

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

**FORM GPAC  
COVER SHEET PG 1**

The GPAC Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers) 00053833	<b>2</b> Total pages filed: 20
<b>3</b> COMMITTEE NAME EAST TEXAS DEMOCRATIC CAUCUS			<div style="text-align: center; font-weight: bold; font-size: small;">OFFICE USE ONLY</div> Date Received <div style="text-align: center; border: 1px solid black; padding: 5px; margin: 5px 0;">                     JUL 07 2023                 </div> Date Hand-delivered or Date Postmarked 7/3/23 Receipt # _____ Amount \$ _____ Date Processed <b>PROCESSED JUL 24 2023</b> Date Imaged _____
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2872 FM 326 LUFKIN, TX 75901		
<b>5</b> CAMPAIGN TREASURER NAME  <input type="checkbox"/> Change of Address	MS / MRS / TMR FIRST MI SHARON A. NICKNAME LAST SUFFIX WARK		
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2872 FM 326 LUFKIN TX 75901		
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2872 FM 326 LUFKIN TX 75901		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (936) 676-3896		
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution Report (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
<b>10</b> PERIOD COVERED	Month Day Year      THROUGH      Month Day Year 01 / 01 / 2023      THROUGH      06 / 30 / 2023		
<b>11</b> ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special      Description _____	

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE PURPOSE AND TOTALS

FORM GPAC  
COVER SHEET PG 2

<b>12</b> COMMITTEE NAME <u>EAST TEXAS DEMOCRATIC CAUCUS</u>		<b>13</b> Filer ID (Ethics Commission Filers) <u>00053233</u>
<b>14</b> COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported  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.)	
<b>15</b> CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> Check here if this report qualifies for the higher itemization threshold	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>8527.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ <u>40.58</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>9596.99</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>2729.81</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

**16** SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Sharon A. Wark  
Signature of Campaign Treasurer (Declarant)

Please complete either option below:

**(1) Affidavit**

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath \_\_\_\_\_ Printed name of officer administering oath \_\_\_\_\_ Title of officer administering oath \_\_\_\_\_  
OR

**(2) Unsworn Declaration**

My name is SHARON A. WARK, and my date of birth is \_\_\_\_\_

My address is 2872 FM 326 (street), LUFKIN (city), TX (state), 75901 (zip code), USA (country)

Executed in ANGELINA County, State of TEXAS, on the 30<sup>th</sup> day of JUNE, 2023.  
(month) (year)

Signature of Campaign Treasurer (Declarant)

# SUBTOTALS - GPAC

**FORM GPAC  
COVER SHEET PG 3**

<b>17</b> COMMITTEE NAME <i>EAST TEXAS DEMOCRATIC CAUCUS</i>		<b>18</b> Filer ID (Ethics Commission Filers) <i>00053833</i>
<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>8527.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>0</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ <i>0</i>
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ <i>0</i>
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ <i>0</i>
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ <i>0</i>
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ <i>0</i>
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>0</i>
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>9556.41</i>
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>0</i>
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</i>

