upation / Job title (See Instructions)	Employer (See Instructions		
	Systems Adı	ministrator	Childrens Health System	n of Texas	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	05/07/2023	Portier, Jason			\$20.00
		Contributor address; City; State; Zip Code		1	
		Lewisville, TX 75067			
	-	upation / Job title (See Instructions)	Employer (See Instructions		
	Systems Adı	ministrator	Childrens Health System	n of Texas	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	06/07/2023	Portier, Jason			\$20.00
		Contributor address; City; State; Zip Code			
		Lewisville, TX 75067			
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)	
	Systems Adı	ministrator	Childrens Health System	n of Texas	

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 68/95 Rpt: 76/144
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	nty Democratic Party (CEC)		00043022
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
06/18/2023			\$230.0
	6 Contributor address; City; State; Zip Code		
C. Driv single age	Highland Village, TX 75077		、 、
	upation / Job title (See Instructions)	9 Employer (See Instructions)	)
Not Employe		Not Employed	
Date		)	Amount of Contribution (\$)
06/15/2023	Putney, Sally Ortega		\$11.0
	Contributor address; City; State; Zip Code		
	Highland Village, TX 75077		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	~
Not Employe		Not Employed	·)
Date		)	Amount of Contribution (\$)
04/10/2023	RIDGE, CAMILLE		\$25.0
	Contributor address; City; State; Zip Code		
	Sanger, TX 76266		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Not Employe		Not Employed	)
Date		)	Amount of Contribution (\$)
01/13/2023	Rashed, Diana		\$30.0
0111012020			
	Contributor address; City; State; Zip Code		
	Lewisville, TX 75067		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	L 3)
Compliance		Accenture	
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
02/13/2023			\$30.0
	Contributor address; City; State; Zip Code		
	Lewisville, TX 75067		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)
Compliance		Accenture	

-						
	The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 69/95 Rpt: 77/144	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		nty Democratic Party (CEC)			00043022	
4	Date	5 Full name of contributor Dut-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	03/13/2023	Rashed, Diana				\$30.00
		6 Contributor address; City; State; Zip Code				
	Deinsinglasse	Lewisville, TX 75067				
8	Compliance	pation / Job title (See Instructions)	9 Employer (See Instructions Accenture	S)		
	-					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>*****</b>
	04/13/2023					\$30.00
		Contributor address; City; State; Zip Code				
		Lewisville, TX 75067				
⊢	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> د)		
	Compliance		Accenture	-)		
	Date	Full name of contributor out-of-state PAC (ID#:	)	1	Amount of Contribution (\$)	
	05/13/2023	Rashed, Diana	)			\$30.00
	00/10/2020	Contributor address; City; State; Zip Code				<b>\$00.00</b>
		Contributor address, City, State, Zip Code				
		Lewisville, TX 75067				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Compliance		Accenture			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/13/2023	Rashed, Diana				\$30.00
		Contributor address; City; State; Zip Code				
		Lewisville, TX 75067				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Compliance		Accenture			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/17/2023	Rashed, Diana				\$430.00
		Contributor address; City; State; Zip Code				
		Lewisville, TX 75067				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	Medicaid Re	· · · ·	Accenture LP	.,		
⊢		r				

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 70/95 Rpt: 78/144	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		nty Democratic Party (CEC)			00043022	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	05/31/2023	Ray, Sears				\$50.00
	I	6 Contributor address; City; State; Zip Code		1		
		1				
		Denton, TX 76209				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Ī	Amount of Contribution (\$)	
	06/15/2023	Rowley, Carol S				\$100.00
	I	Contributor address; City; State; Zip Code		1		
		1				
		Denton, TX 76205				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	:d	Not Employed			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Ī	Amount of Contribution (\$)	
	06/17/2023	Rucker, Barbara				\$115.00
	I	Contributor address; City; State; Zip Code		1		
		Oklahoma City, OK 75022				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Program Ma	nager	Prevention Network Age	enc	У	
Γ	Date		)	Γ	Amount of Contribution (\$)	
	06/10/2023	Sample, Mary				\$230.00
	I	Contributor address; City; State; Zip Code		]		
		1				
		Flower Mound, TX 75022	<u> </u>	ļ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Human Reso	Jurces	Lehigh Hanson			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/01/2023	Sanchez, Alfred				\$230.00
		Contributor address; City; State; Zip Code		]		
		Denton, TX 76209	i			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		USDA			

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 71/95 Rpt: 79/144
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Denton Cour	nty Democratic Party (CEC)		00043022
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
01/13/2023	Scholz, Jane		\$85.
	6 Contributor address; City; State; Zip Code		
	Denton, TX 76207		
	ipation / Job title (See Instructions)	9 Employer (See Instructions)	)
Not Employe		Not Employed	
Date		)	Amount of Contribution (\$)
02/13/2023			\$85.
	Contributor address; City; State; Zip Code		
	Denton TV 76907		
Dringingl occu	Denton, TX 76207	Employer (See Instructions)	
Not Employe	ipation / Job title (See Instructions) ed	Not Employed	)
Date		)	Amount of Contribution (\$)
03/13/2023	Scholz, Jane		\$85.
	Contributor address; City; State; Zip Code		
	Denton, TX 76207		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)
Not Employe		Not Employed	<b>,</b>
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
04/13/2023	Scholz, Jane	,	\$85.
	Contributor address; City; State; Zip Code		
	Denton, TX 76207		
	ipation / Job title (See Instructions)	Employer (See Instructions)	)
Not Employe	3d	Not Employed	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/13/2023	Scholz, Jane		\$85.
	Contributor address; City; State; Zip Code		
	Denton, TX 76207		
	ipation / Job title (See Instructions)	Employer (See Instructions)	)
Not Employe	;d	Not Employed	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 72/95 Rpt: 80/144
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	nty Democratic Party (CEC)		00043022
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
06/13/2023	Scholz, Jane		\$85.00
	6 Contributor address; City; State; Zip Code		
	Denton, TX 76207		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<b>(</b>
Not Employe	ed	Not Employed	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
01/16/2023	Scott, Rosa Lee K		\$10.00
	Contributor address; City; State; Zip Code		
	Denton, TX 76207		
	pation / Job title (See Instructions)	Employer (See Instructions	
retired teach	er	not employed	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
02/16/2023	Scott, Rosa Lee K		\$10.00
	Contributor address; City; State; Zip Code		
	Denton, TX 76207		
Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions	A
retired teach		not employed	
Date			Amount of Contribution (\$)
03/16/2023	Scott, Rosa Lee K	)	\$10.00
0011012020	Contributor address; City; State; Zip Code		¥10.00
	CUITITIDUTO dutress, City, State, Zip Coue		
	Denton, TX 76207		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
retired teach	er	not employed	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
04/16/2023	Scott, Rosa Lee K		\$10.00
	Contributor address; City; State; Zip Code		
	Denton, TX 76207		
	pation / Job title (See Instructions)	Employer (See Instructions	5)
retired teach	er	not employed	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 73/95 Rpt: 81/144
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	nty Democratic Party (CEC)		00043022
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/16/2023	Scott, Rosa Lee K		\$10.0
	6 Contributor address; City; State; Zip Code		
	Denton, TX 76207		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	;)
retired teach	ler	not employed	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/18/2023	Scott, Rosa Lee K		\$10.0
	Contributor address; City; State; Zip Code		
	Denton, TX 76207		
•	upation / Job title (See Instructions)	Employer (See Instructions	
retired teach	ner	not employed	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
01/05/2023	Simon, Debbie		\$10.0
	Contributor address; City; State; Zip Code		
	Flower Mound, TX 75028		
	upation / Job title (See Instructions)	Employer (See Instructions	<i>i</i> )
Self employ		Self	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
02/05/2023	Simon, Debbie		\$10.0
	Contributor address; City; State; Zip Code		
	Flower Mound, TX 75028		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Self employ		Self	<i>,</i>
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
03/05/2023	Simon, Debbie	/	\$10.0
	Contributor address; City; State; Zip Code		
	Flower Mound, TX 75028		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	E 3)
Self employ	ed	Self	
		<u>.</u>	

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	The Instru	ction Guide explains how to complete th	nis form.	1	Total pages Schedule A1: Sch: 74/95 Rpt: 82/144	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Denton Cou	nty Democratic Party (CEC)			00043022	-
4	Date	5 Full name of contributor out-of-state PAC (	(ID#:)	7	Amount of Contribution (\$)	
	04/05/2023	Simon, Debbie				\$10.00
		6 Contributor address; City; State; Zip Code		"		
Ļ		Flower Mound, TX 75028		<u> </u>		
8		upation / Job title (See Instructions)	9 Employer (See Instructions	IS)		
	Self employe	T	Self	-		
	Date		(ID#:)		Amount of Contribution (\$)	
	05/05/2023					\$10.00
		Contributor address; City; State; Zip Code				
		Flower Mound, TX 75028				
$\vdash$	Drincinal occu	upation / Job title (See Instructions)	Employar (See Instruction	<u> </u>		
	Self employe		Employer (See Instructions Self	5)		
⊢				Т		
	Date		(ID#:)		Amount of Contribution (\$)	¢10.00
	06/05/2023	Simon, Debbie				\$10.00
		Contributor address; City; State; Zip Code				
		Flower Mound, TX 75028				
⊢	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	I IS)		
	Self employe		Self			
╞	Date	Full name of contributor Out-of-state PAC (	(ID#:)	Τ	Amount of Contribution (\$)	
	05/31/2023	Sims, April	(			\$230.00
		Contributor address; City; State; Zip Code				
		Denton, TX 76209				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions			
	DBA		Southern Utah Universi	ity		
Γ	Date	Full name of contributor out-of-state PAC (	(ID#:)	Τ	Amount of Contribution (\$)	
	06/03/2023	Sims, April				\$11.00
		Contributor address; City; State; Zip Code	,	"		
		Denton, TX 76209				
		upation / Job title (See Instructions)	Employer (See Instructions			
	DBA		Southern Utah Universit	ity		

				_		
т	he Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 75/95 Rpt: 83/144	
<b>2</b> F	ILER NAME			3	Filer ID (Ethics Commission	n Filers)
		nty Democratic Party (CEC)			00043022	
<b>4</b> D	ate	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
0	6/14/2023	Smith, Ellen				\$20.00
	ļ	6 Contributor address; City; State; Zip Code		1		
	ļ					
		Cedar Hill, TX 75104				
<b>8</b> P	rincipal occu		9 Employer (See Instructions	L		
	lot Employe		Not Employed			
D	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
0	6/13/2023	Smith, Ilona				\$230.00
	1	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
		Flower mound, TX 75022				
P	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
N	lot Employe	d	Not Employed			
D	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
0	6/16/2023	Solbrook, Linnea				\$260.00
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
	ļ					
	ļ	Denton, TX 76208				
Р	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
S	Sales Directo	or	Koia			
D	Date	Full name of contributor Out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	1/12/2023	Spencer-Huber, Mary			,	\$10.00
	<b>-</b> /	Contributor address; City; State; Zip Code		•		<b>*</b> -
	ļ					
	ļ					
	1	Corinth, TX 76210				
P	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
S	chool psych	lologist	gcisd			
D	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
0	2/12/2023	Spencer-Huber, Mary				\$10.00
		Contributor address; City; State; Zip Code		•		
	ļ					
	ļ					
	ļ	Corinth, TX 76210				
Р	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	chool psych		gcisd			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 76/95 Rpt: 84/144
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	nty Democratic Party (CEC)		00043022
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
03/12/2023	Spencer-Huber, Mary		\$10.
	6 Contributor address; City; State; Zip Code		
	Corinth, TX 76210		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)
school psych	nologist	gcisd	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
04/12/2023	Spencer-Huber, Mary		\$10.
	Contributor address; City; State; Zip Code		
	· · · · · · · · · · · · · · · · · · ·		
	Corinth, TX 76210		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)
school psych	nologist	gcisd	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/12/2023	Spencer-Huber, Mary	/	\$10.
	Contributor address; City; State; Zip Code		
	Corinth, TX 76210		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)
school psych	nologist	gcisd	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/12/2023	Spencer-Huber, Mary		\$10.
	Contributor address; City; State; Zip Code		
	Corinth, TX 76210		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)
school psych	nologist	gcisd	
Date	Full name of contributor out-of-state PAC (ID#:	·)	Amount of Contribution (\$)
01/24/2023	 Stanaway, David		\$5.
	Contributor address; City; State; Zip Code		
	Flower Mound, TX 75028		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)
Distinguishe	d Engineer	Hilltop Holdings	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 77/95 Rpt: 85/144
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	nty Democratic Party (CEC)		00043022
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
02/24/2023	Stanaway, David		\$5.00
	6 Contributor address; City; State; Zip Code		1
	Flower Mound, TX 75028		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
Distinguishe	d Engineer	Hilltop Holdings	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/24/2023	Stanaway, David		\$5.00
			•
	Flower Mound, TX 75028		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Distinguishe	d Engineer	Hilltop Holdings	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
04/24/2023	Stanaway, David		\$5.00
	Contributor address; City; State; Zip Code		•
	Flower Mound, TX 75028		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Distinguishe	d Engineer	Hilltop Holdings	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
05/24/2023	Stanaway, David		\$5.00
	Contributor address; City; State; Zip Code		
	Flower Mound, TX 75028		
	upation / Job title (See Instructions)	Employer (See Instructions	6)
Distinguishe	d Engineer	Hilltop Holdings	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/24/2023	Stanaway, David		\$5.00
	Contributor address; City; State; Zip Code		1
	Flower Mound, TX 75028		
	upation / Job title (See Instructions)	Employer (See Instructions	s)
Distinguishe	d Engineer	Hilltop Holdings	

The last			1 Total pages Schedule A1:
The Instru	iction Guide explains how to complete this f	form.	Sch: 78/95 Rpt: 86/144
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	Inty Democratic Party (CEC)		00043022
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
06/12/2023	Stevens, Barbara		\$115.00
	6 Contributor address; City; State; Zip Code		
	Highland Village, TX 75077		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Not Employe	ed	Not Employed	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/13/2023	Stockton, Mary		\$115.00
	Contributor address; City; State; Zip Code		1
	Highland Village, TX 75077	<u> </u>	
	upation / Job title (See Instructions)	Employer (See Instructions	<i>;</i> )
Not Employe		Not Employed	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/17/2023	Summerlin, Bunny		\$115.00
	Contributor address; City; State; Zip Code		
	CARROLLTON, TX 75010		
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Not Employe		Not Employed	,
Date	Full name of contributor Out-of-state PAC (ID#:	l)	Amount of Contribution (\$)
06/04/2023	Tarin-Moreno, Evelyn		\$11.00
	Contributor address; City; State; Zip Code		1
	Bartonville, TX 76226	<u>.</u>	
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Flight attend	lant	American	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
06/10/2023			\$920.00
	Contributor address; City; State; Zip Code		
	Denton, TX 76209		
Bringinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Teacher		Denton ISD	>)

