FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00070512 3 COMMITTEE NAME **OFFICE USE ONLY** Democratic Non-Urban Caucus Date Received **ELECTRONICALLY FILED** 01/03/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 5656 N. Central Expressway, Unit 302 Date Hand-delivered or Date Postmarked Change of Address Dallas, TX 75206 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Judy L. NAME NICKNAME LAST **SUFFIX** Baker STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 121 W Taylor STREET **ADDRESS** (Residence or Business) Sherman, TX 75092 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 121 W Taylor MAILING **ADDRESS** Sherman, TX 75092 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (575) 640-7942 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2023 12/31/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Democratic Non-Urb	an Caucus		00070512	
14 COMMITTEE	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) t qualifies for the higher itemization threshold	\$	20.00
	2. TOTAL POLITICA (OTHER THAN PLE	AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,046.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	AL EXPENDITURES	\$	419.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST I IG PERIOD	DAY \$	3,171.16
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	<u> </u>		·	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Ms. Judy	L. Baker	
		Signature of Car	npaign Treasur	er
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscril	oed before me, by the said _	, th	is the	day
		which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of office	er administering oath
Signature of officer	administring valit	Thinked hame of officer administering oath	THE OF OTHE	ci administering vatir

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

			3 of 23
17 COMMITT	EE NAME tic Non-Urban Caucus	18 Filer ID 00070512	(Ethics Commission Filers)
	E SUBTOTALS	00010012	1
l	SCHEDULE		SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,046.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 419.94
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete t	this for	n.	1	Total pages Schedule A1: Sch: 1/13 Rpt: 4/23	
2	FILER NAME Democratic	Ion-Urban Caucus			3	Filer ID (Ethics Commission 00070512	Filers)
4	Date 07/01/2023	 Full name of contributor out-of-state PAC Adams, John (Mr.) Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$5.00
_		Huntsville, TX 77331			Ĺ		
8	Principal occu Stocker	pation / Job title (See Instructions)	9	Employer (See Instructions Kroger	S) 		
	Date 07/01/2023	Full name of contributor)		Amount of Contribution (\$)	\$5.00
	Principal occu	Huntsville, TX 77331 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Stocker	,		Kroger	,		
	Date 08/31/2023	Full name of contributor out-of-state PAC Adams, John (Mr.) Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$5.00
		Huntsville, TX 77331					
	Principal occu Stocker	pation / Job title (See Instructions)		Employer (See Instructions Kroger	5)		
	Date 09/30/2023	Full name of contributor out-of-state PAC Adams, John (Mr.) Contributor address; City; State; Zip Code Huntsville, TX 77331)		Amount of Contribution (\$)	\$5.00
	Principal occu Stocker	pation / Job title (See Instructions)		Employer (See Instructions Kroger	<u>l</u> 5)		
	Date 11/01/2023	Full name of contributor out-of-state PAC Adams, John (Mr.) Contributor address; City; State; Zip Code Huntsville, TX 77331				Amount of Contribution (\$)	\$5.00
	Principal occu Stocker	pation / Job title (See Instructions)		Employer (See Instructions Kroger	5)		

	MONEI	ARY POLITICAL C	CONTRIBUTION	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 2/13 Rpt: 5/23	
2	FILER NAME	Non Hilliam Courses			3	Filer ID (Ethics Commissio	n Filers)
_		Non-Urban Caucus			L	00070512	
4	Date 12/01/2023	5 Full name of contributor Adams, John (Mr.)6 Contributor address; City; St.	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
