

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00070512	<b>2 Total pages filed:</b> 23
<b>3 COMMITTEE NAME</b> Democratic Non-Urban Caucus		<b>OFFICE USE ONLY</b>	
		Date Received <b>ELECTRONICALLY FILED</b> 01/03/2024	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>4 COMMITTEE ADDRESS</b>  <input type="checkbox"/> Change of Address	<b>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</b> 5656 N. Central Expressway, Unit 302  Dallas, TX 75206		
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR                      FIRST Ms.                                              Judy L.	MI	
	NICKNAME                                      LAST                                              SUFFIX Baker		
<b>6 CAMPAIGN TREASURER STREET ADDRESS</b> <small>(Residence or Business)</small>	<b>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</b> 121 W Taylor  Sherman, TX 75092		
<b>7 CAMPAIGN TREASURER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	<b>STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</b> 121 W Taylor  Sherman, TX 75092		
<b>8 CAMPAIGN TREASURER PHONE</b>	<b>AREA CODE      PHONE NUMBER      EXTENSION</b> (575) 640-7942		
<b>9 REPORT TYPE</b>	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input 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 PERIOD COVERED</b>	Month      Day      Year                                      Month      Day      Year 07/01/2023                                      THROUGH                                      12/31/2023		
<b>11 ELECTION</b>	<b>ELECTION DATE</b> Month      Day      Year	<b>ELECTION TYPE</b> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Democratic Non-Urban Caucus	<b>13 Filer ID</b> (Ethics Commission Filers) 00070512
---------------------------------------------------------	-----------------------------------------------------------

<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 20.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,046.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 419.94
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 3,171.16
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

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.

Ms. Judy L. Baker  
\_\_\_\_\_  
Signature of Campaign Treasurer

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

# SUBTOTALS - GPAC

<b>17 COMMITTEE NAME</b> Democratic Non-Urban Caucus		<b>18 Filer ID</b> (Ethics Commission Filers) 00070512
<b>19 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,046.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 419.94
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/13 Rpt: 4/23
<b>2</b> FILER NAME Democratic Non-Urban Caucus		<b>3</b> Filer ID (Ethics Commission Filers) 00070512
<b>4</b> Date 07/01/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adams, John (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Huntsville, TX 77331	
<b>8</b> Principal occupation / Job title (See Instructions) Stocker		<b>9</b> Employer (See Instructions) Kroger
Date 07/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adams, John (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Huntsville, TX 77331	
Principal occupation / Job title (See Instructions) Stocker		Employer (See Instructions) Kroger
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adams, John (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Huntsville, TX 77331	
Principal occupation / Job title (See Instructions) Stocker		Employer (See Instructions) Kroger
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adams, John (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Huntsville, TX 77331	
Principal occupation / Job title (See Instructions) Stocker		Employer (See Instructions) Kroger
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adams, John (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Huntsville, TX 77331	
Principal occupation / Job title (See Instructions) Stocker		Employer (See Instructions) Kroger

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/13 Rpt: 5/23
<b>2</b> FILER NAME Democratic Non-Urban Caucus		<b>3</b> Filer ID (Ethics Commission Filers) 00070512
<b>4</b> Date 12/01/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adams, John (Mr.)	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  Huntsville, TX 77331	
<b>8</b> Principal occupation / Job title (See Instructions) none		<b>9</b> Employer (See Instructions) none
Date 10/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baker, Judy (Ms.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Sherman, TX 75092	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 08/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brannon, Bill (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Sulphur Springs, TX 75482	
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) Texas Democratic Party
Date 08/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Currie, Lance (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Dallas, TX 75244	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Carrington,Coleman,Solman
Date 07/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Sharon (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Palestine, TX 75803	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/13 Rpt: 6/23
<b>2</b> FILER NAME Democratic Non-Urban Caucus		<b>3</b> Filer ID (Ethics Commission Filers) 00070512
<b>4</b> Date 07/15/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Sharon (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Palestine, TX 75803	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) none
Date 12/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garner, Tanisha (Ms.) <hr/> Contributor address; City; State; Zip Code  Imperial, TX 79743	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) FSISD
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hartgroves, Tammie (Ms.) <hr/> Contributor address; City; State; Zip Code  McGregor, TX 76657	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 07/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Carl (Mr.) <hr/> Contributor address; City; State; Zip Code  Spicewood, TX 78669	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 07/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Carl (Mr.) <hr/> Contributor address; City; State; Zip Code  Spicewood, TX 78669	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) none