The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 79/95 Rpt: 87/144
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	nty Democratic Party (CEC)		00043022
4 Date	5 Full name of contributor out-of-state PAC (ID	)#:)	7 Amount of Contribution (\$)
06/14/2023	Taylor, Amy		\$11.00
	6 Contributor address; City; State; Zip Code		1
	Denton, TX 76209		
	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Teacher		Denton ISD	
Date		)#:)	Amount of Contribution (\$)
06/20/2023	Taylor, Sheila		\$115.00
	Contributor address; City; State; Zip Code		1
	Highland Village, TX 75077		
	upation / Job title (See Instructions)	Employer (See Instructions	s)
CPA		Self	
Date	Full name of contributor Dut-of-state PAC (ID	)#:)	Amount of Contribution (\$)
04/14/2023	Terrazas, Beatriz		\$100.00
	Contributor address; City; State; Zip Code		1
	Southlake, TX 76092		
-	upation / Job title (See Instructions)	Employer (See Instructions	s)
Lead channe	ا manager	AT&T	
Date	Full name of contributor 🔲 out-of-state PAC (ID	)#:)	Amount of Contribution (\$)
06/14/2023	Thomson, Jack		\$230.00
	Contributor address; City; State; Zip Code		1
D in single age	Denton, TX 76201		
	upation / Job title (See Instructions)	Employer (See Instructions	s)
Not Employe	•	Not Employed	·
Date	Full name of contributor out-of-state PAC (ID	#:)	Amount of Contribution (\$)
03/25/2023	Thomson, John		\$60.00
	Contributor address; City; State; Zip Code		
	Denter TV 70001		
	Denton, TX 76201		
	upation / Job title (See Instructions)	Employer (See Instructions	s)
Not Employe	20	Not Employed	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 80/95 Rpt: 88/144
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	nty Democratic Party (CEC)		00043022
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
06/06/2023	Turner, Janice		\$155.00
	6 Contributor address; City; State; Zip Code		
	Aubrey, TX 76227		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u></u>
Not Employe		Not Employed	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
01/06/2023	Turner, Stephanie		\$10.00
	Contributor address; City; State; Zip Code		
	Flower Mound, TX 75028		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)
Recruiter		KBIC	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
02/06/2023	Turner, Stephanie		\$10.00
	Contributor address; City; State; Zip Code		
	Flower Mound, TX 75028		
-	pation / Job title (See Instructions)	Employer (See Instructions	5)
Recruiter		KBIC	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/06/2023	Turner, Stephanie		\$10.00
	Contributor address; City; State; Zip Code		
	Flower Mound, TX 75028		
-	pation / Job title (See Instructions)	Employer (See Instructions	3)
Recruiter		KBIC	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
04/06/2023	Turner, Stephanie		\$10.00
	Contributor address; City; State; Zip Code		
	Flower Mound, TX 75028		
-	pation / Job title (See Instructions)	Employer (See Instructions	5)
Recruiter		KBIC	

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	The Instru	ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 81/95 Rpt: 89/144
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	Denton Cour	inty Democratic Party (CEC)		00043022
4	Date	5 Full name of contributor out-of-state PAC (ID#	)#:)	7 Amount of Contribution (\$)
	05/06/2023	Turner, Stephanie		\$10.0
		6 Contributor address; City; State; Zip Code		
		Flower Mound, TX 75028		
8		upation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Recruiter		KBIC	
	Date		)#:)	Amount of Contribution (\$)
	06/17/2023	Turner, Steven		\$230.0
		Contributor address; City; State; Zip Code		
		Trophy Club TV 76969		
	Dringingl oog	Trophy Club, TX 76262	Employer (See Instructions	
	Operations N	upation / Job title (See Instructions) Mar	Employer (See Instructions DES	S)
╘		-		
	Date		)#:)	Amount of Contribution (\$)
	01/23/2023	Tyler, Heidi		\$10.0
		Contributor address; City; State; Zip Code		
		Denton, TX 76207		
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	
	Broker	Panon, etc (	Charles Schwab	-,
⊨	Date	Full name of contributor Out-of-state PAC (ID#	)#: )	Amount of Contribution (\$)
	02/23/2023	Tyler, Heidi	H/	\$10.0
	02,20,2022	Contributor address; City; State; Zip Code		
		Denton, TX 76207		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ls)
	Broker		Charles Schwab	
╞	Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
	03/23/2023	Tyler, Heidi		\$10.0
		Contributor address; City; State; Zip Code		
		Denton, TX 76207		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
	Broker		Charles Schwab	

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 82/95 Rpt: 90/144	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission File	ers)
	inty Democratic Party (CEC)		00043022	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7 Amount of Contribution (\$)	
04/23/2023	Tyler, Heidi		Ş	\$10.00
	6 Contributor address; City; State; Zip Code			
	Denton, TX 76207	<u> </u>		
	upation / Job title (See Instructions)	9 Employer (See Instructions)	)	
Broker		Charles Schwab		
Date		:)	Amount of Contribution (\$)	
05/23/2023			Ş	\$10.00
	Contributor address; City; State; Zip Code			
D in single and	Denton, TX 76207		、	
-	upation / Job title (See Instructions)	Employer (See Instructions	)	
Broker		Charles Schwab		
Date	—	:)	Amount of Contribution (\$)	
05/07/2023	WASKEY, SUSAN			\$60.00
	Contributor address; City; State; Zip Code			
	ARGYLE, TX 76226			
Dringinal occu		Employer (See Instructions		
Not Employe	upation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	)	
			· · · · · · · · · · · · · · · · · · ·	
Date		:)	Amount of Contribution (\$)	<u>ቀ</u> ር 00
01/23/2023	Wallace, Linda			\$5.00
	Contributor address; City; State; Zip Code			
	Denton, TX 76205			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions		
Director		UNT System	)	
			Amount of Constribution (\$)	
Date 02/23/2023	Full name of contributor out-of-state PAC (ID#: Wallace, Linda	)	Amount of Contribution (\$)	\$5.00
0212312023				φ0.00
	Contributor address; City; State; Zip Code			
	Denton, TX 76205			
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>.</u>	
Director		UNT System	)	

)				
The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 83/95 Rpt: 91/144	
2 FILER NAME			3 Filer ID (Ethics Commission Fil	lers)
	inty Democratic Party (CEC)		00043022	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
03/23/2023	Wallace, Linda			\$5.00
	6 Contributor address; City; State; Zip Code			
	Denton, TX 76205	1 <u>-</u> , <u>/o</u> hastaatiaa		
8 Principal occu Director	upation / Job title (See Instructions)	9 Employer (See Instructions	5)	
		UNT System	T	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	±= 00
04/23/2023				\$5.00
	Contributor address; City; State; Zip Code			
	Denton, TX 76205			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Director		UNT System	»)	
			Amount of Contribution (#)	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	ቀ⊏ ባሀ
05/23/2023	Wallace, Linda			\$5.00
	Contributor address; City; State; Zip Code			
	Denton, TX 76205			
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Director		UNT System		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
06/23/2023	Wallace, Linda			\$5.00
	Contributor address; City; State; Zip Code			
	Denton, TX 76205			
	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Director		UNT System		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
06/11/2023	Wallen, Gay		\$	230.00
	Contributor address; City; State; Zip Code			
	Flower Mound, TX 75028	1 <u>/0 hastaatiaa</u>		
-	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Not Employe	ed	Not Employed		

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 84/95 Rpt: 92/144
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	Inty Democratic Party (CEC)		00043022
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
06/10/2023			\$970.00
	6 Contributor address; City; State; Zip Code		1
	Denton, TX 76207		
• Drincinal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u></u>
Not Employe		Not Employed	>)
Date		)	Amount of Contribution (\$)
06/12/2023			\$50.00
	Contributor address; City; State; Zip Code		
	Denton, TX 76207		
Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions	>\
Not Employe		Not Employed	3)
Date		)	Amount of Contribution (\$)
01/03/2023	Weber, John		\$25.00
	Contributor address; City; State; Zip Code		
	Denton, TX 76205		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Sales and M		Weber Group	<i>"</i>
Date		· · · · · · · · · · · · · · · · · · ·	Amount of Contribution (\$)
01/13/2023	Weinsetin, Sandra	)	410.00 \$10.00
01/13/2023			φ10.00
	Contributor address; City; State; Zip Code		
	Flower Mound, TX 75022		
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 3)
Product mar		ATT	
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
01/19/2023			\$10.00
	Contributor address; City; State; Zip Code		•
	Flower Mound, TX 75022		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	۲ <u>ــــــــــــــــــــــــــــــــــــ</u>
Product mar	rketing	ATT	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 85/95 Rpt: 93/144
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	nty Democratic Party (CEC)		00043022
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
02/13/2023	Weinsetin, Sandra		\$10.0
	6 Contributor address; City; State; Zip Code		
	Flower Mound, TX 75022		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
Product mar	keting	ATT	
Date	Full name of contributor out-of-state PAC (ID#:_	· )	Amount of Contribution (\$)
02/19/2023	Weinsetin, Sandra		\$10.0
	Contributor address; City; State; Zip Code		
	Flower Mound, TX 75022		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Product mar	keting	ATT	
Date	Full name of contributor out-of-state PAC (ID#:_	· )	Amount of Contribution (\$)
03/13/2023	Weinsetin, Sandra		\$10.0
	Contributor address; City; State; Zip Code		•
	Flower Mound, TX 75022		
-	upation / Job title (See Instructions)	Employer (See Instructions	6)
Product mar	rketing	ATT	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
03/19/2023	Weinsetin, Sandra		\$10.0
	Contributor address; City; State; Zip Code		
	Flower Mound, TX 75022	1	
	upation / Job title (See Instructions)	Employer (See Instructions	6)
Product mar	rketing	ATT	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
04/13/2023	Weinsetin, Sandra		\$10.0
	Contributor address; City; State; Zip Code		
	Flower Mound, TX 75022	i	
-	upation / Job title (See Instructions)	Employer (See Instructions	5)
Product mar	rketing	ATT	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 86/95 Rpt: 94/144
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	nty Democratic Party (CEC)		00043022
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
04/19/2023	Weinsetin, Sandra		\$10.
	6 Contributor address; City; State; Zip Code		
	Flower Mound, TX 75022		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	3)
Product mar	keting	ATT	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/13/2023	Weinsetin, Sandra		\$10.
	Contributor address; City; State; Zip Code		
	Flower Mound, TX 75022		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
Product mar	keting	ATT	
Date	Full name of contributor out-of-state PAC (ID#:	· )	Amount of Contribution (\$)
05/19/2023	Weinsetin, Sandra		\$10.
	Contributor address; City; State; Zip Code		
	Flower Mound, TX 75022		
-	pation / Job title (See Instructions)	Employer (See Instructions	5)
Product mar	keting	ATT	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/13/2023	Weinsetin, Sandra		\$10.
	Contributor address; City; State; Zip Code		
	Flower Mound, TX 75022	1	
	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Product mar	keting	ATT	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/19/2023	Weinsetin, Sandra		\$10.
	Contributor address; City; State; Zip Code		
	Flower Mound, TX 75022	i	
-	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Product mar	keting	ATT	