Ω	Principal occu	Huntsville, TX 77331 pation / Job title (See Instructions) la	Employer (See Instructions			
0	none	pation / 300 title (See instructions	,	none	>)		
	Date 10/11/2023	Full name of contributor Baker, Judy (Ms.) Contributor address; City; St.	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$50.00
	5	Sherman, TX 75092			Ĺ		
	retired	pation / Job title (See Instructions)	Employer (See Instructions none	5)		
	Date 08/12/2023	Full name of contributor Brannon, Bill (Mr.) Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Sulphur Springs, TX 7548	2				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>-</u>		
	consultant			Texas Democratic Party	/		
	Date 08/03/2023	Full name of contributor Currie, Lance (Mr.) Contributor address; City; St. Dallas, TX 75244	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Carrington, Coleman, So		าเก	
	Date 07/15/2023	Full name of contributor Davis, Sharon (Ms.) Contributor address; City; St. Palestine, TX 75803	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occu retired	pation / Job title (See Instructions		Employer (See Instructions none	5)		

	MONET	ARY POLITICAL CONTRIBUTION	Λ	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 3/13 Rpt: 6/23	
2	FILER NAME Democratic	Non-Urban Caucus			3	Filer ID (Ethics Commission 00070512	Filers)
4	Date 07/15/2023	 5 Full name of contributor out-of-state PAC (ID#:_ Davis, Sharon (Ms.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$20.00
8	Principal occu	Palestine, TX 75803 pation / Job title (See Instructions)	l a	Employer (See Instructions	;) 		
0	retired	oduon 7 300 title (See mstructions)		none	P)		
	Date 12/03/2023	Full name of contributor out-of-state PAC (ID#:_ Garner, Tanisha (Ms.) Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$5.00
		Imperial, TX 79743	_		<u></u>		
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions FSISD	S)		
	Date 10/12/2023	Full name of contributor out-of-state PAC (ID#:_ Hartgroves, Tammie (Ms.) Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$20.00
		McGregor, TX 76657					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions none	5)		
	Date 07/06/2023	Full name of contributor out-of-state PAC (ID#:_ Jones, Carl (Mr.) Contributor address; City; State; Zip Code Spicewood, TX 78669)	•	Amount of Contribution (\$)	\$15.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions none	<u> </u>		
	Date 07/06/2023	Full name of contributor out-of-state PAC (ID#:_ Jones, Carl (Mr.) Contributor address; City; State; Zip Code Spicewood, TX 78669)		Amount of Contribution (\$)	\$15.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions none	5)		
			•				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 4/13 Rpt: 7/23	
2	FILER NAME Democratic N	Non-Urban Caucus			3	Filer ID (Ethics Commission 00070512	Filers)
4	Date 09/06/2023	Jones, Carl (Mr.)	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$15.00
		Spicewood, TX 78669	1				
8	Principal occup Retired	pation / Job title (See Instructions)		Employer (See Instructions none)		
	Date 10/06/2023	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$15.00
	Dringing oggu	Spicewood, TX 78669		Employer (See Instructions			
	Retired	pation / Job title (See Instructions)		Employer (See Instructions none)		
	Date 11/06/2023	Full name of contributor Jones, Carl (Mr.) Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$15.00
		Spicewood, TX 78669					
	Principal occup Retired	pation / Job title (See Instructions)		Employer (See Instructions none)		
	Date 12/06/2023	Full name of contributor Jones, Carl (Mr.) Contributor address; City; State; Spicewood, TX 78669	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$15.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions none)		
	Date 07/01/2023	Full name of contributor Layton, Shirley (Ms.) Contributor address; City; State; Lufkin, TX 75901	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$3.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions retired)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/13 Rpt: 8/23	