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/13 Rpt: 7/23
<b>2</b> FILER NAME Democratic Non-Urban Caucus		<b>3</b> Filer ID (Ethics Commission Filers) 00070512
<b>4</b> Date 09/06/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Carl (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Spicewood, TX 78669	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) none
Date 10/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Carl (Mr.) <hr/> Contributor address; City; State; Zip Code  Spicewood, TX 78669	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) none
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Carl (Mr.) <hr/> Contributor address; City; State; Zip Code  Spicewood, TX 78669	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) none
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Jones, Carl (Mr.) <hr/> Contributor address; City; State; Zip Code  Spicewood, TX 78669	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) none
Date 07/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Layton, Shirley (Ms.) <hr/> Contributor address; City; State; Zip Code  Lufkin, TX 75901	Amount of Contribution (\$)  \$3.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/13 Rpt: 8/23
<b>2</b> FILER NAME Democratic Non-Urban Caucus		<b>3</b> Filer ID (Ethics Commission Filers) 00070512
<b>4</b> Date 07/01/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Layton, Shirley (Ms.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Lufkin, TX 75901	
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) retired
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Layton, Shirley (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Lufkin, TX 75901	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 07/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Layton, Shirley (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Lufkin, TX 75901	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lockhart, Mary Bell (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Alpine, TX 79830	
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 08/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lockhart, Mary Bell (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Alpine, TX 79830	
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/13 Rpt: 9/23
<b>2</b> FILER NAME Democratic Non-Urban Caucus		<b>3</b> Filer ID (Ethics Commission Filers) 00070512
<b>4</b> Date 09/10/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lockhart, Mary Bell (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Alpine, TX 79830	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) none		<b>9</b> Employer (See Instructions) none
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lockhart, Mary Bell (Ms.) <hr/> Contributor address; City; State; Zip Code  Alpine, TX 79830	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lockhart, Mary Bell (Ms.) <hr/> Contributor address; City; State; Zip Code  Alpine, TX 79830	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 12/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lockhart, Mary Bell (Ms.) <hr/> Contributor address; City; State; Zip Code  Alpine, TX 79830	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 12/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Oliver, Lynn (Ms.) <hr/> Contributor address; City; State; Zip Code  Pipe Creek, TX 78063	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Lecturer		Employer (See Instructions) UT San Antonio

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/13 Rpt: 10/23
<b>2</b> FILER NAME Democratic Non-Urban Caucus		<b>3</b> Filer ID (Ethics Commission Filers) 00070512
<b>4</b> Date 10/02/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roberson, Clifton (Mr.)	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>6</b> Contributor address; City; State; Zip Code  Denison, TX 75020		
<b>8</b> Principal occupation / Job title (See Instructions) computer systems analyst		<b>9</b> Employer (See Instructions) Rock Computer
Date 07/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robertson, Clifton (Mr.)	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Denison, TX 75020		
Principal occupation / Job title (See Instructions) computer systems analyst		Employer (See Instructions) Rock Computer
Date 09/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robertson, Clifton (Mr.)	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Denison, TX 75020		
Principal occupation / Job title (See Instructions) computer systems analyst		Employer (See Instructions) Rock Computer
Date 07/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schenker, Rebecca (Ms.)	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  La Grange, TX 78945		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Weave Architecture
Date 07/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schenker, Rebecca (Ms.)	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  La Grange, TX 78945		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Weave Architecture