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>1/13</i>
2 FILER NAME <i>EAST TEXAS DEMOCRATIC CAUCUS</i>		3 Filer ID (Ethics Commission Filers) <i>00053833</i>
4 Date <i>01/23/2023</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DAVID HENDERSON</i>	7 Amount of contribution (\$) <i>\$2500.00</i>
	6 Contributor address; City; State; Zip Code [REDACTED] <i>TYLER TX 75701</i>	
8 Principal occupation / Job title (See Instructions) <i>RETIRED</i>		9 Employer (See Instructions)
Date <i>02/21/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DAVID HENDERSON</i>	Amount of contribution (\$) <i>\$1500.00</i>
	Contributor address; City; State; Zip Code [REDACTED] <i>TYLER TX 75701</i>	
Principal occupation / Job title (See Instructions) <i>RETIRED</i>		Employer (See Instructions)
Date <i>03/27/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DAVID HENDERSON</i>	Amount of contribution (\$) <i>\$1500.00</i>
	Contributor address; City; State; Zip Code [REDACTED] <i>TYLER TX 75701</i>	
Principal occupation / Job title (See Instructions) <i>RETIRED</i>		Employer (See Instructions)
Date <i>04/21/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>D. KAREN WILKERSON</i>	Amount of contribution (\$) <i>\$2000.00</i>
	Contributor address; City; State; Zip Code [REDACTED] <i>TYLER TX 75701</i>	
Principal occupation / Job title (See Instructions) <i>RETIRED</i>		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2/13
2 FILER NAME EAST TEXAS DEMOCRATIC CAUCUS		3 Filer ID (Ethics Commission Filers) 00053833
4 Date 5/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DELAINE SIMS	7 Amount of contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code [REDACTED] WILLISPOINT TX 75169		
8 Principal occupation / Job title (See Instructions) NOT EMPLOYED		9 Employer (See Instructions)
Date 5/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHIRLEY LAYTON	Amount of contribution (\$) \$3.00
Contributor address; City; State; Zip Code [REDACTED] TYLER TX 75713		
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions)
Date 6/5/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUDY BAKER	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code [REDACTED] SHERMAN TX 78093		
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions)
Date 6/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAMI BARUGH	Amount of contribution (\$) \$40.00
Contributor address; City; State; Zip Code [REDACTED] GRAPELAND, TX 75844		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>3/13</b>
2 FILER NAME <b>EAST TEXAS DEMOCRATIC CAUCUS</b>		3 Filer ID (Ethics Commission Filers) <b>00053833</b>
4 Date <b>6/13/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ANN NELSON</b>	7 Amount of contribution (\$) <b>\$20.00</b>
	6 Contributor address; City; State; Zip Code [REDACTED] <b>WILLSPOINT TX 75169</b>	
8 Principal occupation / Job title (See Instructions) <b>NOT EMPLOYED</b>		9 Employer (See Instructions)
Date <b>6/13/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JO ANN DUHAN</b>	Amount of contribution (\$) <b>\$25.00</b>
	Contributor address; City; State; Zip Code [REDACTED] <b>TEXARKANA TX 75503</b>	
Principal occupation / Job title (See Instructions) <b>NOT EMPLOYED</b>		Employer (See Instructions)
Date <b>6/13/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MICHAEL STRONG</b>	Amount of contribution (\$) <b>\$20.00</b>
	Contributor address; City; State; Zip Code [REDACTED] <b>NACOGDOCHES TX 75964</b>	
Principal occupation / Job title (See Instructions) <b>NOT EMPLOYED</b>		Employer (See Instructions)
Date <b>6/13/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARVA MITCHELL</b>	Amount of contribution (\$) <b>\$20.00</b>
	Contributor address; City; State; Zip Code [REDACTED] <b>MARSHALL TX 75671</b>	
Principal occupation / Job title (See Instructions) <b>NOT EMPLOYED</b>		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4/13
2 FILER NAME EAST TEXAS DEMOCRATIC CAUCUS		3 Filer ID (Ethics Commission Filers) 00053833
4 Date 6/13/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KENDALL SCUDDER	7 Amount of contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code [REDACTED] DALLAS TX 75214	
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) ARMADILLA STRATEGIES, LLC
Date 6/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LARRY DAVIS	Amount of contribution (\$) \$20.00
	Contributor address; City; State; Zip Code [REDACTED] GREENVILLE TX 75401	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 6/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MELISSA LAURENT	Amount of contribution (\$) \$20.00
	Contributor address; City; State; Zip Code [REDACTED] WINNSBORO TX 75494	
Principal occupation / Job title (See Instructions) VETERAN'S SERVICE OFFICER		Employer (See Instructions) WOOD COUNTY
Date 6/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL MCPHAIL	Amount of contribution (\$) \$20.00
	Contributor address; City; State; Zip Code [REDACTED] IRVING TX 75061	
Principal occupation / Job title (See Instructions) MORTGAGE BANKER		Employer (See Instructions) COLONIAL SAVINGS