2	FILER NAME Democratic	Non-Urban Caucus		3	Filer ID (Ethics Commission 00070512	ı Filers)
4	Date 07/01/2023	 Full name of contributor out-of-state PAC (ID#:_Layton, Shirley (Ms.) Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$1.00
		Lufkin, TX 75901				
8	Principal occu retired	pation / Job title (See Instructions)	9 Employer (See Instructions retired)		
	Date 07/07/2023	Full name of contributor out-of-state PAC (ID#:_ Layton, Shirley (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
	Principal occu	Lufkin, TX 75901 pation / Job title (See Instructions)	Employer (See Instructions)		
	retired		retired			
	Date 07/07/2023	Full name of contributor out-of-state PAC (ID#:_ Layton, Shirley (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
		Lufkin, TX 75901				
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired)		
	Date 07/10/2023	Full name of contributor out-of-state PAC (ID#:_Lockhart, Mary Bell (Ms.) Contributor address; City; State; Zip Code Alpine, TX 79830			Amount of Contribution (\$)	\$10.00
	Principal occu none	pation / Job title (See Instructions)	Employer (See Instructions none)		
	Date 08/10/2023	Full name of contributor out-of-state PAC (ID#:_Lockhart, Mary Bell (Ms.) Contributor address; City; State; Zip Code Alpine, TX 79830			Amount of Contribution (\$)	\$10.00
	Principal occu none	pation / Job title (See Instructions)	Employer (See Instructions none)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/13 Rpt: 9/23	
2	FILER NAME Democratic I	Non-Urban Caucus		3	Filer ID (Ethics Commission 00070512	ı Filers)
4	Date 09/10/2023	5 Full name of contributor out-of-state PAC (ID#:_Lockhart, Mary Bell (Ms.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10.00
_		Alpine, TX 79830				
8	none	pation / Job title (See Instructions)	Employer (See Instructions none)		
	Date 10/10/2023	Full name of contributor out-of-state PAC (ID#:_ Lockhart, Mary Bell (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Alpine, TX 79830 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	none	pation 7 oob title (occ instructions)	none	,		
	Date 11/10/2023	Full name of contributor out-of-state PAC (ID#:_Lockhart, Mary Bell (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Alpine, TX 79830				
	Principal occu none	pation / Job title (See Instructions)	Employer (See Instructions none)		
	Date 12/10/2023	Full name of contributor out-of-state PAC (ID#:_Lockhart, Mary Bell (Ms.) Contributor address; City; State; Zip Code Alpine, TX 79830			Amount of Contribution (\$)	\$10.00
	Principal occu none	pation / Job title (See Instructions)	Employer (See Instructions none)		
	Date 12/02/2023	Full name of contributor out-of-state PAC (ID#:_Oliver, Lynn (Ms.) Contributor address; City; State; Zip Code Pipe Creek, TX 78063			Amount of Contribution (\$)	\$10.00
	Principal occu Lecturer	pation / Job title (See Instructions)	Employer (See Instructions UT San Antonio)		

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete tl	his for	m.	1	Total pages Schedule A1: Sch: 7/13 Rpt: 10/23	
2	FILER NAME Democratic	Non-Urban Caucus			3	Filer ID (Ethics Commission 00070512	n Filers)
4	Date 10/02/2023	 Full name of contributor out-of-state PAC Roberson, Clifton (Mr.) Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$10.00
8	Dringing agg	Denison, TX 75020	ام	Employer (See Instruction	<u></u>		
0		pation / Job title (See Instructions) stems analyst	ا	Employer (See Instructions Rock Computer	>)		
	Date 07/01/2023	Full name of contributor out-of-state PAC Robertson, Clifton (Mr.) Contributor address; City; State; Zip Code	(ID#:			Amount of Contribution (\$)	\$10.00
		Denison, TX 75020					
		pation / Job title (See Instructions) stems analyst		Employer (See Instructions Rock Computer	s)		
	Date 09/01/2023	Full name of contributor out-of-state PAC Robertson, Clifton (Mr.) Contributor address; City; State; Zip Code	(ID#:)	•	Amount of Contribution (\$)	\$10.00