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 8/13 Rpt: 11/23
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 08/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schenker, Rebecca (Ms.)	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code  La Grange, TX 78945	
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions) Weave Architecture
Date 09/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schenker, Rebecca (Ms.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Weave Architecture
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schenker, Rebecca (Ms.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Weave Architecture
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schenker, Rebecca (Ms.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Weave Architecture
Date 07/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sims, Delaina (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Wills Point, TX 75169	
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/13 Rpt: 12/23
<b>2</b> FILER NAME Democratic Non-Urban Caucus		<b>3</b> Filer ID (Ethics Commission Filers) 00070512
<b>4</b> Date 07/05/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spain, Diana (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78751	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) none		<b>9</b> Employer (See Instructions) none
Date 08/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spain, Diana (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78751	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 09/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spain, Diana (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78751	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 10/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spain, Diana (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78751	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 11/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spain, Diana (Ms.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78751	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/13 Rpt: 13/23
<b>2</b> FILER NAME Democratic Non-Urban Caucus		<b>3</b> Filer ID (Ethics Commission Filers) 00070512
<b>4</b> Date 12/05/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spain, Diana (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78751	<b>7</b> Amount of Contribution (\$) \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) none		<b>9</b> Employer (See Instructions) none
Date 07/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tucker, Clayton (Mr.) <hr/> Contributor address; City; State; Zip Code  Lampasas, TX 76550	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Statewide Coordinator		Employer (See Instructions) Our Reveloution Texas
Date 07/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tucker, Clayton (Mr.) <hr/> Contributor address; City; State; Zip Code  Lampasas, TX 76550	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Statewide Coordinator		Employer (See Instructions) Our Revolution Texas
Date 07/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tucker, Clayton (Mr.) <hr/> Contributor address; City; State; Zip Code  Lampasas, TX 76550	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Statewide Coordinator		Employer (See Instructions) Our Revolution Texas
Date 07/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tucker, Clayton (Mr.) <hr/> Contributor address; City; State; Zip Code  Lampasas, TX 76550	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Statewide Coordinator		Employer (See Instructions) Our Revolution Texas

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/13 Rpt: 14/23
<b>2</b> FILER NAME Democratic Non-Urban Caucus		<b>3</b> Filer ID (Ethics Commission Filers) 00070512
<b>4</b> Date 08/14/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tucker, Clayton (Mr.)	<b>7</b> Amount of Contribution (\$) \$5.00
<b>6</b> Contributor address; City; State; Zip Code  Lampasas, TX 76550		
<b>8</b> Principal occupation / Job title (See Instructions) Statewide Coordinator		<b>9</b> Employer (See Instructions) Our Revolution Texas
Date 09/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tucker, Clayton (Mr.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Lampasas, TX 76550		
Principal occupation / Job title (See Instructions) Statewide Coordinator		Employer (See Instructions) Our Revolution Texas
Date 10/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tucker, Clayton (Mr.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Lampasas, TX 76550		
Principal occupation / Job title (See Instructions) Statewide Coordinator		Employer (See Instructions) Our Revolution Texas
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tucker, Clayton (Mr.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Lampasas, TX 76550		
Principal occupation / Job title (See Instructions) Statewide Coordinator		Employer (See Instructions) Our Revolution Texas
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tucker, Clayton (Mr.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code  Lampasas, TX 76550		
Principal occupation / Job title (See Instructions) Statewide Coordinator		Employer (See Instructions) Our Revolution Texas

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/13 Rpt: 15/23
<b>2</b> FILER NAME Democratic Non-Urban Caucus		<b>3</b> Filer ID (Ethics Commission Filers) 00070512
<b>4</b> Date 07/01/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilkerson, D. Karen (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75711	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) none
Date 07/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilkerson, D. Karen (Ms.) <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75711	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) none
Date 08/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilkerson, D. Karen (Ms.) <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75711	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) none
Date 08/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilkerson, D. Karen (Ms.) <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75711	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) none
Date 09/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilkerson, D. Karen (Ms.) <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75711	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) none

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/13 Rpt: 16/23
<b>2</b> FILER NAME Democratic Non-Urban Caucus		<b>3</b> Filer ID (Ethics Commission Filers) 00070512
<b>4</b> Date 11/01/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilkerson, D. Karen (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Tyler, TX 75711	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) none
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilkerson, D. Karen (Ms.) <hr/> Contributor address; City; State; Zip Code  Tyler, TX 75711	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) none
Date 07/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yancy, Max (Mr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78722	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Events Coordinator		Employer (See Instructions) KOOP Radio 9.17 FM
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yancy, Max (Mr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78722	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) events coordinator		Employer (See Instructions) koop radio 91.7 fm
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yancy, Max (Mr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78722	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) events coordinator		Employer (See Instructions) koop radio 91.7 fm