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages, Schedule A1: <b>5/13</b>
2 FILER NAME <b>EAST TEXAS DEMOCRATIC CAUCUS</b>		3 Filer ID (Ethics Commission Filers) <b>00053833</b>
4 Date <b>6/13/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CHERIC TANNERBERGER</b>	7 Amount of contribution (\$) <b>\$50.00</b>
6 Contributor address; City; State; Zip Code [REDACTED] <b>ATHENS TX 75731</b>		
8 Principal occupation / Job title (See Instructions) <b>RETIRED</b>		9 Employer (See Instructions)
Date <b>6/13/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROGER MCNELLIE</b>	Amount of contribution (\$) <b>\$20.00</b>
Contributor address; City; State; Zip Code [REDACTED] <b>NACOGDOCHES TX 75961</b>		
Principal occupation / Job title (See Instructions) <b>NOT EMPLOYED</b>		Employer (See Instructions)
Date <b>6/14/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DELAINE SIMS</b>	Amount of contribution (\$) <b>\$20.00</b>
Contributor address; City; State; Zip Code [REDACTED] <b>WILLSPOINT TX 75169</b>		
Principal occupation / Job title (See Instructions) <b>NOT EMPLOYED</b>		Employer (See Instructions)
Date <b>6/14/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CODY GRACE</b>	Amount of contribution (\$) <b>\$20.00</b>
Contributor address; City; State; Zip Code [REDACTED] <b>TYLER TX. 75721</b>		
Principal occupation / Job title (See Instructions) <b>IT CONSULTANT</b>		Employer (See Instructions) <b>WAYPOINT DIGITAL NETWORKS</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6/13
2 FILER NAME EAST TEXAS DEMOCRATIC CAUCUS		3 Filer ID (Ethics Commission Filers) 00053833
4 Date 6/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRENDA DAVIS	7 Amount of contribution (\$) \$40.00
6 Contributor address; City; State; Zip Code [REDACTED] TELEPHONE TX 75488		
8 Principal occupation / Job title (See Instructions) NOT EMPLOYED		9 Employer (See Instructions)
Date 6/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MO COIL HUMPHREY	Amount of contribution (\$) \$20.00
Contributor address; City; State; Zip Code [REDACTED] LONGVIEW TX 75604		
Principal occupation / Job title (See Instructions) YOUTH DEVELOPMENT PROFESSIONAL		Employer (See Instructions) BOYS & GIRLS CLUB OF BIG PINES
Date 6/15/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BILL BRANNON	Amount of contribution (\$) \$40.00
Contributor address; City; State; Zip Code [REDACTED] SULPHUR SPRINGS TX 75482		
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) TX DEM. PARTY
Date 6/16/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARY GILES	Amount of contribution (\$) \$20.00
Contributor address; City; State; Zip Code [REDACTED] DANLON TX 75474		
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7 / 13
2 FILER NAME EAST TEXAS DEMOCRATIC CAUCUS		3 Filer ID (Ethics Commission Filers) 00053833
4 Date 6/16/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JIM SOLARI ..... City; State; Zip Code [REDACTED] QUINLAN TX 75474	7 Amount of contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) NOT EMPLOYED		9 Employer (See Instructions)
Date 6/16/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CATHY BURLESON ..... Contributor address; City; State; Zip Code [REDACTED] EDGEWOOD TX 75119	Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions)
Date 6/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) INA JANE THAMES ..... Contributor address; City; State; Zip Code [REDACTED] LUFKIN TX 75904	Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) SELF EMPLOYED		Employer (See Instructions)
Date 6/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEBORAH HOLLIS ..... Contributor address; City; State; Zip Code [REDACTED] WASKOM TX 75692	Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) SELF EMPLOYED		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8/13
2 FILER NAME EAST TEXAS DEMOCRATIC CAUCUS		3 Filer ID (Ethics Commission Filers) 00053833
4 Date 6/17/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELIZABETH CHENNAULT	7 Amount of contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code [REDACTED] LEANDER TX 78641	
8 Principal occupation / Job title (See Instructions) VOLUNTEER MANAGER		9 Employer (See Instructions) AMERICAN CANCER SOCIETY
Date 6/18/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAVERLE H. ELLIS	Amount of contribution (\$) \$20.00
	Contributor address; City; State; Zip Code [REDACTED] TYLER TX 75703	
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions)
Date 6/18/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARY O'CONNOR	Amount of contribution (\$) \$40.00
	Contributor address; City; State; Zip Code [REDACTED] POWDERLY TX 75473	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 6/12/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHIRLEY LAYTON	Amount of contribution (\$) \$4.00
	Contributor address; City; State; Zip Code [REDACTED] TYLER TX 75713	
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>9/13</b>
2 FILER NAME <b>EAST TEXAS DEMOCRATIC CAUCUS</b>		3 Filer ID (Ethics Commission Filers) <b>00053833</b>
4 Date <b>6/19/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>STEPHEN HIDALGO</b>	7 Amount of contribution (\$) <b>\$20.00</b>
	6 Contributor address; City; State; Zip Code [REDACTED] <b>TYLER TX 75707</b>	
8 Principal occupation / Job title (See Instructions) <b>YOUTH SERVICES ASSISTANT</b>		9 Employer (See Instructions) <b>TYLER PUBLIC LIBRARY</b>
Date <b>6/19/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LINETTA de la PENA</b>	Amount of contribution (\$) <b>\$20.00</b>
	Contributor address; City; State; Zip Code [REDACTED] <b>COOPER TX 75432</b>	
Principal occupation / Job title (See Instructions) <b>COUNSELOR</b>		Employer (See Instructions) <b>PARIS JR. COLLEGE</b>