		Denison, TX 75020					
		pation / Job title (See Instructions) stems analyst		Employer (See Instructions Rock Computer	s)		
	Date 07/01/2023	Full name of contributor out-of-state PAC Schenker, Rebecca (Ms.) Contributor address; City; State; Zip Code La Grange, TX 78945			•	Amount of Contribution (\$)	\$5.00
	Principal occu Architect	pation / Job title (See Instructions)		Employer (See Instructions Weave Architecture	5)		
	Date 07/01/2023	Full name of contributor out-of-state PAC Schenker, Rebecca (Ms.) Contributor address; City; State; Zip Code La Grange, TX 78945	(ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu Architect	pation / Job title (See Instructions)		Employer (See Instructions Weave Architecture	5)		
			ı				

	MONEI	ARY POLITICAL CO	NIRIBUTION	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to	complete this for	n.	1	Total pages Schedule A1: Sch: 8/13 Rpt: 11/23	
2	FILER NAME	Non-Urban Caucus			3	Filer ID (Ethics Commission 00070512	Filers)
_							
4	Date 08/27/2023	5 Full name of contributor Schenker, Rebecca (Ms.)6 Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code)	7	Amount of Contribution (\$)	\$5.00
		La Grange, TX 78945					
8	Principal occu Architect	pation / Job title (See Instructions)	9	Employer (See Instructions Weave Architecture)		
	Date 09/27/2023	Full name of contributor Schenker, Rebecca (Ms.) Contributor address; City; State	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$5.00
		La Grange, TX 78945					
	Principal occu Architect	pation / Job title (See Instructions)		Employer (See Instructions Weave Architecture)		
	Date 11/01/2023	Full name of contributor Schenker, Rebecca (Ms.) Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code)		Amount of Contribution (\$)	\$5.00
		La Grange, TX 78945					
	Principal occu Architect	pation / Job title (See Instructions)		Employer (See Instructions Weave Architecture)		
	Date 12/01/2023	Full name of contributor Schenker, Rebecca (Ms.) Contributor address; City; State La Grange, TX 78945	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu Architect	pation / Job title (See Instructions)		Employer (See Instructions Weave Architecture)		
	Date 07/16/2023	Full name of contributor Sims, Delaina (Ms.) Contributor address; City; State Wills Point, TX 75169	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$20.00
	Principal occu none	pation / Job title (See Instructions)		Employer (See Instructions none)		

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to co	mplete this forr	m.	1	Total pages Schedule A1: Sch: 9/13 Rpt: 12/23	
2	FILER NAME Democratic I	Non-Urban Caucus			3	Filer ID (Ethics Commission 00070512	ı Filers)
4	Date 07/05/2023	Spain, Diana (Ms.)	of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
_	5	Austin, TX 78751		5 1 (0 1 : 1			
8	none none	pation / Job title (See Instructions)	9	Employer (See Instructions none	5)		
	Date 08/05/2023	Full name of contributor)		Amount of Contribution (\$)	\$10.00
	Principal occu	Austin, TX 78751 pation / Job title (See Instructions)		Employer (See Instructions	<u>.</u>		
	none	patient, cos and (coe mendeners)		none	,		
	Date 09/05/2023	Full name of contributor out- Spain, Diana (Ms.) Contributor address; City; State; Zip	of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Austin, TX 78751					
	Principal occu none	pation / Job title (See Instructions)		Employer (See Instructions none)		
	Date 10/05/2023	Spain, Diana (Ms.)				Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions none	5)		
	Date 11/05/2023	Spain, Diana (Ms.)				Amount of Contribution (\$)	\$10.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions none	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this t	orm.	1	Total pages Schedule A1: Sch: 10/13 Rpt: 13/23	
2	FILER NAME Democratic	Non-Urban Caucus		3	Filer ID (Ethics Commission 00070512	Filers)
4	Date 12/05/2023	 5 Full name of contributor out-of-state PAC (ID#:_Spain, Diana (Ms.) 6 Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$10.00