Denton County Democratic Party (CEC) 00043022					· · · · · · · · · · · · · · · · · · ·
Denton County Democratic Party (CEC)       00043022            • Date             06/19/2023             • Full name of contributor             Industry Explosion             • Contributor address; City; State; Zip Code             Folder Elevent Mound, TX 75022             • Contributor address; City; State; Zip Code             Folder Elevent Mound, TX 75022             • Full name of contributor             Out-of-state PAC; (Date:	The Instruc	ction Guide explains how to complete this f	orm.		
Denton County Democratic Party (CEC)       00043022            • Date             06/19/2023             • Full name of contributor             Industry Explosion             • Contributor address; City; State; Zip Code             Folder Elevent Mound, TX 75022             • Contributor address; City; State; Zip Code             Folder Elevent Mound, TX 75022             • Full name of contributor             Out-of-state PAC; (Date:	2 FILER NAME			3 Filer ID (Ethics Commission F	-ilers)
06/19/2023       Weinsetin, Sandra       \$920.00         6       Contributor address; City; State; Zip Code       \$920.00         7       Principal occupation / Job title (See Instructions)       9       Employed (See Instructions)         Not Employed       9       Employed (See Instructions)       Amount of Contribution (\$)         04/11/2023       Full name of contributor       oxto-i-state PAC (Dir       Amount of Contribution (\$)         9       Employed       Amount of Contribution (\$)       \$10.00         04/11/2023       Full name of contributor       oxto-i-state PAC (Dir       Amount of Contribution (\$)         9       Employed       Amount of Contribution (\$)       \$10.00         05/11/2023       Full name of contributor       oxto-i-state PAC (Dir       Amount of Contribution (\$)       \$10.00         06/11/2023       Full name of contributor       oxto-i-state PAC (Dir       Amount of Contribution (\$)       \$10.00         Principal occupation / Job title (See Instructions)       Not Employed       Amount of Contribution (\$)       \$10.00         06/11/2023       Full name of contributor       out-of-state PAC (Dir		nty Democratic Party (CEC)			,
6       Contributor address: City: State: Zip Code         Flower Mound, TX 75022       Pincipal occupation / Job title (See Instructions) Not Employed       9       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (Der)       Amount of Contribution (\$)         04/11/2023       White, Marsha	4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
6       Contributor address; City; State; Zip Code         7       Principal occupation / Job title (See Instructions)         Not Employed       9         Date       Od/11/2023         Principal occupation / Job title (See Instructions)       Not Employed         Amount of Contributor       out-of-state PAC (ID#	06/19/2023				\$920.00
3       Principal occupation / Job title (See Instructions) Not Employed       9       Employer (See Instructions) Not Employed         Date 04/11/2023       Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$10.00         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$) \$10.00         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$) \$10.00         Date 05/11/2023       Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$10.00         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$) \$10.00         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$) \$10.00         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$) \$10.00         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$) \$10.00         Date 03/08/2023       Full name of contributor					
3       Principal occupation / Job title (See Instructions) Not Employed       9       Employer (See Instructions) Not Employed         Date 04/11/2023       Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$10.00         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$) \$10.00         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$) \$10.00         Date 05/11/2023       Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$10.00         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$) \$10.00         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$) \$10.00         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$) \$10.00         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$) \$10.00         Date 03/08/2023       Full name of contributor					
3       Principal occupation / Job title (See Instructions) Not Employed       9       Employer (See Instructions) Not Employed         Date 04/11/2023       Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$10.00         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$) \$10.00         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$) \$10.00         Date 05/11/2023       Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$10.00         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$) \$10.00         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$) \$10.00         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$) \$10.00         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$) \$10.00         Date 03/08/2023       Full name of contributor					
Not Employed       Not Employed         Date 04/11/2023       Full name of contributor	2 Dringing oppu			<u>`</u>	
Date       Full name of contributor       out-of-state PAC (D#)       Amount of Contribution (\$)         04/11/2023       White, Marsha       \$10.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$10.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Not Employed         Date       Full name of contributor       out-of-state PAC (D#)       Amount of Contribution (\$)         05/11/2023       White, Marsha       contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Not Employed       Amount of Contribution (\$)       \$10.00         Principal occupation / Job title (See Instructions)       Not Employed       Amount of Contribution (\$)       \$10.00         Oate       N. Richland Hills, TX 76180       Employer (See Instructions)       Not Employed       \$10.00         Date       Full name of contributor       out-of-state PAC (D#)       Amount of Contribution (\$)       \$10.00         Of/11/2023       White, Marsha       contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$10.00         Principal occupation / Job title (See Instructions)       Not Employed       Amount of Contribution (\$)       \$10.00         O3/08/2023       F				;)	
04/11/2023       White, Marsha       \$\$10.00         Contributor address; City; State; Zip Code        \$\$10.00         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$)         Date 05/11/2023       Full name of contributor       out-ot-state PAC (ID#:					
Contributor address; City; State; Zip Code			)	Amount of Contribution (\$)	<b>#10.00</b>
N. Richland Hills, TX 76180       Employer (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$) S\$10.00         05/11/2023       White, Marsha          Contributor address; City; State; Zip Code	04/11/2023				\$10.00
Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$)         Date 05/11/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/11/2023       White, Marsha Contributor address; City; State; Zip Code       S10.00         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$)         Date 06/11/2023       Full name of contributor       out-of-state PAC (ID#:) Not Employed       Amount of Contribution (\$)         Date 06/11/2023       Full name of contributor       out-of-state PAC (ID#:) Not Employed       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$)         Date 03/08/2023       Full name of contributor       out-of-state PAC (ID#:) Not Employed       Amount of Contribution (\$)         Date 03/08/2023       Full name of contributor       out-of-state PAC (ID#:) Not Employed       Amount of Contribution (\$)         Date 03/08/2023       Full name of contributor       out-of-state PAC (ID#:) Not Employed       Amount of Contr		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$)         Date 05/11/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/11/2023       White, Marsha Contributor address; City; State; Zip Code       S10.00         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$)         Date 06/11/2023       Full name of contributor       out-of-state PAC (ID#:) Not Employed       Amount of Contribution (\$)         Date 06/11/2023       Full name of contributor       out-of-state PAC (ID#:) Not Employed       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$)         Date 03/08/2023       Full name of contributor       out-of-state PAC (ID#:) Not Employed       Amount of Contribution (\$)         Date 03/08/2023       Full name of contributor       out-of-state PAC (ID#:) Not Employed       Amount of Contribution (\$)         Date 03/08/2023       Full name of contributor       out-of-state PAC (ID#:) Not Employed       Amount of Contr					
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Not Employed       Not Employed         Date 05/11/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$) White, Marsha       \$10.00         05/11/2023       White, Marsha       S10.00       \$10.00         N. Richland Hills, TX 76180       Employer (See Instructions) Not Employed       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/11/2023       White, Marsha       S10.00       \$10.00         Principal occupation / Job title (See Instructions) Not Employed       Amount of Contribution (\$)       \$10.00         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$)       \$10.00         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$)       \$10.00         Date       Full name of contributor       out-of-state PAC (ID#:	Principal occu		Employer (See Instructions	() ()	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/11/2023       White, Marsha       \$10.00         Contributor address; City; State; Zip Code       N. Richland Hills, TX 76180       \$10.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/11/2023       White, Marsha       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/11/2023       White, Marsha       s10.00       \$10.00         Principal occupation / Job title (See Instructions)       Not Employed       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$10.00         Principal occupation / Job title (See Instructions)       Not Employed       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/08/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$100.00         Contributor address; City; State; Zip Code				<i>y</i>	
05/11/2023       White, Marsha       \$10.00         Contributor address; City; State; Zip Code       \$10.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Not Employed       Not Employed         Date       Full name of contributor       out-of-state PAC (ID#;				Amount of Contribution (\$)	
Contributor address; City; State; Zip Code         N. Richland Hills, TX 76180         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor out-of-state PAC (ID#;) O6/11/2023       Amount of Contribution (\$) White, Marsha         Contributor address; City; State; Zip Code       Amount of Contribution (\$) N. Richland Hills, TX 76180       \$10.00         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$) \$10.00         Date       Full name of contributor out-of-state PAC (ID#;) Not Employed       Amount of Contribution (\$) Not Employed         Date       Full name of contributor out-of-state PAC (ID#;) Not Employed       Amount of Contribution (\$) Not Employed         Date       Full name of contributor out-of-state PAC (ID#;) Not Employed       Amount of Contribution (\$) Not Employed         Date       Full name of contributor out-of-state PAC (ID#;) Contributor address; City; State; Zip Code       Amount of Contribution (\$) S100.00         G3/08/2023       Full name of contributor       Gate; Zip Code       Amount of Contribution (\$) Employer (See Instructions)         Flower Mound, TX 75028       Employer (See Instructions)       Employer (See Instructions)			/		\$10.00
N. Richland Hills, TX 76180       Employer (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:) White, Marsha       Amount of Contribution (\$)         06/11/2023       White, Marsha       \$10.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         N. Richland Hills, TX 76180       Employer (See Instructions) Not Employed         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:) Not Employed       Amount of Contribution (\$)         03/08/2023       Full name of contributor       out-of-state PAC (ID#:) Elower Mound, TX 75028       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       State	00,11,2020				Ψ10.00
Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)         06/11/2023       White, Marsha       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         N. Richland Hills, TX 76180       Employer (See Instructions) Not Employed         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:) Not Employed         O3/08/2023       Full name of contributor       out-of-state PAC (ID#:) Not Employed       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$100.00         Contributor address; City; State; Zip Code       Flower Mound, TX 75028       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       State					
Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)         06/11/2023       White, Marsha       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         N. Richland Hills, TX 76180       Employer (See Instructions) Not Employed         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:) Not Employed         O3/08/2023       Full name of contributor       out-of-state PAC (ID#:) Not Employed       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$100.00         Contributor address; City; State; Zip Code       Flower Mound, TX 75028       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       State					
Not Employed       Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/11/2023       White, Marsha       \$10.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       \$10.00         N. Richland Hills, TX 76180       Employer (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:) Not Employed       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:) Not Employed       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:) Not Employed       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:) Not Employed       Amount of Contribution (\$)         03/08/2023       Whitten, Madison       \$100.00       \$100.00         Contributor address; City; State; Zip Code       Employer (See Instructions)       \$100.00         Flower Mound, TX 75028       Employer (See Instructions)       Employer (See Instructions)		N. Richland Hills, TX 76180			
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/11/2023       White, Marsha       \$10.00         Contributor address; City; State; Zip Code       S10.00         N. Richland Hills, TX 76180       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:) Not Employed         O3/08/2023       Full name of contributor       out-of-state PAC (ID#:) Not Employed         Principal occupation / Job title (See Instructions)       Employer (See Instructions) Not Employed         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)	
06/11/2023       White, Marsha       \$10.00         Contributor address; City; State; Zip Code       \$10.00         N. Richland Hills, TX 76180       Employer (See Instructions)         Not Employed       Employer (See Instructions)         Not Employed       Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)         03/08/2023       Whitten, Madison       \$100.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Flower Mound, TX 75028       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Not Employe	}d	Not Employed		
Contributor address; City; State; Zip Code         N. Richland Hills, TX 76180         Principal occupation / Job title (See Instructions)         Not Employed         Date         Full name of contributor         out-of-state PAC (ID#:)         Amount of Contribution (\$)         Whitten, Madison         Contributor address; City; State; Zip Code         Flower Mound, TX 75028         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Principal occupation / Job title (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code       N. Richland Hills, TX 76180         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Not Employed       Full name of contributor out-of-state PAC (ID#:)         Oate       Full name of contributor out-of-state PAC (ID#:)         03/08/2023       Whitten, Madison         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Flower Mound, TX 75028       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	06/11/2023				\$10.00
Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)         03/08/2023       Whitten, Madison       \$100.00         Contributor address; City; State; Zip Code       Flower Mound, TX 75028       Flower Mound, TX 75028         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)         03/08/2023       Whitten, Madison       \$100.00         Contributor address; City; State; Zip Code       Flower Mound, TX 75028       Flower Mound, TX 75028         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)         03/08/2023       Whitten, Madison       \$100.00         Contributor address; City; State; Zip Code       Flower Mound, TX 75028       Flower Mound, TX 75028         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)					
Not Employed       Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/08/2023       Whitten, Madison       \$100.00         Contributor address; City; State; Zip Code       Flower Mound, TX 75028       Flower Mound, TX 75028         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)				<u> </u>	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         03/08/2023       Whitten, Madison       \$100.00         Contributor address; City; State; Zip Code       Flower Mound, TX 75028         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				;)	
03/08/2023       Whitten, Madison       \$100.00         Contributor address; City; State; Zip Code       Flower Mound, TX 75028         Principal occupation / Job title (See Instructions)       Employer (See Instructions)					
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Flower Mound, TX 75028       Principal occupation / Job title (See Instructions)       Employer (See Instructions)	03/08/2023	· · · · · · · · · · · · · · · · · · ·			\$100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code			
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Principal occupation / Job title (See Instructions) Employer (See Instructions)		Flower Mound. TX 75028			
	Principal occu		Employer (See Instructions	<u> </u>	
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 88/95 Rpt: 96/144	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)	
	nty Democratic Party (CEC)		00043022	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
01/24/2023	Wickersham, Kelly		\$10	.00
	6 Contributor address; City; State; Zip Code			
	Lewisville, TX 75077			
8 Principal occu	I pation / Job title (See Instructions)	9 Employer (See Instructions	)	
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Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
02/24/2023	Wickersham, Kelly	,	\$10	0.00
	Lewisville, TX 75077			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
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Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
03/24/2023	Wickersham, Kelly		\$10	0.00
	Contributor address; City; State; Zip Code			
	Lewisville, TX 75077			
	pation / Job title (See Instructions)	Employer (See Instructions	)	
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Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
04/24/2023	Wickersham, Kelly		\$10	00.
	Contributor address; City; State; Zip Code			
- · · ·	Lewisville, TX 75077		-	
	pation / Job title (See Instructions)	Employer (See Instructions	)	
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Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
05/24/2023	Wickersham, Kelly		\$10	.00
	Contributor address; City; State; Zip Code			
	Lewisville, TX 75077			
Principal occu		Employer (See Instructions	<u> </u>	
Dietitian	pation / Job title (See Instructions)	Employer (See Instructions) Span	)	
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The Instruc	ction Guide explains how		tal pages Schedule A1: h: 89/95 Rpt: 97/144			
2 FILER NAME			er ID (Ethics Commission	Filers)		
	nty Democratic Party (CEC)				043022	T liere,
4 Date	5 Full name of contributor	out-of-state PAC (ID#:_	)	<b>7</b> Am	nount of Contribution (\$)	
06/24/2023	Wickersham, Kelly					\$10.00
	6 Contributor address; City; Sta					
	Lewisville, TX 75077					
	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
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Date	Full name of contributor	out-of-state PAC (ID#:	)	An	nount of Contribution (\$)	
01/31/2023	Wilkins, Juli	_				\$10.00
	Contributor address; City; Sta			•		
	ι. ·					
	Denton, TX 76208					
Principal occu	pation / Job title (See Instructions)	5)				
none						
Date	Full name of contributor	out-of-state PAC (ID#:	)	An	nount of Contribution (\$)	
02/28/2023	Wilkins, Juli			\$10.00		
-			•		·	
	Denton, TX 76208					
Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	1 6)		
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Date	Full name of contributor	out-of-state PAC (ID#:	<u> </u> )	I An	nount of Contribution (\$)	
03/31/2023	Wilkins, Juli		/			\$10.00
00/02/2022	-	ate: 7in Code				Ψ±0.02
	Continuation duriess, City, Sta	te, zip coue				
	Denton, TX 76208					
Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
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Date	Full name of contributor	out-of-state PAC (ID#:		ΙΔn	nount of Contribution (\$)	
04/30/2023	Wilkins, Juli		/			\$10.00
04/00/2020					Φτ0.00	
	Contributor address; City; Sta	te; Zip Code				
	Denton, TX 76208					
Principal occur	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
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2 FILE	ER NAME		3	Filer ID (Ethics Commission	Filers)		
Der	nton Cour	nty Democratic Party (CEC)				00043022	
4 Date	e	5 Full name of contributor out-of-state PA	PAC (ID#:	)	7	Amount of Contribution (\$)	
05/3	31/2023	Wilkins, Juli					\$10.00
		6 Contributor address; City; State; Zip Code					
		Denton, TX 76208					
8 Prin	ncipal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	() ()		
non			-	none	,		
Date	e.	Full name of contributor out-of-state P.	PAC. (ID#:	)		Amount of Contribution (\$)	
	30/2023	Wilkins, Juli	Λο (ιο				\$10.00
	00,2:22						<b>*-</b>
	Contributor address; City; State; Zip Code						
		Denton, TX 76208					
Prin	ncipal occu	pation / Job title (See Instructions)	)				
non	none none						
Date	ate Full name of contributor out-of-state PAC (ID#:)					Amount of Contribution (\$)	
01/:	/30/2023 Williams, Elizabeth						\$2.00
	Contributor address; City; State; Zip Code						
<u> </u>		Alamogordo, NM 88310					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	t Employe			Not Employed			
Date			PAC (ID#:	)		Amount of Contribution (\$)	÷2.00
02/2	28/2023	Williams, Elizabeth					\$2.00
		Contributor address; City; State; Zip Code					
		Alamogordo, NM 88310					
Prin	ncipal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	t Employe			Not Employed	,		
Date		Full name of contributor out-of-state PA	PAC. (ID#:	)		Amount of Contribution (\$)	
	30/2023	Williams, Elizabeth	AG (18				\$2.00
		Contributor address; City; State; Zip Code					-
		Alamogordo, NM 88310					
Prin	ncipal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
Not	t Employe	d		Not Employed			