Date <b>6/19/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JAMES (LARRY) DAVIS</b>	Amount of contribution (\$) <b>\$20.00</b>
	Contributor address; City; State; Zip Code [REDACTED] <b>PALESTINE TX 75803</b>	
Principal occupation / Job title (See Instructions) <b>NOT EMPLOYED</b>		Employer (See Instructions)
Date <b>6/19/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SHARON DAVIS</b>	Amount of contribution (\$) <b>\$20.00</b>
	Contributor address; City; State; Zip Code [REDACTED] <b>PALESTINE TX 75803</b>	
Principal occupation / Job title (See Instructions) <b>EDUCATIONAL CONSULTANT</b>		Employer (See Instructions) <b>S.R. DAVIS EDUCATIONAL CONSULTING</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10/13
2 FILER NAME EAST TEXAS DEMOCRATIC CAUCUS		3 Filer ID (Ethics Commission Filers) 00053833
4 Date 6/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EMILY MANN	7 Amount of contribution (\$) \$40.00
6 Contributor address; City; State; Zip Code [REDACTED] LINDALE TX 75771		
8 Principal occupation / Job title (See Instructions) NOT EMPLOYED		9 Employer (See Instructions)
Date 6/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARILYN FLOWERS	Amount of contribution (\$) \$20.00
Contributor address; City; State; Zip Code [REDACTED] TYLER TX 75701		
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions)
Date 6/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL TOUBERT	Amount of contribution (\$) \$20.00
Contributor address; City; State; Zip Code [REDACTED] TYLER TX 75703		
Principal occupation / Job title (See Instructions) REAL ESTATE SALES		Employer (See Instructions) SELF
Date 6/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MADELINE GIBSON	Amount of contribution (\$) \$20.00
Contributor address; City; State; Zip Code [REDACTED] QUITMAN TX 75783		
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11/13
2 FILER NAME EAST TEXAS DEMOCRATIC CAUCUS		3 Filer ID (Ethics Commission Filers) 00053833
4 Date 6/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTHA HOWISON	7 Amount of contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code [REDACTED] PARIS TX 75460		
8 Principal occupation / Job title (See Instructions) NOT EMPLOYED		9 Employer (See Instructions)
Date 6/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DARRELL CAMPBELL	Amount of contribution (\$) \$20.00
Contributor address; City; State; Zip Code [REDACTED] YANTIS TX 75497		
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions)
Date 6/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANN TURNEY	Amount of contribution (\$) \$20.00
Contributor address; City; State; Zip Code [REDACTED] LIVINGSTON TX 77351		
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions)
Date 6/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JANICE THACKER	Amount of contribution (\$) \$20.00
Contributor address; City; State; Zip Code [REDACTED] RUSK TX 75785		
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12/13
2 FILER NAME EAST TEXAS DEMOCRATIC CAUCUS		3 Filer ID (Ethics Commission Filers) 00053833
4 Date 6/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHIRLEY LAYTON	7 Amount of contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code [REDACTED] TYLER TX 75713	
8 Principal occupation / Job title (See Instructions) NOT EMPLOYED		9 Employer (See Instructions)
Date 6/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID HENDERSON	Amount of contribution (\$) \$40.00
	Contributor address; City; State; Zip Code [REDACTED] TYLER TX 75701	
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions)
Date 6/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARK MOSELEY	Amount of contribution (\$) \$20.00
	Contributor address; City; State; Zip Code [REDACTED] HEARTLAND, TX 75126	
Principal occupation / Job title (See Instructions) MANAGEMENT		Employer (See Instructions) OLIVET
Date 6/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JENNIFER MURPHY-VICK	Amount of contribution (\$) \$20.00
	Contributor address; City; State; Zip Code [REDACTED] JACKSONVILLE TX 75766	
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 13/13
<b>2</b> FILER NAME EAST TEXAS DEMOCRATIC CAUCUS		<b>3</b> Filer ID (Ethics Commission Filers) 00053833
<b>4</b> Date 6/25/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLAUDIA BUZARD	<b>7</b> Amount of contribution (\$) \$20.00
<b>6</b> Contributor address; City; State; Zip Code [REDACTED] WINNSBERG TX 75494		
<b>8</b> Principal occupation / Job title (See Instructions) NOT EMPLOYED		<b>9</b> Employer (See Instructions)
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>1/4</i>	<b>2</b> FILER NAME <i>EAST TEXAS DEMOCRATIC CAUCUS</i>	<b>3</b> Filer ID (Ethics Commission Filers) <i>00053833</i>
<b>4</b> Date <i>01/07/2023</i>	<b>5</b> Payee name <i>U. S. POSTAL SERVICE</i>	
<b>6</b> Amount (\$) <i>9.41</i> <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code <i>LUFKIN TX. 75904</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>POSTAGE</i>	<b>(b)</b> Description <i>MAILING FEE</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>01/18/2023</i>	Payee name <i>HUNTER EVANS</i>	
Amount (\$) <i>1500.00</i> <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code <i>806 W. 5TH STREET CLARKSVILLE, TX 75426</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>CONSULTING EXPENSE</i>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>2/15/2023</i>	Payee name <i>HUNTER EVANS</i>	
Amount (\$) <i>1500.00</i> <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code <i>806 W 5TH STREET CLARKSVILLE TX 75426</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>CONSULTING EXPENSE</i>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 2/4	<b>2</b> FILER NAME EAST TEXAS DEMOCRATIC CAUCUS	<b>3</b> Filer ID (Ethics Commission Filers) 00053833
--	---	--