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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: Sch: 1/7 Rpt: 17/23	<b>2</b> FILER NAME Democratic Non-Urban Caucus	<b>3</b> Filer ID (Ethics Commission Filers) 00070512
<b>4</b> Date 07/01/2023	<b>5</b> Payee name Act Blue Texas	
<b>6</b> Amount (\$) \$3.53  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. Box441146  Sommerville, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Usuage cost
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/15/2023	Payee name Act Blue Texas	
Amount (\$) \$2.19  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box441146  Sommerville, MA 02144	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/31/2023	Payee name Act Blue Texas	
Amount (\$) \$3.58  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box441146  Sommerville, MA 02144	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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: Sch: 2/7 Rpt: 18/23	<b>2</b> FILER NAME Democratic Non-Urban Caucus	<b>3</b> Filer ID (Ethics Commission Filers) 00070512
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<b>4</b> Date 08/30/2023	<b>5</b> Payee name Act Blue Texas
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<b>6</b> Amount (\$) \$5.76  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. Box441146  Sommerville, MA 02144
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usuag fees
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/22/2023	Payee name Act Blue Texas
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Amount (\$) \$2.18  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box441146  Sommerville, MA 02144
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/22/2023	Payee name Act Blue Texas
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Amount (\$) \$1.80  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box441146  Sommerville, MA 02144
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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: Sch: 3/7 Rpt: 19/23	<b>2</b> FILER NAME Democratic Non-Urban Caucus	<b>3</b> Filer ID (Ethics Commission Filers) 00070512
<b>4</b> Date 10/01/2023	<b>5</b> Payee name Act Blue Texas	
<b>6</b> Amount (\$) \$2.97  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. Box441146  Sommerville, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/12/2023	Payee name Act Blue Texas	
Amount (\$) \$3.37  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box441146  Sommerville, MA 02144	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/25/2023	Payee name Act Blue Texas	
Amount (\$) \$1.40  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box441146  Sommerville, MA 02144	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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: Sch: 4/7 Rpt: 20/23	<b>2</b> FILER NAME Democratic Non-Urban Caucus	<b>3</b> Filer ID (Ethics Commission Filers) 00070512
<b>4</b> Date 11/30/2023	<b>5</b> Payee name Act Blue Texas	
<b>6</b> Amount (\$) \$3.18  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. Box441146  Sommerville, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage charge
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/01/2023	Candidate/Officeholder name Act Blue Texas	
Amount (\$) \$2.38  <input type="checkbox"/> Expenditure from corporate funds	Office sought P.O. Box441146  Sommerville, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage charge
Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/10/2023	Candidate/Officeholder name Act Blue Texas	
Amount (\$) \$2.60  <input type="checkbox"/> Expenditure from corporate funds	Office sought P.O. Box441146  Sommerville, MA 02144	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage charge
Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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: Sch: 5/7 Rpt: 21/23	<b>2</b> FILER NAME Democratic Non-Urban Caucus	<b>3</b> Filer ID (Ethics Commission Filers) 00070512
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<b>4</b> Date 07/24/2023	<b>5</b> Payee name Nation Builder
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<b>6</b> Amount (\$) \$55.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 6515 W Sunset Blvd Ste 440 Los Angeles, CA 90028
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage charge for advertising and contacts
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/22/2023	Payee name Nation Builder
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Amount (\$) \$55.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6515 W Sunset Blvd Ste 440 Los Angeles, CA 90028
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cost for data information
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/22/2023	Payee name Nation Builder
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Amount (\$) \$55.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6515 W Sunset Blvd Ste 440 Los Angeles, CA 90028
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Computer program	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly computer fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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: Sch: 6/7 Rpt: 22/23	<b>2</b> FILER NAME Democratic Non-Urban Caucus	<b>3</b> Filer ID (Ethics Commission Filers) 00070512
<b>4</b> Date 10/23/2023	<b>5</b> Payee name Nation Builder	
<b>6</b> Amount (\$) \$55.00 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 6515 W Sunset Blvd Ste 440 Los Angeles, CA 90028	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense computer out reach program
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/25/2023	Payee name Nation Builder	
Amount (\$) \$55.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6515 W Sunset Blvd Ste 440 Los Angeles, CA 90028	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense computer outreach program
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/21/2023	Payee name Nation Builder	
Amount (\$) \$55.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6515 W Sunset Blvd Ste 440 Los Angeles, CA 90028	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly charges
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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: Sch: 7/7 Rpt: 23/23	<b>2</b> FILER NAME Democratic Non-Urban Caucus	<b>3</b> Filer ID (Ethics Commission Filers) 00070512
<b>4</b> Date 12/21/2023	<b>5</b> Payee name Nation Builder	
<b>6</b> Amount (\$) \$55.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 6515 W Sunset Blvd Ste 440 Los Angeles, CA 90028	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly charge for data update
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held