The Instruction Guide explains how to complete this form.       1       Total pages Schedule AI: Sch 91/95 Rpt: 99/144         2       FILER NAME Denton County Democratic Party (CEC)       3       File ID       (Ethics Commission Filers) 00/30222         4       Date 04/30/2023       5       Full name of contributor       out-of-state PAC (Der       7         6       Contributor address; City; State; Zip Code       7       Amount of Contribution (\$)         8       Principal occupation / Job title (See Instructions) Not Employed       9       Employer (See Instructions) Not Employed       Amount of Contribution (\$)         05/30/2023       Full name of contributor       out-of-state PAC (Der       Amount of Contribution (\$)         05/30/2023       Full name of contributor       out-of-state PAC (Der       Amount of Contribution (\$)         9       Full name of contributor address; City; State; Zip Code       Amount of Contribution (\$)       Sz         06/30/2023       Full name of contributor       out-of-state PAC (Der       Amount of Contribution (\$)         06/30/2023       Full name of contributor       out-of-state PAC (Der       Amount of Contribution (\$)         06/30/2023       Full name of contributor       out-of-state PAC (Der       Amount of Contribution (\$)         06/30/2023       Full name of contributor       out-of-state PAC (Der       Am
2       FILER NAME Denton County Democratic Party (CEC)       3       Filer ID       (Ethics Commission Filers) 00043022         4       Date 04/30/2023       5       Full name of contributor       out-of-state PAC (IDH:
Denton Courticipant CEC)       00043022         4       Date 04/30/2023       5       Full name of contributor Williams, Elizabeth       out-of-state PAC (ID#:) Alamogordo, NM 88310       7       Amount of Contribution (\$) Alamogordo, NM 88310         8       Principal occupation / Job title (See Instructions) Not Employed       9       Employer (See Instructions) Not Employed       Amount of Contribution (\$)         Date 05/30/2023       Full name of contributor Alamogordo, NM 88310       9       Employer (See Instructions) Not Employed       Amount of Contribution (\$)         Date 05/30/2023       Full name of contributor Alamogordo, NM 88310       out-of-state PAC (ID#:) Not Employed       Amount of Contribution (\$)       \$2         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$)       \$2         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$)       \$2         Date 06/30/2023       Full name of contributor out-of-state PAC (ID#:) Alamogordo, NM 88310       Amount of Contribution (\$)       \$2         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$)       \$2         Principal occupation / Job title (See Instructions) Not Employed       Milliams, Eli
04/30/2023       Williams, Elizabeth       Sample state         6       Contributor address; City, State; Zip Code       Alamogordo, NM 88310         8       Principal occupation / Job title (See Instructions) Not Employed       9       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/30/2023       Williams, Elizabeth       Sample state; Zip Code       Amount of Contribution (\$)         9       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         9       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         9       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         9       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         9       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         9       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         9       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         9       Full name of contributor       out-of-state PAC (ID#:
6       Contributor address; City; State; Zip Code         Alamogordo, NM 88310       Alamogordo, NM 88310         8       Principal occupation / Job title (See Instructions) Not Employed       9       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/30/2023       Full name of contributor address; City, State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/30/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$)
6       Contributor address; City; State; Zip Code         Alamogordo, NM 88310       9         8       Principal occupation / Job title (See Instructions) Not Employed       9         Date       Full name of contributor       out-of-state PAC (ID#:)         05/30/2023       Williams, Elizabeth       \$2         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Principal occupation / Job title (See Instructions)       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)         06/30/2023       Williams, Elizabeth       \$2         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Alamogordo, NM 88310       Amount of Contribution (\$)       \$2         Principal occupation / Job title (See Instructions) Not Employed       Amount of Contribution (\$)       \$2         Ob/30/2023       Full name of contributor       out-of-state PAC (ID#:
8       Principal occupation / Job title (See Instructions) Not Employed       9       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/30/2023       Williams, Elizabeth       \$2         Contributor address; City; State; Zip Code       Alamogordo, NM 88310         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:) Adamogordo, NM 88310         Principal occupation / Job title (See Instructions) Not Employed       Amount of Contribution (\$)         06/30/2023       Full name of contributor       out-of-state PAC (ID#:) Adamogordo, NM 88310         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:) Not Employed       Amount of Con
8       Principal occupation / Job title (See Instructions) Not Employed       9       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/30/2023       Williams, Elizabeth       \$2         Contributor address; City; State; Zip Code       Alamogordo, NM 88310         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)         Adamogordo, NM 88310       Mount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)         Adamogordo, NM 88310       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Not Employed       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:) Not Employed       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PA
8       Principal occupation / Job title (See Instructions) Not Employed       9       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/30/2023       Williams, Elizabeth       \$2         Contributor address; City; State; Zip Code       Alamogordo, NM 88310         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:) Adamogordo, NM 88310         Principal occupation / Job title (See Instructions) Not Employed       Amount of Contribution (\$)         06/30/2023       Full name of contributor       out-of-state PAC (ID#:) Adamogordo, NM 88310         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:) Not Employed       Amount of Con
Not Employed       Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/30/2023       Williams, Elizabeth
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         05/30/2023       Williams, Elizabeth       \$2         Obstrain       Contributor address; City; State; Zip Code       \$2         Alamogordo, NM 88310       Employer (See Instructions)       \$2         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Not Employed       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/30/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/30/2023       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2         Not Employed       Alamogordo, NM 88310       Employer (See Instructions)       \$2         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$20         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$20         Da
05/30/2023       Williams, Elizabeth       \$2         Contributor address; City; State; Zip Code       Alamogordo, NM 88310         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Not Employed       Not Employed         Date       Full name of contributor         06/30/2023       Williams, Elizabeth         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         06/30/2023       Full name of contributor         Objact       Odd         Principal occupation / Job title (See Instructions)       Amount of Contribution (\$)         06/30/2023       Full name of contributor       State; Zip Code         Alamogordo, NM 88310       Employer (See Instructions)       \$2         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$2         Not Employed       Not Employed       Amount of Contribution (\$)       \$2         Date       Full name of contributor       out-of-state PAC (ID#:
Contributor address; City; State; Zip Code       Alamogordo, NM 88310         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:) Williams, Elizabeth       Amount of Contribution (\$) \$2         06/30/2023       Williams, Elizabeth Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$2         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$) \$2         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$) \$2         Date       Full name of contributor out-of-state PAC (ID#:) Not Employed       Amount of Contribution (\$) Not Employed         Date       Full name of contributor out-of-state PAC (ID#:) Not Employed       Amount of Contribution (\$) Not Employed         Date       Full name of contributor out-of-state PAC (ID#:) Not Employed       Amount of Contribution (\$) S2
Alamogordo, NM 88310       Employer (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:) Williams, Elizabeth       Amount of Contribution (\$)         06/30/2023       Full name of contributor address; City; State; Zip Code       Amount of Contribution (\$)         Alamogordo, NM 88310       Employer (See Instructions) Not Employed       Amount of Contribution (\$)         Principal occuration / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$)         Pate       Full name of contributor out-of-state PAC (ID#:) Not Employed       Amount of Contribution (\$)         Date       Full name of contributor out-of-state PAC (ID#:) Not Employed       Amount of Contribution (\$)         Date       Full name of contributor out-of-state PAC (ID#:) (Williams, Jim       Amount of Contribution (\$)
Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor out-of-state PAC (ID#:) Williams, Elizabeth       Amount of Contribution (\$)         06/30/2023       Williams, Elizabeth       for the state pace (ID#:) Williams, Elizabeth       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       for the state pace (ID#:) Alamogordo, NM 88310       Employer (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$)         Date       Full name of contributor out-of-state pace (ID#:) 01/08/2023       Amount of Contribution (\$)       \$20
Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor out-of-state PAC (ID#:) Williams, Elizabeth       Amount of Contribution (\$)         06/30/2023       Williams, Elizabeth       for the state pace (ID#:) Williams, Elizabeth       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       for the state pace (ID#:) Alamogordo, NM 88310       Employer (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed       Amount of Contribution (\$)         Date       Full name of contributor out-of-state pace (ID#:) 01/08/2023       Amount of Contribution (\$)       \$20
Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor out-of-state PAC (ID#:) Williams, Elizabeth       Amount of Contribution (\$)         06/30/2023       Williams, Elizabeth       \$2         Contributor address; City; State; Zip Code       Alamogordo, NM 88310         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor out-of-state PAC (ID#:) Williams, Jim       Amount of Contribution (\$)
Not Employed       Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/30/2023       Williams, Elizabeth       S2         Contributor address; City; State; Zip Code       Alamogordo, NM 88310       S2         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Mot Employed         Not Employed       Out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$2         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$20         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$20         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$20         01/08/2023       Williams, Jim       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$20
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         06/30/2023       Williams, Elizabeth       \$2         Contributor address; City; State; Zip Code       Alamogordo, NM 88310       \$2         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Mount of Contribution (\$)         Not Employed       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         01/08/2023       Williams, Jim       \$20
06/30/2023       Williams, Elizabeth       \$2         Contributor address; City; State; Zip Code       \$2         Alamogordo, NM 88310       \$2         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor       out-of-state PAC (ID#:)         01/08/2023       Williams, Jim       \$20
Contributor address; City; State; Zip Code         Alamogordo, NM 88310         Principal occupation / Job title (See Instructions) Not Employed       Employer (See Instructions) Not Employed         Date       Full name of contributor out-of-state PAC (ID#:) 01/08/2023       Amount of Contribution (\$) \$20
Alamogordo, NM 88310       Principal occupation / Job title (See Instructions) Not Employed     Employer (See Instructions) Not Employed       Date     Full name of contributor out-of-state PAC (ID#:) 01/08/2023     Amount of Contribution (\$) \$20
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Not Employed     Not Employed       Date     Full name of contributor out-of-state PAC (ID#:)       01/08/2023     Williams, Jim
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Not Employed     Not Employed       Date     Full name of contributor out-of-state PAC (ID#:)       01/08/2023     Williams, Jim
Not Employed     Not Employed       Date     Full name of contributor     out-of-state PAC (ID#:)       01/08/2023     Williams, Jim     \$20
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       01/08/2023     Williams, Jim     \$20
01/08/2023 Williams, Jim \$20
Denton, TX 76208
Principal occupation / Job title (See Instructions) Employer (See Instructions)
Not Employed Not Employed
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
02/08/2023 Williams, Jim \$20
Contributor address; City; State; Zip Code
Denton, TX 76208
Principal occupation / Job title (See Instructions) Employer (See Instructions)
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Not Employed     Not Employed

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 92/95 Rpt: 100/144		
2 FILER NAME		3 Filer ID (Ethics Commission F	-ilers)	
Denton Cou	nty Democratic Party (CEC)	00043022	-	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
03/08/2023	Williams, Jim			\$20.00
	6 Contributor address; City; State; Zip Code			
	Denton, TX 76208			
	upation / Job title (See Instructions)	9 Employer (See Instructions)	)	
Not Employe	2d	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
04/08/2023	Williams, Jim			\$20.00
	Contributor address; City; State; Zip Code			
	Denton, TX 76208			
	upation / Job title (See Instructions)	Employer (See Instructions) Not Employed	)	
Not Employe	ed			
Date	Full name of contributor out-of-state PAC (ID#:	Amount of Contribution (\$)		
05/08/2023	Williams, Jim			\$20.00
	Contributor address; City; State; Zip Code			
	Denton, TX 76208			
	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Not Employe	ed	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/08/2023	Williams, Jim			\$20.00
	Contributor address; City; State; Zip Code			
	Denton, TX 76208		、	
	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Not Employe		Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
06/17/2023	Williams, Jim			\$115.00
	Contributor address; City; State; Zip Code			
	Derten TV 70000			
	Denton, TX 76208		、	
	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Not Employe	20 	Not Employed		

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Th	e Instru	ction Guide explains how to complete th	1	Total pages Schedule A1: Sch: 93/95 Rpt: 101/144			
2 FIL	ER NAME		3	Filer ID (Ethics Commissio	on Filers)		
		nty Democratic Party (CEC)		00043022	- ,		
4 Dat	te	5 Full name of contributor out-of-state PAC (	(ID#:	)	7	Amount of Contribution (\$)	
06/	/13/2023	Wolman, Tamela					\$700.00
		6 Contributor address; City; State; Zip Code					
	<u> </u>	Lake Dallas, TX 75065					
		pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
NU	t Employe			Not Employed			
Dat		—	(ID#:	)		Amount of Contribution (\$)	
02/	/16/2023						\$10.00
		Contributor address; City; State; Zip Code					
		Dester TV 70004					
		Denton, TX 76201			Ĺ		
	Principal occupation / Job title (See Instructions) Employer (See Instruction						
	Not Employed Not Employed						
Dat						Amount of Contribution (\$)	
03/	03/16/2023 Wood, Christie						\$10.00
	Contributor address; City; State; Zip Code						
	Depter TV 76201						
Drir		Denton, TX 76201		Employer (See Instructions	<u> </u>		
	ncipal occu ot Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
					1		
Dat			(ID#:	)		Amount of Contribution (\$)	¢10.00
04/	/16/2023	Wood, Christie					\$10.00
		Contributor address; City; State; Zip Code					
		Denton, TX 76201					
Prir	ncinal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ເ)		
	t Employe			Not Employed	''		
			/ID.//.	·····	<b></b>	Amount of Contribution (\$)	
Dat	te /12/2023	Full name of contributor out-of-state PAC ( Wood, Christie	(ID#:	)		Amount of Contribution (\$)	\$1,500.00
03,	12/2025						Φ1,000.00
		Contributor address; City; State; Zip Code					
		Denton, TX 76201					
Prir	ncipal occu	pation / Job title (See Instructions)		Employer (See Instructions	L;)		
	t Employe			Not Employed	,		
		<u> </u>					

The Ins	truction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 94/95 Rpt: 102/144	
2 FILER NA	ME	<b>3</b> Filer ID (Ethics Commission Filers)	
	County Democratic Party (CEC)	00043022	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
05/16/20			\$10.00
	6 Contributor address; City; State; Zip Code		
	Denton, TX 76201		
8 Principal	occupation / Job title (See Instructions)	9 Employer (See Instructions	)
Not Emp	loyed	Not Employed	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
06/16/20	23 Wood, Christie		\$10.00
	Contributor address; City; State; Zip Code		
	Denton, TX 76201		
Principal	occupation / Job title (See Instructions)	)	
Not Emp	loyed		
Date	Full name of contributor out-of-state PAC (ID#:_	Amount of Contribution (\$)	
06/15/20	— — —		\$115.00
	Contributor address; City; State; Zip Code		
	Flower Mound, TX 75028		
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	)
Psycholo	gist	self	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
05/07/20	0		\$100.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75220		
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	)
Investor		Quadrant Capital	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/07/20	23 brown, joyce		\$100.00
	Contributor address; City; State; Zip Code		
	Flower mound, TX 75028		
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	)
Not Emp	loyed	Not Employed	
		•	