<b>4</b> Date 03/27/2023	<b>5</b> Payee name HUNTER EVANS
-----------------------------	-------------------------------------

<b>6</b> Amount (\$) 1500.00 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 806 W 5TH STREET CLARKSVILLE TX 75426
---	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 03/01/2023	Payee name SOUTHSIDE BANK (HARLAND CLARK)
--------------------	--

Amount (\$) 47.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code S. TIMBERLAND LUFKIN TX 75901
--	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) NEW CHECKS FEE	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 04/24/2023	Payee name HUNTER EVANS
--------------------	----------------------------

Amount (\$) 1500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 806 W. 5TH STREET CLARKSVILLE TX 75426
--	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>3/4</u>	<b>2</b> FILER NAME <u>EAST TEXAS DEMOCRATIC CAUCUS</u>	<b>3</b> Filer ID (Ethics Commission Filers) <u>00053833</u>
<b>4</b> Date <u>05/25/2023</u>	<b>5</b> Payee name <u>HUNTER EVANS</u>	
<b>6</b> Amount (\$) <u>1500.00</u> <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code <u>806 W. 5TH STREET CLARKSVILLE TX 75426</u>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>CONSULTING EXPENSE</u>	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <u>06/14/2023</u>	Payee name <u>HUNTER EVANS</u>	
Amount (\$) <u>1500.00</u> <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code <u>806 W. 5TH STREET CLARKSVILLE TX 75426</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>CONSULTING EXPENSE</u>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <u>06/14/2023</u>	Payee name <u>ST. LOUIS BAPTIST CHURCH</u>	
Amount (\$) <u>400.00</u> <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code <u>4000 FRANKSTON HWY TYLER TX 75701</u>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>EVENT EXPENSE</u>	Description <u>VENUE</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>4/4</i>	<b>2</b> FILER NAME <i>EAST TEXAS DEMOCRATIC CAUCUS</i>	<b>3</b> Filer ID (Ethics Commission Filers) <i>00053833</i>
---	--	---

<b>4</b> Date <i>06/14/2023</i>	<b>5</b> Payee name <i>ST. LOUIS BAPTIST CHURCH</i>
------------------------------------	--

<b>6</b> Amount (\$) <i>100.00</i> <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code <i>4000 FRANKSTON HWY TYLER TX 75701</i>
--	---

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	<b>(b)</b> Description <i>AUDIO/VISUAL</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code
--	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code
--	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# AFFIDAVIT FOR COMMITTEE: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2022, a campaign treasurer of a political committee that has accepted more than \$28,800 in political contributions or made more than \$28,800 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY	
Date Received <b>RECEIVED</b> JUL 07 2023 Texas Ethics Commission	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

Filer name <u>EAST TEXAS DEMOCRATIC CAUCUS</u>	Filer ID # <u>00053833</u>
---	-------------------------------