	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 95/95 Rpt: 103/144	
2	FILER NAME Denton Cour	nty Democratic Party (CEC)	3	Filer ID (Ethics Commission Filers) 00043022	
4	Date 01/23/2023	<ul> <li>5 Full name of contributor out-of-state PAC (ID#: jones, steven</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$) \$10.00
		plano, TX 75093			
8	Principal occu programmer		9 Employer (See Instructions bank america	)	
	Date 06/10/2023	Full name of contributor out-of-state PAC (ID#: sanders, nancy Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$1,000.00	
_	Principal occu	Dallas, TX 75229 pation / Job title (See Instructions)	Employer (See Instructions	)	
	filmmaker		self	)	

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	· · ·			2	Filer ID (Ethics Commission Filers)
1	Sch: 1/41 Rpt:	2	Denton County Democratic Party (CEC	C)			00043022
4	Date	5	Payee name				
	06/30/2023		Act Blue				
6	Amount (\$)	7		Zip Co	le		
	\$12.95		PO Box 441146				
			Sommerville, ME 02144				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Fees				ide of Texas. Complete Schedule T.
						I, IX	, officeholder living expense
					Actblue I ee		
9	Complete ONLY if direct		Candidate/Officeholder name C	Office sour	nht		Office held
Ũ	expenditure to benefit C/OI				,		
_	Date		Payee name				
	06/25/2023		Act Blue				
				7:0 00			
	Amount (\$)			Zip Co	le		
	\$298.34		PO Box 441146				
			Sommerville, ME 02144				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Fees				ide of Texas. Complete Schedule T. , officeholder living expense
					ActBlue Fee	I, I A	, oncenoider living expense
_	Complete ONLY if direct		Candidate/Officeholder name C	Dffice sou	iht		Office held
	expenditure to benefit C/OI	H					
	Date		Payee name				
	06/18/2023		Act Blue				
-	Amount (\$)			Zip Co	de		
	\$411.04		PO Box 441146	p 00			
			Sommerville, ME 02144				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Fees				ide of Texas. Complete Schedule T.
						I, IX	, officeholder living expense
-	Complete ONLY if direct	L	Candidate/Officeholder name C	Office sou	nht		Office held
	expenditure to benefit C/Oł						
-							

			EXPENDITURE	CATEGOR	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	xpense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	<b>2</b> F		· ·		·	3	Filer ID (Ethics Commission Filers)
	Sch: 2/41 Rpt:		Denton County Democratic F	Party (CEC	C)			00043022
4	Date 06/11/2023		ayee name .ct Blue					
6	Amount (\$) \$249.93	F	ayee address; City; O Box 441146 commerville, ME 02144	State;	; Zip Coo	le		
8	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the	top of this sch	edule)			ide of Texas. Complete Schedule T. , officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeholder name	С	Office sou	ht		Office held
	Date	P	ayee name					
	06/04/2023	Α	ct Blue					
	Amount (\$) \$79.02	F	ayee address; City; O Box 441146 commerville, ME 02144	State;	; Zip Coo	le		
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the	top of this sch	edule)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeholder name	C	Office sou	ht		Office held
	Date	P	ayee name					
	05/28/2023	A	ct Blue					
	Amount (\$) \$28.87		ayee address; City; O Box 441146	State;	; Zip Coo	le		
			ommerville, ME 02144					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the	top of this sch	edule)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeholder name	C	Dffice sou	ht		Office held

			EXPENDITURE CA	TEGORIES FO	R BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fe Fo Gif nmittee Le	ent Expense es od/Beverage Expense t/Awards/Memorials Expen gal Services <b>ne Instruction Guide e</b>	Office O Polling E se Printing E Salaries/	xpense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:					<b>3</b> Filer ID (Ethics Commission Filers)
	Sch: 3/41 Rpt:		y Democratic Part	y (CEC)		00043022
4	Date 05/21/2023	Payee name Act Blue				
6	Amount (\$) \$6.55	Payee address; PO Box 44114 Sommerville,	46	State; Zip C	ode	
8	PURPOSE OF EXPENDITURE	Category <sub>(See (</sub> Fees	Categories listed at the top o	of this schedule)		i outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Office	holder name	Office so	ught	Office held
	Date	Payee name				
	05/14/2023	Act Blue				
	Amount (\$) \$79.65	Payee address; PO Box 44114 Sommerville,	46	State; Zip C	ode	
	PURPOSE OF EXPENDITURE	Category <sub>(See (</sub> Fees	Categories listed at the top o	of this schedule)		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Office	holder name	Office so	ught	Office held
	Date	Payee name				
	05/07/2023	Act Blue				
	Amount (\$) \$34.82	Payee address; PO Box 44114		State; Zip C	ode	
		Sommerville,	ME 02144		i	
	PURPOSE OF EXPENDITURE	Category <sub>(See 0</sub> Fees	Categories listed at the top o	of this schedule)		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Office	holder name	Office so	ught	Office held

			EXPENDITURE CATEGOR	RIES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2				2	Filer ID (Ethics Commission Filers)
1	Sch: 4/41 Rpt:	2	Denton County Democratic Party (CEC	2)			00043022
4	Date	5	Payee name				
	04/30/2023		Act Blue				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de		
	\$10.19		PO Box 441146				
			Sommerville, ME 02144				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Fees	ŕ			ide of Texas. Complete Schedule T.
						I, TX	, officeholder living expense
					ActBlue Fee		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	jht		Office held
	- p						
	Date		Payee name				
	04/23/2023		Act Blue				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$5.93		PO Box 441146				
			Sommerville, ME 02144				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF		Fees	cuucy		outs	ide of Texas. Complete Schedule T.
	EXPENDITURE					I, TX	, officeholder living expense
					ActBlue Fee		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	jht		Office held
	Date		Payee name				
	04/16/2023		Act Blue				
	Amount (\$)		Payee address; City; State;	Zip Co	de		
	\$27.36		PO Box 441146				
			Sommerville, ME 02144				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Fees				ide of Texas. Complete Schedule T.
						і, ТХ	, officeholder living expense
					ActBlue Fee		
	Complete ONUV 5 diversit	L	Condidate/Office/calder come				Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	JIIL		Office held

		EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense tee Legal Services The Instruction Guide explains	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)
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
1	Sch: 5/41 Rpt:	enton County Democratic Party (CEC	;)	00043022
4	Date	iyee name		
	04/09/2023	t Blue		
6	Amount (\$) \$27.11	nyee address; City; State; D Box 441146 ommerville, ME 02144	Zip Code	
8	PURPOSE	ategory (See Categories listed at the top of this sch	edule) (b) Description	
	OF EXPENDITURE	es	Check if travel	outside of Texas. Complete Schedule T. h, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	didate/Officeholder name C	office sought	Office held
	Date	iyee name		
	04/02/2023	ct Blue		
	Amount (\$) \$1.40	iyee address; City; State; D Box 441146	Zip Code	
		ommerville, ME 02144		
	PURPOSE OF EXPENDITURE	tegory (See Categories listed at the top of this sch	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	didate/Officeholder name C	office sought	Office held
	Date	iyee name		
	03/31/2023	t Blue		
	Amount (\$) \$9.58	yee address; City; State; D Box 441146	Zip Code	
		ommerville, ME 02144		
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this sch	Check if travel	outside of Texas. Complete Schedule T. I, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	didate/Officeholder name C	office sought	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- I Commi	Event Expense Fees Food/Beverage Exper Gift/Awards/Memorials ttee Legal Services The Instruction G	s Expense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	<b>2</b> EI					5	Filer ID	(Ethics Commission Filers)
L.	Sch: 6/41 Rpt:		enton County Democratic	: Party (CEC	C)		3	00043022	
4	Date 03/26/2023		ayee name ct Blue				-		
6	Amount (\$)		ayee address; City;	State:	Zip Co	10			
	\$8.88		O Box 441146	State,	, zip coi	10			
		S	ommerville, ME 02144						
8	PURPOSE	<b>(a)</b> Ca	ategory (See Categories listed at	the top of this sch	edule)	(b) Description			
	OF       Fees       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense       ActBlue Fee								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ndidate/Officeholder name	C	Dffice sou	ht		Office he	eld
	Date	Pa	ayee name						
	03/19/2023	A	ct Blue						
	Amount (\$)	Pa	ayee address; City;	State;	; Zip Co	le			
	\$9.36		D Box 441146 ommerville, ME 02144						
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at CES	the top of this sch	edule)			de of Texas. Com officeholder livinç	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	С	Office sou	ıht		Office he	eld
	Date	Pa	ayee name						
	03/12/2023		ct Blue						
	Amount (\$)	Pa	ayee address; City;	State:	; Zip Co	le			
	\$25.13		O Box 441146	,					
		S	ommerville, ME 02144						
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at ees	the top of this sch	edule)			de of Texas. Com officeholder livinç	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		ndidate/Officeholder name	C	Dffice sou	ht		Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	· · ·			2	Filer ID (Ethics Commission Filers)			
-	Sch: 7/41 Rpt:	2	Denton County Democratic Party (CEC	C)			00043022			
4	Date	5	Payee name							
	03/05/2023		Act Blue							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$10.81		PO Box 441146							
			Sommerville, ME 02144							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Fees	,		outs	ide of Texas. Complete Schedule T.			
	EXFENDITORE					I, TX	, officeholder living expense			
					ActBlue Fee					
_										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	int		Office held			
		-								
	Date		Payee name							
	02/26/2023		Act Blue							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$6.51		PO Box 441146							
			Sommerville, ME 02144							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Fees	,	Check if travel	outs	ide of Texas. Complete Schedule T.			
	EXPENDITORE					I, TX	, officeholder living expense			
					ActBlue Fee					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Office sou	jht		Office held			
		-								
	Date		Payee name							
	02/19/2023		Act Blue							
	Amount (\$)			Zip Co	de					
	\$9.36		PO Box 441146							
			Sommerville, ME 02144							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Fees				ide of Texas. Complete Schedule T.			
					ActBlue Fee	I, TX	, officeholder living expense			
					ACIDIUE FEE					
-	Complete ONIL V if direct	Ļ	Candidate/Officeholder name C	Office sou	abt		Office held			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF				jiit					
_										
I										

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food Gift/ mittee Lega	It Expense Weverage Expense Wards/Memorials Expense Il Services Instruction Guide explai	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:				• • • • • •	<b>3</b> Filer ID (Ethics Commission Filers)				
	Sch: 8/41 Rpt:		Democratic Party (C	EC)		00043022				
4	Date	Payee name								
	02/12/2023	Act Blue								
6	Amount (\$)       7       Payee address;       City;       State;       Zip Code         \$14.26       PO Box 441146       Sommerville, ME 02144									
•	DUDDOSE									
8	<ul> <li>8 PURPOSE OF EXPENDITURE</li> <li>(a) Category (See Categories listed at the top of this schedule) Fees</li> <li>(b) Description         Check if travel outside of Texas. Complete Schedule T.     </li> <li>Check if Austin, TX, officeholder living expense ActBlue Fee</li> </ul>									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeh	older name	Office soug	ht	Office held				
	Date	Payee name								
	02/05/2023	Act Blue								
	Amount (\$)     Payee address;     City;     State;     Zip Code       \$9.61     PO Box 441146     FO Box 441146     FO Box 441146									
	PURPOSE OF EXPENDITURE	Sommerville, N Category <sub>(See Ca</sub> Fees	tegories listed at the top of this	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeh	older name	Office sou	ht	Office held				
	Date	Payee name								
	01/29/2023	Act Blue								
	Amount (\$) \$5.57	Payee address; PO Box 44114		ate; Zip Coo	le					
		Sommerville, N	IE 02144							
	PURPOSE OF EXPENDITURE	Category <sub>(See Ca</sub> Fees	tegories listed at the top of this	schedule)		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	andidate/Officeh	older name	Office souç	ht	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- I Comr	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid		Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2 5					2	Filer ID	(Ethics Commission Filers)	
1	Sch: 9/41 Rpt:		Penton County Democratic P	arty (CEC	C)			00043022		
4	Date 01/22/2023		ayee name .ct Blue							
6	Amount (\$)		ayee address; City;	State:	Zip Co	10				
Ů	\$5.15		O Box 441146	State,	, 20 00					
		S	ommerville, ME 02144							
8	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the	top of this sch	edule)			de of Texas. Com officeholder living		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeholder name	C	Dffice sou	ht		Office he	eld	
	Date	Р	ayee name							
	01/15/2023	A	ct Blue							
	Amount (\$)	P	ayee address; City;	State;	; Zip Co	le				
	\$19.61		O Box 441146 commerville, ME 02144							
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the	top of this sch	edule)			de of Texas. Com , officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office sou	ht		Office he	eld	
	Date	P	ayee name							
	01/08/2023		ct Blue							
	Amount (\$) \$11.70		ayee address; City; O Box 441146	State;	; Zip Co	le				
		S	ommerville, ME 02144							
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the	top of this sch	edule)			de of Texas. Com , officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate/Officeholder name	C	Dffice sou	ht		Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food Gift/ nmittee Lega	l/Beverage Expe Awards/Memoria Il Services	ls Expense	Office Over Polling Exp Printing Ex Salaries/W			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2			•		•	3	Filer ID (Ethics Commission Filers)
-	Sch: 10/41 Rpt:		Denton County	Democrati	c Party (CEC	C)			00043022
4	Date 01/01/2023	5	Payee name Act Blue						
6	6 Amount (\$) \$0.80 \$0.80 7 Payee address; City; State; Zip Code PO Box 441146 Sommerville, ME 02144								
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         Image: Check if Category Control of the control									
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
	Date		Payee name						
	01/18/2023		Angelina Don L	ouis Mexic	an Resturan	t			
Amount (\$)     Payee address;     City;     State;     Zip Code       \$88.38     101 Baize Blvd									
	PURPOSE	(2)	Hickory Creek,				(h) Description		
	OF	(α)	Category (See Ca Event Expense		the top of this sch	edule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeh	older name	C	Dffice sou	ıht		Office held
	Date		Payee name						
	02/08/2023		Angelina Don L	ouis Mexic	an Resturan	t			
	Amount (\$) \$370.00		Payee address; 101 Baize Blvd	City;	State;	; Zip Coo	le		
			Hickory Creek,	TX 75065					
	PURPOSE OF EXPENDITURE	(a)	Category (See Ca Event Expense		the top of this sch	iedule)		n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeh	older name	C	Office sou	Jht		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Office Pollin Printir Salari	Overh g Expe ng Expe es/Wag	ense jes/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filer	s)	
	Sch: 11/41 Rpt:		Denton County Democratic Party	(CEC)				00043022		
4	Date	5	Payee name				1			
	01/27/2023	Blaze Digital Strategy								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
ľ	\$100.00	ľ	7437 Race Road	otate, zip	Cour					
			Languar MD 21076							
			Hanover, MD 21076		- 1	-				
8	PURPOSE OF	(a)	Category (See Categories listed at the top of t	his schedule)	(ł	Description				
	EXPENDITURE		Fees					ide of Texas. Complete Schedule T. , officeholder living expense		
						tech fee	., .,			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office	sough	nt		Office held		
	_	-								
	Date		Payee name							
	02/03/2023		Buznet							
	Amount (\$)		Payee address; City;	State; Zip	Code	9				
	\$149.70		1100 E Plano Parkway							
			Ste 104							
			Plano, TX 75074							
	PURPOSE	(a)	Category (See Categories listed at the top of t	his schedule)	(t	) Description				
	OF EXPENDITURE		Office Overhead/Rental Expense	,		Check if travel	outsi	ide of Texas. Complete Schedule T.		
							n, TX,	, officeholder living expense		
						phone				
	-				<u> </u>					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office	sough	it		Office held		
		_								
	Date		Payee name							
	03/16/2023		Call Tools							
	Amount (\$)			State; Zip	Code	9				
	\$274.01		16842 Von Karman							
			Irvine, CA 92606							
	PURPOSE	(a)	Category (See Categories listed at the top of t	his schedule)	(k	) Description				
	OF EXPENDITURE		Office Overhead/Rental Expense					ide of Texas. Complete Schedule T.		
	EXPENDITORE							, officeholder living expense		
						predictive dia	aler			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office	sough	nt		Office held		
	experiature to benefit C/O									

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe nmittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 12/41 Rpt:		Denton County Democratic Par	rty (CEC	2)			00043022		
4	Date 05/16/2023	5	Payee name Call Tools							
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le				
	\$274.00		16842 Von Karman							
		Irvine, CA 92606								
8	PURPOSE OF	(a)	Category (See Categories listed at the top		edule)	(b) Description				
	EXPENDITURE		Office Overhead/Rental Expense	se				side of Texas. Complete Schedule T. K, officeholder living expense		
						predictive dia				
						P				
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										
	Date		Payee name							
	01/17/2023		Call Tools							
	Amount (\$)		Payee address; City;	State;	Zip Co	le				
	\$274.00		16842 Von Karman							
		<u> </u>	Irvine, CA 92606							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Office Overhead/Rental Expense		edule)	Check if Austin	n, TX,	side of Texas. Complete Schedule T. K, officeholder living expense		
						predictive dia	aler			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	С	Office soug	ht		Office held		
	Date		Payee name							
	04/17/2023		Call Tools							
	Amount (\$)		Payee address; City;	State;	Zip Co	le				
	\$273.98		16842 Von Karman							
			Irvine, CA 92606		i					
	PURPOSE OF	(a)	Category (See Categories listed at the top Office Overhead/Rental Expense		edule)	(b) Description	outsi	side of Texas. Complete Schedule T.		
	EXPENDITURE			_		Check if Austir predictive dia		K, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office sou	ht		Office held		

		EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mittee Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2				2	Filer ID (Ethics Commission Filers)				
1	Sch: 13/41 Rpt:		Denton County Democratic Party (CE	C)		3	00043022				
4	Date 02/16/2023		<sup>P</sup> ayee name Call Tools								
6	6 Amount (\$)       7 Payee address; City; State; Zip Code         \$273.98       16842 Von Karman         Irvine, CA 92606       1										
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       predictive dialer							officeholder living expense				
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH											
	Date		Payee name								
	06/16/2023		Call Tools								
	Amount (\$)Payee address;City;State;Zip Code\$245.9816842 Von Karman										
			rvine, CA 92606								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sc Office Overhead/Rental Expense	hedule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght		Office held				
	Date		Payee name								
	02/21/2023		Campaign Verify								
	Amount (\$) \$95.00		Payee address; City; State 128 E Exchange Ave Suite 700 Fort Worth, TX 76164	e; Zip Co	de						
	PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Consulting Expense       (b) Description         Image: Consulting Expense       Image: Consulting Expense       Image: Consulting Expense         Image: Consulting Expense       Image: Consulting Expense       Image: Consulting Expense         Image: Consulting Expense       Image: Consulting Expense       Image: Consulting Expense         Image: Consulting Expense       Image: Consulting Expense       Image: Consulting Expense         Image: Consulting Expense       Image: Consulting Expense       Image: Consulting Expense         Image: Consulting Expense       Image: Consulting Expense       Image: Consulting Expense         Image: Consulting Expense       Image: Consulting Expense       Image: Consulting Expense         Image: Consulting Expense       Image: Consulting Expense       Image: Consulting Expense         Image: Consulting Expense       Image: Consulting Expense       Image: Consulting Expense         Image: Consulting Expense       Image: Consulting Expense       Image: Consulting Expense         Image: Consulting Expense       Image: Consulting Expense       Image: Consulting Expense         Image: Consulting Expense       Image: Consulting Expense       Image: Consulting Expense         Image: Consulting Expense       Image: Consulting Expense       Image: Consulting Expense										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought H					Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2			• • • • • •	3	Filer ID (Ethics Commission Filers)			
-	Sch: 14/41 Rpt:	2	Denton County Democratic Party (CEC	;)			00043022			
4	Date	5	Payee name							
	05/05/2023		Costco							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$35.35		852 TX-121							
			Lewisville, TX 75067							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	(alube	(b) Description					
-	OF		Food/Beverage Expense	euule)	-	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		5 1				, officeholder living expense			
					food and drir	ks				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Jht		Office held			
	Date		Payee name							
	04/14/2023		Denton ISD							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$50.00		1307 N Locust St	•						
			Denton, TX 76201							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Fees	edule)		, TX	ide of Texas. Complete Schedule T. , officeholder living expense ee			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name C	)ffice sou	Jht		Office held			
_	Date		Payee name							
	05/08/2023		Denton Lulac							
	Amount (\$)			Zip Co	10					
	\$154.00		W Twelth St	zip co						
	φ104.00		W Twenti St							
			Dallas, TX 75208							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Contributions/Donations Made By				ide of Texas. Complete Schedule T.			
	-		Candidate/Officeholder/Political Comm	ittee	Lulac contrib		, officeholder living expense			
						uut	///			
	Complete ONILV & diversit	Ļ	Condidate/Office helder as me	)ffion (	. ht		Office hold			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office soug	JIIL		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Office Ove Polling Ex Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
	Tatal a succ Oak adula E4			now to co	npiete this form.					
	Total pages Schedule F1:	2		• •		3	Filer ID (Ethics Commission Filers)			
	Sch: 15/41 Rpt:		Denton County Democratic Party (CEC	<i>·</i> )			00043022			
4	Date 04/03/2023	5	Payee name Denton Municipal Utilities							
6		7		Zip Co	40					
ľ	Amount (\$) \$27.05	ľ	Payee address; City; State; 601 E Hickory St	Zip Cu	le					
	ψ27.05									
			Denten TV 70201							
Denton, TX 76201										
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description					
	EXPENDITURE		Fees				ide of Texas. Complete Schedule T. , officeholder living expense			
					municipal fee		,			
9	9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
╞										
	Date		Payee name							
	03/02/2023		Denton Municipal Utilities							
	Amount (\$)			Zip Co	de					
	\$27.05		601 E Hickory St							
			Denton, TX 76201							
L	DUDDOCE	(0)			(h) =					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche Fees	edule)	(b) Description Check if travel	outs	ide of Texas. Complete Schedule T.			
	EXPENDITURE		1663				, officeholder living expense			
					municipal fee	)				
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght		Office held			
	expenditure to benefit C/OI	4								
	Date		Payee name							
	06/02/2023		Denton Municipal Utilities							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$26.68		601 E Hickory St							
			Denton, TX 76201							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Fees				ide of Texas. Complete Schedule T.			
					Check if Austir municipal fee		, officeholder living expense			
					municipariet	•				
-	Complete ONLY if direct	Ľ	Candidate/Officeholder name C	Office sou	abt		Office held			
	expenditure to benefit C/OF			SUCE SUC	JIIC		Onice neid			
-										
1										

			EXPENDITURE CATEGO	RIES FOF	R BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	xpense Vages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 16/41 Rpt:		Denton County Democratic Party (CEC	C)			00043022			
4	Date	5	Payee name							
	05/02/2023		Denton Municipal Utilities							
6	Amount (\$)	7	Payee address; City; State	; Zip Co	ode					
	\$26.68		601 E Hickory St							
			Denton, TX 76201							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description					
	OF EXPENDITURE		Fees	iouulo)		outsi	de of Texas. Complete Schedule T.			
	EXPENDITORE						officeholder living expense			
	municipal fee									
9	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
	Date		Payee name							
	02/02/2023 Denton Municipal Utilities									
	Amount (\$)		Payee address; City; State	; Zip Co	ode					
	\$26.67		601 E Hickory St	, 1						
			Denton, TX 76201							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office sou	l Ight	ght Office held				
-	Date		Payee name							
	03/01/2023		Denton parks and rec							
	Amount (\$)		·	; Zip Co	ode					
	\$175.00		321 McKinney St	, <u> </u>						
	+=: 0.00									
			Denton, TX 76201							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description	_				
	OF EXPENDITURE		Event Expense			, тх,	de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office sou	lght		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- I Cor	Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	· · ·			3	Filer ID (Ethics Commission Filers)			
1	Sch: 17/41 Rpt:	2	Denton County Democratic Party (CEC	C)		3	00043022			
4	Date	5	Payee name							
	06/09/2023		Dollar General							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de					
	\$16.24		1107 Avenue C							
	Denton, TX 76201									
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF		Event Expense	culley		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE				<u> </u>	, TX	, officeholder living expense			
					decorations					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Jht		Office held			
	Date		Payee name							
	02/01/2023		E-File							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$77.13		3300 Gateway Drive							
			-							
			Pompano Beach, FL 33069							
	PURPOSE OF EXPENDITURE	Fees			Check if Austin	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense tax filing expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Dffice sou	ght Office held					
_	Date		Payee name							
	02/01/2023		E-File							
	Amount (\$)			Zip Co	10					
	\$5.14		3300 Gateway Drive	210 00						
	ψ0.14		Sooo Caleway Drive							
			Pompano Beach, FL 33069							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Fees				ide of Texas. Complete Schedule T.			
					tax filing expe		, officeholder living expense			
					tax ming expe	5113				
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	abt		Office held			
	expenditure to benefit C/OF			2000 SUU	jiit					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-		Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
		-	The Instruction Guide ex	plains r	now to col	nplete this form.	1			
1	Total pages Schedule F1: Sch: 18/41 Rpt:	2	FILER NAME Denton County Democratic Party	(CEC	:)		3	Filer ID(Ethics Commission Filers)00043022		
4	Date	5	Payee name				•			
	06/14/2023		Extra Space							
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le				
	\$121.00		816 Frame St							
			Denton, TX 76209							
8	PURPOSE	(a)	Category (See Categories listed at the top of	this sche	edule)	(b) Description				
	OF EXPENDITURE		Office Overhead/Rental Expense		,		outs	side of Texas. Complete Schedule T.		
	EXPENDITORE					Check if Austir	n, TX	K, officeholder living expense		
						storage				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	0	Office sou	lht		Office held		
	Date		Payee name							
	05/15/2023		Extra Space							
_	Amount (\$)		Payee address; City;	State:	Zip Co	le				
	\$121.00		816 Frame St		•					
	+									
			Denton, TX 76209							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Office Overhead/Rental Expense		edule)			side of Texas. Complete Schedule T. K, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	0	)ffice sou	Jht		Office held		
⊢	Date		Payee name							
	04/14/2023		Extra Space							
	Amount (\$)		Payee address; City;	State	Zip Co	1e				
	\$121.00		816 Frame St	olulo,	210 00					
	<b><i>Q121.00</i></b>									
			Denton, TX 76209							
	PURPOSE	(a)	Category (See Categories listed at the top of		edule)	(b) Description				
	OF EXPENDITURE		Office Overhead/Rental Expense					side of Texas. Complete Schedule T. K, officeholder living expense		
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name		Office sou	uht		Office held		
	expenditure to benefit C/Oł			0	AUCE SOU	jin				

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-		Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
_	Tatal a succ Oak adula E1.		The Instruction Guide	explains		npiete this form.		Files ID (Ethics Commission Files)	<u> </u>	
1	Total pages Schedule F1: Sch: 19/41 Rpt:	2	FILER NAME Denton County Democratic Par	ty (CEC	C)		3	Filer ID     (Ethics Commission Filers)       00043022	)	
4	Date	5	Payee name							
	03/14/2023		Extra Space							
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de				
	\$121.00		816 Frame St							
			Denton, TX 76209							
8	PURPOSE	(a)	Category (See Categories listed at the top	of this sch	edule)	(b) Description				
	OF EXPENDITURE		Office Overhead/Rental Expens		oddioj	Check if travel		side of Texas. Complete Schedule T. K, officeholder living expense		
						storage				
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name	C	Dffice sou	ght		Office held		
	Date		Payee name							
	02/14/2023		Extra Space							
	Amount (\$)		Payee address; City;	State;	Zip Co	de				
	\$121.00		816 Frame St							
			Denton, TX 76209							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Office Overhead/Rental Expens		edule)			side of Texas. Complete Schedule T. K, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	(	Dffice sou	ght		Office held		
	Date		Payee name							
	01/17/2023		Extra Space							
	Amount (\$)		Payee address; City;	State	Zip Co	de				
	\$121.00		816 Frame St	otato,	- Цр 00					
			Denton, TX 76209							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Office Overhead/Rental Expens		edule)			side of Texas. Complete Schedule T. K, officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office sou	ght		Office held		
⊢									$\neg$	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	<b>3</b> Filer ID (Ethics Commission Filers)							
-	Sch: 20/41 Rpt:	Denton County Democratic Party (CEC)	00043022							
4	Date 04/14/2023	Payee name Federal Express								
6	Amount (\$) \$18.41	<ul> <li>Payee address; City; State; Zip Code</li> <li>942 South Shady Rd</li> <li>Memphis, TN 38120</li> </ul>								
8	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense ail							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	06/01/2023	First United Bank of Denton								
	Amount (\$) \$5.00	Payee address; City; State; Zip Code 2730 W University Dr Denton, TX 76209								
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	05/01/2023	First United Bank of Denton								
	Amount (\$) \$5.00	Payee address; City; State; Zip Code 2730 W University Dr								
		Denton, TX 76209								
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