- I swear or affirm that the political committee of which I am the campaign treasurer has not accepted more than \$28,800 in political contributions or made more than \$28,800 in political expenditures in a calendar year.
- I further swear or affirm that the political committee of which I am the campaign treasurer does not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
- I further swear or affirm that no person acting as the committee's agent or consultant, and no person with whom the committee contracts, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
- I further swear or affirm that I understand that I am required to file the committee's campaign finance reports electronically if the committee, the committee's agent or consultant, or a person with whom the committee contracts exceeds \$28,800 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
- I am filing this affidavit with the SEMI-ANNUAL report due on 07/17/2023. I understand that this affidavit is required to be filed with each campaign finance report for which the committee is claiming an exemption from electronic filing.

### Please complete either option below:

#### (1) Affidavit

Sharon A. Wark  
Signature of Campaign Treasurer

NOTARY STAMP/SEAL  
Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

#### (2) Unsworn Declaration

My name is SHARON A. WARK, and my date of birth is [REDACTED].  
My address is 2872 FM 326 (street), LUFKIN (city), TX (state), 75901 (zip code), USA (country).  
Executed in ANGELINA County, State of TEXAS, on the 30<sup>th</sup> day of JUNE, 2023.  
(month) (year)

Sharon A. Wark  
Signature of Campaign Treasurer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT  
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**

EAST TEXAS DEMOCRATIC CAUCUS

28721

LUFKIN, TX 75901

POSTNET barcode

DEFINITELY MAIL



7020 0640 0000 5860 2596



Retail



78711

U.S. POSTAGE PA  
FCM LG ENV  
LUFKIN, TX 75901  
JUL 03, 2023

\$9.72

R2308M153867-01

RDC 99

RECEIVED  
JUL 07 2023  
Texas Ethics Commission

TEXAS ETHICS COMMISSION  
P.O. BOX 1A070  
AUSTIN, TX 78711-2070





# AFFIDAVIT FOR COMMITTEE: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2022, a campaign treasurer of a political committee that has accepted more than \$28,800 in political contributions or made more than \$28,800 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY	
Date Received <b>RECEIVED</b> JUL 07 2023 Texas Ethics Commission	
Date Hand-delivered, or Date Postmarked 7/3/24	
Receipt #	Amount \$
Date Processed PROCESSED JUL 24 2023	
Date Imaged	

Filer name <u>EAST TEXAS DEMOCRATIC CAUCUS</u>	Filer ID # <u>00053833</u>
---	-------------------------------

- I swear or affirm that the political committee of which I am the campaign treasurer has not accepted more than \$28,800 in political contributions or made more than \$28,800 in political expenditures in a calendar year.
- I further swear or affirm that the political committee of which I am the campaign treasurer does not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
- I further swear or affirm that no person acting as the committee's agent or consultant, and no person with whom the committee contracts, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
- I further swear or affirm that I understand that I am required to file the committee's campaign finance reports electronically if the committee, the committee's agent or consultant, or a person with whom the committee contracts exceeds \$28,800 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
- I am filing this affidavit with the SEMI-ANNUAL report due on 07/17/2023. I understand that this affidavit is required to be filed with each campaign finance report for which the committee is claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

Sharon A. Wark  
Signature of Campaign Treasurer

NOTARY STAMP / SEAL  
Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath \_\_\_\_\_ Printed name of officer administering oath \_\_\_\_\_ Title of officer administering oath \_\_\_\_\_

(2) Unsworn Declaration

My name is SHARON A. WARK, and my date of birth is \_\_\_\_\_  
My address is 2872 FM 326 (street), LUFKIN (city), TX (state), 75901 (zip code), USA (country)  
Executed in ANGELINA County, State of TEXAS, on the 30<sup>th</sup> day of JUNE, 2023.  
Sharon A. Wark  
Signature of Campaign Treasurer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT  
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**

EAST TEXAS DEMOCRATIC CAUCUS  
2872  
LUFKIN, TX 75901

GENERIC MAIL



7020 0640 0000 5860 2596



RDC 99



78711

U.S. POSTAGE PA  
FCM LG ENV  
LUFKIN, TX 75901  
JUL 03, 2023

\$9.72

R2308M153867-01

RECEIVED  
JUL 07 2023  
Texas Ethics Commission

TEXAS ETHICS COMMISSION  
P.O. BOX 12070  
AUSTIN, TX 78711-2070