			EXPENDITURE C	ATEGOF	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe mmittee Legal Services	ense	Office Over Polling Exp Printing Ex			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 l	how to cor	nplete this form.				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 21/41 Rpt:		Denton County Democratic Par	rty (CEC	C)			00043022		
4	Date	5	Payee name				•			
	04/01/2023		First United Bank of Denton							
6	Amount (\$)	7	Payee address; City; State; Zip Code							
	\$5.00		2730 W University Dr							
			Denton, TX 76209							
8	PURPOSE	(a)	Category (See Categories listed at the top	o of this sche	edule)	(b) Description				
	OF EXPENDITURE		Accounting/Banking					ide of Texas. Complete Schedule T.		
						bank fee	1, I X	, officeholder living expense		
						Sameroo				
9	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	Iht		Office held		
	expenditure to benefit C/OF					-				
	Date		Payee name							
	03/01/2023		First United Bank of Denton							
⊢	Amount (\$)		Payee address; City;	State:	Zip Co	ie				
	\$5.00		2730 W University Dr	otato,	2.0 000					
	+0.00									
			Denton, TX 76209							
	PURPOSE	(a)	Category (See Categories listed at the top	of this sch	odulo)	(b) Description				
	OF EXPENDITURE	<b>`</b>	Accounting/Banking		euule)		outs	ide of Texas. Complete Schedule T.		
	EXPENDITORE						n, TX	, officeholder living expense		
						bank fee				
⊢	Complete ONIL V if direct		Candidate/Officeholder name		Office souc	.bt		Office held		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			C	Since Sout	int		Once neid		
	Date									
	02/01/2023		Payee name First United Bank of Denton							
-	Amount (\$)		Payee address; City;	State:	Zip Co	10				
	\$5.00		2730 W University Dr	State,	Zip Cot	ie				
	\$0.00									
			Denton, TX 76209							
-	PURPOSE	(a)	Category (See Categories listed at the top			(b) Description				
	OF		Accounting/Banking	O UT UNIS SCH	edule)		outs	ide of Texas. Complete Schedule T.		
	EXPENDITURE						n, TX	, officeholder living expense		
						bank fee				
					N# -	<b>b</b> .t				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	Int		Office held		
$\vdash$	-									

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains f	Office Ove Polling Ex Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 22/41 Rpt:		Denton County Democratic Party (CEC	:)			00043022		
4	Date	5	Payee name						
	01/03/2023		First United Bank of Denton						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le				
	\$5.00		2730 W University Dr						
			Denton, TX 76209						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Accounting/Banking	,	Check if travel	outs	ide of Texas. Complete Schedule T.		
	EXPENDITORE					n, TX	, officeholder living expense		
					bank fee				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	office sou	Jht		Office held		
	Date		Payee name						
	06/14/2023		Flower Mound Parks and Rec						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$200.00		1200 Gerault Rd	•					
			Flower Mound, TX 75028						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	EXPENDITURE		Event Expense				ide of Texas. Complete Schedule T.		
					Flower Mour		, officeholder living expense		
					i lower mour				
	Complete ONLV if direct		Candidate/Officeholder name C	office cour	ubt		Office held		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI			office sou	JIIL		Office field		
		_							
	Date		Payee name						
	06/22/2023		Frontier Communications						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$102.47		3 High Ridge Park						
			Stamford, CT 06905						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T.		
					<u> </u>	ı, TX	, officeholder living expense		
					internet				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	office sou	Jht		Office held		
		•							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen mmittee Legal Services The Instruction Guide e		Office Over Polling Exp Printing Ex Salaries/W	ense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2		•		·	3	Filer ID (Ethics Commission Filers)			
	Sch: 23/41 Rpt:		Denton County Democratic Party (CEC) 00043022								
4	Date	5	Payee name								
	05/23/2023		Frontier Communications								
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le					
	\$102.47		3 High Ridge Park								
			Stamford, CT 06905								
8	PURPOSE	(a)	Category (See Categories listed at the top	- <b>f</b> 4h in h n		<b>b)</b> Description					
ľ	OF	(,	Office Overhead/Rental Expens		edule)		outs	ide of Texas. Complete Schedule T.			
	EXPENDITURE					Check if Austir	n, TX	, officeholder living expense			
						internet					
9	Complete ONLY if direct		Candidate/Officeholder name	0	ffice sou	ht		Office held			
	expenditure to benefit C/OI	H									
	Date		Payee name								
	04/24/2023		Frontier Communications								
	Amount (\$)		Payee address; City;	State;	Zip Co	le					
	\$102.47		3 High Ridge Park		·						
			Stamford, CT 06905								
	PURPOSE OF	(a)	Category (See Categories listed at the top		edule)	<b>b)</b> Description					
	EXPENDITURE		Office Overhead/Rental Expens	e				ide of Texas. Complete Schedule T. , officeholder living expense			
						internet	1, 1 A	, onceroider living expense			
						internet					
⊢	Complete ONLY if direct		Candidate/Officeholder name	0	office soug	ht		Office held			
	expenditure to benefit C/OI			0							
⊨	Date		Davias nome								
	03/27/2023		Payee name Frontier Communications								
_				Stata	Zin Co						
	Amount (\$) \$102.47		Payee address; City;	State,	Zip Coo	le					
	φ102.47		3 High Ridge Park								
			Otomicand, OT 00005								
			Stamford, CT 06905								
	PURPOSE OF	(a)	Category (See Categories listed at the top		edule)	<b>b)</b> Description		ide of Taura Consults Ochodula T			
	EXPENDITURE		Office Overhead/Rental Expens	e				ide of Texas. Complete Schedule T. , officeholder living expense			
						internet	, 17				
⊢	Complete ONLY if direct	<u>ر</u>	Candidate/Officeholder name	O	office soug	ht		Office held			
	expenditure to benefit C/OI										
⊢											

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense hmittee Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pens (ages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 24/41 Rpt:		Denton County Democratic Party (CE	C)				00043022			
4	Date	5	Payee name								
	02/22/2023		Frontier Communications								
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de						
	\$102.47		3 High Ridge Park								
			Stamford, CT 06905								
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description					
	EXPENDITURE		Office Overhead/Rental Expense					ide of Texas. Complete Schedule T. , officeholder living expense			
						internet	, .,,				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ght			Office held			
	Date		Payee name								
	01/24/2023		Frontier Communications								
	Amount (\$)		Payee address; City; State	; Zip Co	de						
	\$102.47		3 High Ridge Park								
			Stamford, CT 06905								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description					
	EXPENDITURE		Office Overhead/Rental Expense					ide of Texas. Complete Schedule T. , officeholder living expense			
						internet	, .,,				
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ght			Office held			
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	02/23/2023		Giddan, Roger								
	Amount (\$)		Payee address; City; State	; Zip Co	de						
	\$139.25		2057 W Hebron Pkwy								
			Apt 1212								
			Carrolton, TX 75010								
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description					
	OF EXPENDITURE		Salaries/Wages/Contract Labor	,				ide of Texas. Complete Schedule T.			
	EXPENDITORE						, TX,	, officeholder living expense			
						Canvass					
			2	0.45							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	gnt			Office held			
	-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide exp	lains h	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2					2	Filer ID (Ethics Commission Filers)				
-	Sch: 25/41 Rpt:		Denton County Democratic Party	(CEC)	)			00043022				
4	Date	5	Payee name									
	06/02/2023		Google									
6	Amount (\$)	7	Payee address; City; State; Zip Code									
	\$122.04		1600 Amphitheatre Parkway									
			Mountain View, CA 94043									
8	PURPOSE	(a)	Category (See Categories listed at the top of t	his sche	dule)	(b) Description						
	OF EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T.				
						web support	I, TX	, officeholder living expense				
						web support						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Of	ffice sou	ht		Office held				
	Date		Payee name									
	04/03/2023		Google									
_	Amount (\$)		Payee address; City; S	State:	Zip Co	le						
	\$108.73		1600 Amphitheatre Parkway	,								
	\$100.10											
			Mountain View, CA 94043									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of t Advertising Expense	his schei	dule)			ide of Texas. Complete Schedule T.				
						web support	I, IX	, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Of	ffice sou	ht		Office held				
	Date	Γ	Payee name									
	01/03/2023		Google									
	Amount (\$)		Payee address; City; S	State;	Zip Co	le						
	\$108.73		1600 Amphitheatre Parkway									
			Mountain View, CA 94043									
	PURPOSE OF	(a)	Category (See Categories listed at the top of t	his sche	dule)	(b) Description	0	ide of Toylog, Complete Schedule T				
	EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T. , officeholder living expense				
-	Complete ONLY if direct	L(	Candidate/Officeholder name	Of	ffice sou	Iht		Office held				
	expenditure to benefit C/Oł					<b>,</b> -						
-												

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2			•	3	Filer ID (Ethics Commission Filers)			
-	Sch: 26/41 Rpt:		Denton County Democratic Party (CE	C)			00043022			
4	Date	5	Payee name							
	01/03/2023		Google							
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	de					
	\$26.67		1600 Amphitheatre Parkway							
			Mountain View, CA 94043							
8	PURPOSE OF		Category (See Categories listed at the top of this so	chedule)	(b) Description					
	EXPENDITURE		Advertising Expense				ide of Texas. Complete Schedule T. , officeholder living expense			
					web support	i, I.A.				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ght		Office held			
_	Data	<u> </u>								
	Date 05/02/2023		Payee name							
			Google							
	Amount (\$)			e; Zip Co	de					
	\$108.73		1600 Amphitheatre Parkway							
			Mountain View, CA 94043							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this so Advertising Expense	chedule)			ide of Texas. Complete Schedule T. , officeholder living expense			
					web support	., .,				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held			
	Date		Payee name							
	03/02/2023		Google							
	Amount (\$)		Payee address; City; State	e; Zip Co	de					
	\$108.73		1600 Amphitheatre Parkway							
			Mountain View, CA 94043							
-	PURPOSE		Category (See Categories listed at the top of this so	abodu/-)	(b) Description					
	OF EXPENDITURE		Advertising Expense	chedule)	Check if travel		ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ght		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursemer Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)						
	Sch: 27/41 Rpt:	Denton County Democratic Party (CEC)	00043022						
4	Date	Payee name							
	02/02/2023	Google							
6	Amount (\$)	Payee address; City; State; Zip Code							
	\$108.73	1600 Amphitheatre Parkway							
		Mountain View, CA 94043							
8	PURPOSE OF	Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense						
		web suppo							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/23/2023	Gutieriez, Lesly							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$2,000.00	902 Vine Apt 5							
		Denton, TX 76209							
	PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense Director payment						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/27/2023	Gutieriez, Lesly							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,000.00	902 Vine Apt 5							
		Denton, TX 76209							
	PURPOSE OF EXPENDITURE		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense Director payment						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held						
┣—									

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees     Office Ov       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense	xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	LER NAME		<b>3</b> Filer ID (Ethics Commission Filers)					
	Sch: 28/41 Rpt:	enton County Democratic Party (CEC)		00043022					
4	Date 04/04/2023	ayee name utieriez, Lesly							
6	Amount (\$) \$1,000.00	ayee address; City; State; Zip Co )2 Vine Apt 5 enton, TX 76209	bde						
8	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule) alaries/Wages/Contract Labor	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense ector payment					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name Office sou	ight	Office held					
	Date	ayee name							
	05/05/2023	utieriez, Lesly							
	Amount (\$) \$1,000.00	ayee address; City; State; Zip Co 02 Vine Apt 5	ode						
	PURPOSE OF EXPENDITURE	enton, TX 76209 ategory (See Categories listed at the top of this schedule) alaries/Wages/Contract Labor	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense ector payment					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office sou	ight	Office held					
	Date	ayee name							
	06/02/2023	utieriez, Lesly							
	Amount (\$) \$1,000.00	ayee address; City; State; Zip Co 02 Vine Apt 5	ode						
		enton, TX 76209	i						
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this schedule) alaries/Wages/Contract Labor	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense Bector payment					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name Office sou	ight	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2			•	3	Filer ID (Ethics Commission Filers)		
-	Sch: 29/41 Rpt:		Denton County Democratic Party (CEC	)			00043022		
4	Date	5	Payee name						
	05/16/2023		Gutieriez, Lesly						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$52.04		902 Vine Apt 5						
			Denton, TX 76209						
8	PURPOSE	(2)			(b) Deceription				
°	OF	(a)	Category (See Categories listed at the top of this sche Loan Repayment/Reimbursement	edule)	(b) Description Check if travel	outs	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Loan Repayment Reimbursement				, officeholder living expense		
					Reimbursem	ent			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	Jht		Office held		
-	Date		Payee name						
	06/22/2023		Hilton Garden Inn						
				7:0 00					
	Amount (\$)			Zip Co	le				
	\$2,875.00		735 S H 121						
			Lewisville, TX 75067						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Event Expense				ide of Texas. Complete Schedule T.		
							, officeholder living expense		
					LBJ/Obama	Eve	ent		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	jht		Office held		
	Date		Payee name						
	02/17/2023		Hustle						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$100.00		595 Market St						
			Suite 920						
			San Francisco, CA 94105						
	PURPOSE	(a)			(b) Description				
	OF	(4)	Category (See Categories listed at the top of this sche Advertising Expense	edule)		outs	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Advertising Expense				, officeholder living expense		
					direct texting				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Office sou	Jht		Office held		
		-							

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains F	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2			•	3	Filer ID (Ethics Commission Filers)					
	Sch: 30/41 Rpt:	-	Denton County Democratic Party (CEC	:)			00043022					
4	Date	5	Payee name									
	05/22/2023		Intuit.com									
6	Amount (\$)	\$) 7 Payee address; City; State; Zip Code										
	\$628.94 2800 E. Commerce Center Place											
			Tucson, AZ 28658									
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description							
	OF EXPENDITURE		Accounting/Banking	,		outsi	ide of Texas. Complete Schedule T.					
	EXPENDITORE					, ТХ,	, officeholder living expense					
					Quick books							
_	-											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	int		Office held					
_	Data	_										
	Date		Payee name									
	03/15/2023		Karr, Namisha									
	Amount (\$)			Zip Co	le							
	\$20.00		2057 W Hebron Pkwy									
			Apt 990									
			Carrolton, TX 75010									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Salaries/Wages/Contract Labor	edule)			ide of Texas. Complete Schedule T. , officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name C	)ffice sou	Jht		Office held					
	Date		Payee name									
	04/05/2023		Kroger									
	Amount (\$)		Payee address; City; State;	Zip Co	le							
	\$25.69		West University Store									
			Denton, TX 76201									
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	_						
	EXPENDITURE		Food/Beverage Expense			, TX	ide of Texas. Complete Schedule T. , officeholder living expense KS					
	Complete ONLY if direct	L	Candidate/Officeholder name C	)ffice sou	Jht		Office held					
	expenditure to benefit C/OI											

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 31/41 Rpt:		Denton County Democratic Party (CEC								
4	Date	5	Payee name			-					
	06/15/2023		Lewisville Embroidery								
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de						
	\$887.65		701 S Old Orchard Ln								
			Lewisville, TX 75067								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	OF		Advertising Expense	ouulo)	-	outs	side of Texas. Complete Schedule T.				
	EXPENDITURE						K, officeholder living expense				
					embroidery s	erv	vices				
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH											
	Date		Payee name								
	06/15/2023		Lewisville Embroidery								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$37.89		701 S Old Orchard Ln	•							
			Lewisville, TX 75067								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	EXPENDITURE		Advertising Expense				side of Texas. Complete Schedule T. K, officeholder living expense				
					embroidery s						
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name C	)ffice sou	jht		Office held				
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	05/22/2023		Lewisville Embroidery								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$35.72		701 S Old Orchard Ln								
			Lewisville, TX 75067								
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	OF EXPENDITURE		Advertising Expense				side of Texas. Complete Schedule T.				
							c, officeholder living expense				
					embroidery s	erv	VICES				
	Complete ONUV 5 diversit	L	Condidate/Office/calder as the	)ffion (			Office hold				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	jni		Office held				

			EXPENDITURE CATEGOR	RIES FOR	R BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 32/41 Rpt:		Denton County Democratic Party (CEC	;)			00043022				
4	Date	5	Payee name								
-	05/22/2023		Lewisville Embroidery								
6	Amount (\$)	7	Payee address; City; State; Zip Code								
	\$21.65		701 S Old Orchard Ln								
		Lewisville, TX 75067									
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche		(b) Description						
Ĩ	OF		Advertising Expense	edule)		outsi	de of Texas. Complete Schedule T.				
	EXPENDITURE				Check if Austin,	, тх,	officeholder living expense				
					embroidery s	erv	ices				
9	9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										
	Date		Payee name								
	06/23/2023		Mail Chimp								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$171.09		675 Ponce De Leon Avenue, Northeast	•							
	+		Suite 5000	-							
			Atlanta, GA 30308								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outoi	de of Texas. Complete Schedule T.				
	EXPENDITURE		Fees				officeholder living expense				
					voter contact						
	Complete ONLY if direct	(	Candidate/Officeholder name C	)ffice sou	ght		Office held				
	expenditure to benefit C/OI	H									
	Date		Payee name								
	05/23/2023		Mail Chimp								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$143.91		675 Ponce De Leon Avenue, Northeast								
	+1.001		Suite 5000	•							
			Atlanta, GA 30308	r							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outoi	de of Texas. Complete Schedule T.				
	EXPENDITURE		Fees				officeholder living expense				
					voter contact		<b>3</b> • <b>1</b> • • •				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	)ffice sou	ght		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	<b>2</b> F	LER NAME				3	Filer ID (Ethics Commission Filers)				
	Sch: 33/41 Rpt:	D	Denton County Democratic Party (CEC) 00043022									
4	Date	5 P.	Payee name									
	04/24/2023		Mail Chimp									
6	Amount (\$)	<b>7</b> P	Payee address; City; State; Zip Code									
	\$143.91 675 Ponce De Leon Avenue, Northeast											
	Suite 5000											
	Atlanta, GA 30308											
8	PURPOSE			of this solu		(h) Description						
-	OF EXPENDITURE	OF Gees Categories instead at the top of this schedule (C) Societ platfin (C) Societ plat										
9	9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH											
	Date	Р	ayee name									
	03/23/2023	N	lail Chimp									
	Amount (\$)	Р	ayee address; City;	State;	Zip Coo	le						
	\$143.91	6	75 Ponce De Leon Avenue, I	Northeast	t							
		S	uite 5000									
		A	tlanta, GA 30308									
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the to	op of this sche	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	0	Office soug	ht		Office held				
	Date	P	ayee name									
	02/23/2023	N	Iail Chimp									
	Amount (\$)	Р	ayee address; City;	State;	Zip Coo	le						
	\$143.91	6	75 Ponce De Leon Avenue, N	Northeast	t							
		S	uite 5000									
		A	tlanta, GA 30308									
	PURPOSE OF EXPENDITURE		ategory (See Categories listed at the to	op of this sche	edule)		, тх,	de of Texas. Complete Schedule T. officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	0	Office soug	ht		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)					
	Sch: 34/41 Rpt:		Denton County Democratic Party (CEC) 00043022									
4	Date	5	Payee name									
	01/23/2023		Mail Chimp									
6	Amount (\$)	7	7 Payee address; City; State; Zip Code									
	\$143.91		675 Ponce De Leon Avenue, Northeast	t								
	Suite 5000											
	Atlanta, GA 30308											
8	PURPOSE	(a)			(b) Description							
ľ	OF	(",	Category (See Categories listed at the top of this sche Fees	edule)		outsi	de of Texas. Complete Schedule T.					
	EXPENDITURE				Check if Austin	, TX,	officeholder living expense					
					voter contact							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	office sou	Jht		Office held					
	Date		Payee name									
	01/20/2023		McIntyre, Karen									
	Amount (\$)		Payee address; City; State;	Zip Co	le							
	\$1,150.00		529 Malone St									
			Denton, TX 76201									
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description							
	EXPENDITURE		Office Overhead/Rental Expense				de of Texas. Complete Schedule T. officeholder living expense					
					office rent							
	Complete ONLY if direct	(	Candidate/Officeholder name C	office sou	Jht		Office held					
	expenditure to benefit C/OF	Н										
	Date		Payee name									
	03/09/2023		McIntyre, Karen									
	Amount (\$)		Payee address; City; State;	Zip Co	le							
	\$1,150.00		529 Malone St									
			Denton, TX 76201									
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	out	do of Toylog, Complete Schodule T					
	EXPENDITURE		Office Overhead/Rental Expense				de of Texas. Complete Schedule T. , officeholder living expense					
					office rent							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	office sou	Jht		Office held					
		-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense hmittee Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	· · · · · · · · · · · · · · · · · · ·			2	Filer ID (Ethics Commission Filers)					
-	Sch: 35/41 Rpt:	2	Denton County Democratic Party (CEC	C)			00043022					
4	Date	5	Payee name									
	03/29/2023		McIntyre, Karen									
6	Amount (\$)	7	Payee address; City; State; Zip Code									
	\$1,150.00 529 Malone St											
			Denton, TX 76201									
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description							
	OF EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T.					
						і, ТХ	, officeholder living expense					
					office rent							
9	Complete ONLY if direct		Candidate/Officeholder name	Office sou	sht		Office held					
9	expenditure to benefit C/OF				jin		Onice neid					
	Date		Payee name									
	05/03/2023		McIntyre, Karen									
	Amount (\$)		Payee address; City; State	; Zip Co	de							
	\$1,150.00		529 Malone St									
			Denton, TX 76201									
_	PURPOSE	(a)	Category (See Categories listed at the top of this sch	odulo)	(b) Description							
	OF		Office Overhead/Rental Expense	leuule)		outs	ide of Texas. Complete Schedule T.					
	EXPENDITURE					I, TX	, officeholder living expense					
					office rent							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held					
	Date		Payee name									
	05/22/2023		McIntyre, Karen									
	Amount (\$)			; Zip Co	de							
	\$1,150.00		529 Malone St									
			Denton, TX 76201									
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description							
	OF EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T.					
					office rent	I, IX	, officeholder living expense					
					onicerent							
-	Complete ONLY if direct	<u>ر</u>	Candidate/Officeholder name	Office sou	aht		Office held					
	expenditure to benefit C/OI				y							
-												

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Gift/Awa	everage Expense ards/Memorials Expense	Office Ove Polling Ex Printing E Salaries/V	erhead opense xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commission File	rs)
	Sch: 36/41 Rpt:			emocratic Party (C	EC)				00043022		-7
4	Date 05/30/2023	5	Payee name Michaels								
6	Amount (\$) \$9.71	7	Payee address; 1800 S Loop 288	-	ite; Zip Co	ode					
		Denton, TX 76205									
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense decorations										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehold	ler name	Office sou	ight			Office he	eld	
	Date		Payee name								
	01/24/2023		Microsoft Store								
	Amount (\$)     Payee address;     City;     State;     Zip Code       \$108.23     8687 N. Central Expressway       Suite 1612       Dallas, TX 75225										
	PURPOSE OF EXPENDITURE	(a)	Category <sub>(See Categ</sub> Office Overhead/	ories listed at the top of this Rental Expense	schedule)	(b)		, TX,	de of Texas. Com officeholder living		
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officehold	ler name	Office sou	ight			Office he	eld	
	Date		Payee name								
	02/21/2023		Miller, Emma								
	Amount (\$) \$39.75		Payee address; 1321 Colgate Driv		ite; Zip Co	ode					
			Lewisville, TX 750	077		1					
	PURPOSE OF EXPENDITURE	(a)	Category <sub>(See Categ</sub> Salaries/Wages/C	ories listed at the top of this Contract Labor	schedule)	(b)			de of Texas. Com officeholder living		
L	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officehold	er name	Office sou	ight			Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	9	Loan Repay Office Over Polling Exp Printing Exp Salaries/Wa	ment/Reinbursement nead/Rental Expense ense iense iges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 37/41 Rpt:		Denton County Democratic Party (CEC) 00043022								
4	Date 05/01/2023		Payee name Peerly								
6	Amount (\$) \$1,029.97	7       Payee address;       City;       State;       Zip Code         97       2232 Dell Range Blvd         #287       Cheyenne, WY 82009									
8	PURPOSE OF EXPENDITURE	Advertising Expense									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	ffice soug	ht		Office held			
	Date		Payee name								
	06/06/2023		Peerly								
	Amount (\$) \$359.82		Payee address; City; 2232 Dell Range Blvd #287 Cheyenne, WY 82009	State;	Zip Coo	e					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Advertising Expense	this schec	dule)		ı, TX,	de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	ffice soug	ht		Office held			
	Date		Payee name								
	05/08/2023		Peerly								
	Amount (\$) \$359.82		Payee address; City; 2232 Dell Range Blvd #287 Cheyenne, WY 82009	State;	Zip Coo	e					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Advertising Expense	this schec	dule)		ı, ТХ,	de of Texas. Complete Schedule T. officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	ffice soug	ht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exper nmittee Legal Services The Instruction Guide e		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)				
	Sch: 38/41 Rpt:		Denton County Democratic Party (CEC) 00043022									
4	Date	5	Payee name									
	05/01/2023		Peerly									
6	Amount (\$)	7 Payee address; City; State; Zip Code										
	\$359.82 2232 Dell Range Blvd											
	#287											
	Cheyenne, WY 82009											
8	PURPOSE	(a)	Category (See Categories listed at the top	of this sche	edule)	(b) Description						
	OF EXPENDITURE		Advertising Expense					de of Texas. Complete Schedule T.				
						texting servic		officeholder living expense				
						tonting contro						
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Dffice soug	ht		Office held				
	Date		Payee name									
	04/28/2023		Peerly									
	Amount (\$)		Payee address; City;	State;	Zip Co	le						
	\$359.82		2232 Dell Range Blvd									
			#287									
			Cheyenne, WY 82009									
	PURPOSE	(a)	Category (See Categories listed at the top	of this sche	edule)	(b) Description						
	OF EXPENDITURE		Advertising Expense					de of Texas. Complete Schedule T. officeholder living expense				
						texting servic						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ht		Office held				
	Date		Payee name									
	05/22/2023		Pridenton									
	Amount (\$)		Payee address; City;	State;	Zip Co	le						
	\$100.00		304 Administration Dr									
			Denton, TX 76204									
	PURPOSE	(a)	Category (See Categories listed at the top	of this sche	edule)	(b) Description						
	OF EXPENDITURE		Contributions/Donations Made E					de of Texas. Complete Schedule T. officeholder living expense				
			Candidate/Officeholder/Political	Comm	ittee	Contribution						
	Complete ONLY if direct		Candidate/Officeholder name	С	Office sou	ht		Office held				
	expenditure to benefit C/OF	Η			-							

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)					
	Sch: 39/41 Rpt:		Denton County Democratic Party (CEC	)			00043022					
4	Date	5										
	01/27/2023		Sign up Genius									
6	Amount (\$)	7	Payee address; City; State; Zip Code									
	\$56.29											
	ste 500											
	Charlotte, NC 28277											
8	PURPOSE	(a)			(b) Description							
ľ	OF	(4)	Category (See Categories listed at the top of this sche Fees	edule)		outsi	de of Texas. Complete Schedule T.					
	EXPENDITURE				Check if Austin	, TX	officeholder living expense					
					sign up servi	се						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	jht		Office held					
	Date		Payee name									
	06/26/2023		SquareSpace									
	Amount (\$)		Payee address; City; State;	Zip Co	de							
	\$298.77		225 Varick St									
			New York, NY 10014									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Fees	edule)		, TX	de of Texas. Complete Schedule T. officeholder living expense e					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	)ffice sou	pht		Office held					
	Date		Payee name									
	06/27/2023		Zoom									
_	Amount (\$)		Payee address; City; State;	Zip Co	1e							
	\$59.71		55 Almaden Boulevard	p 00								
			6th Floor									
			San Jose, CA 95113									
	DUDDOCE	(0)										
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)			de of Texas. Complete Schedule T. officeholder living expense					
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name C	Office sou	nht		Office held					
	expenditure to benefit C/OF			mee soul	jin							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         T           Food/Beverage Expense         Polling Expense         T           / -         Gift/Awards/Memorials Expense         Printing Expense         T					Travel in District Travel Out of Distri	upment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 40/41 Rpt:		Denton County Democratic	Party (CEC	C)			00043022			
4	Date 05/30/2023	5	Payee name Zoom								
6	Amount (\$) \$59.71	7       Payee address;       City;       State;       Zip Code         \$59.71       55 Almaden Boulevard         6th Floor       San Jose, CA 95113									
8	B       PURPOSE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         OF       EXPENDITURE       Office Overhead/Rental Expense       (b) Description         Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense         ZOOM       Complete Schedule T.       Check if Austin, TX, officeholder living expense										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ıht		Office held	d		
	Date		Payee name								
	04/27/2023		Zoom								
	Amount (\$) \$59.71		Payee address; City; 55 Almaden Boulevard 6th Floor San Jose, CA 95113	State;	; Zip Co	le					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Office Overhead/Rental Exp		nedule)			de of Texas. Comple officeholder living e			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	Jht		Office held	d		
	Date 03/27/2023		Payee name Zoom								
	Amount (\$) \$59.71		Payee address; City; 55 Almaden Boulevard 6th Floor San Jose, CA 95113	State;	; Zip Co	le					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Category Office Overhead/Rental Exp	•	nedule)			de of Texas. Comple officeholder living e			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	Jht		Office held	b		