		Austin, TX 78751				
8	Principal occu none	upation / Job title (See Instructions)	9 Employer (See Instructions none)		
	Date 07/01/2023	Full name of contributor out-of-state PAC (ID#:_ Tucker, Clayton (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Lampasas, TX 76550 upation / Job title (See Instructions)	Employer (See Instructions)		
	Statewide C		Our Reveloution Texas			
	Date 07/01/2023	Full name of contributor out-of-state PAC (ID#:_ Tucker, Clayton (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
		Lampasas, TX 76550				
	Principal occu Statewide C	ipation / Job title (See Instructions) oordinator	Employer (See Instructions Our Revolution Texas)		
	Date 07/01/2023	Full name of contributor out-of-state PAC (ID#:_ Tucker, Clayton (Mr.) Contributor address; City; State; Zip Code Lampasas, TX 76550			Amount of Contribution (\$)	\$1.00
	Principal occu Statewide C	upation / Job title (See Instructions)	Employer (See Instructions Our Revolution Texas)		
	Date 07/14/2023	Full name of contributor out-of-state PAC (ID#:_ Tucker, Clayton (Mr.) Contributor address; City; State; Zip Code Lampasas, TX 76550			Amount of Contribution (\$)	\$5.00
	Principal occu Statewide C	upation / Job title (See Instructions) oordinator	Employer (See Instructions Our Revolution Texas)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/13 Rpt: 14/23	
2	FILER NAME Democratic I	Non-Urban Caucus		3	Filer ID (Ethics Commission 00070512	Filers)
4	Date 08/14/2023	5 Full name of contributor out-of-state PAC (ID#:_ Tucker, Clayton (Mr.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5.00
_	Deinsinal	Lampasas, TX 76550	2 Farely (Carlot Arthur)			
8	Statewide Co	pation / Job title (See Instructions) oordinator	9 Employer (See Instructions Our Revolution Texas)		
	Date 09/14/2023	Full name of contributor out-of-state PAC (ID#:_ Tucker, Clayton (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Principal occu	Lampasas, TX 76550 upation / Job title (See Instructions)	Employer (See Instructions)		
	Statewide Co		Our Revolution Texas	,		
	Date 10/14/2023	Full name of contributor out-of-state PAC (ID#:_ Tucker, Clayton (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
		Lampasas, TX 76550				
	Principal occu Statewide Co	pation / Job title (See Instructions) oordinator	Employer (See Instructions Our Revolution Texas)		
	Date 12/01/2023	Full name of contributor out-of-state PAC (ID#:_ Tucker, Clayton (Mr.) Contributor address; City; State; Zip Code Lampasas, TX 76550			Amount of Contribution (\$)	\$5.00
	Principal occu Statewide C	pation / Job title (See Instructions)	Employer (See Instructions Our Revolution Texas)		
	Date 12/01/2023	Full name of contributor out-of-state PAC (ID#:_ Tucker, Clayton (Mr.) Contributor address; City; State; Zip Code Lampasas, TX 76550			Amount of Contribution (\$)	\$5.00
	Principal occu Statewide Co	pation / Job title (See Instructions) oordinator	Employer (See Instructions Our Revolution Texas)		

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE	SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 12/13 Rpt: 15/23	
2	P FILER NAME Democratic Non-Urban Caucus		3	Filer ID (Ethics Commission 00070512	ı Filers)		
4	Date 07/01/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$20.00
8	Dringing agou	Tyler, TX 75711	٦	Employer (See Instructions	<u>,,</u>		
0	Retired	pation / Job title (See Instructions)	٩	Employer (See Instructions none	·)		
	Date 07/01/2023	Full name of contributor				Amount of Contribution (\$)	\$50.00
	Principal occur	Tyler, TX 75711 pation / Job title (See Instructions)	_	Employer (See Instructions	·)		
	Retired	pation 7 300 title (See instructions)		none	P)		
	Date 08/01/2023	Full name of contributor)		Amount of Contribution (\$)	\$50.00
		Tyler, TX 75711					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions none	5)		
	Date 08/24/2023	Full name of contributor out-of-state PAC (ID# Wilkerson, D. Karen (Ms.) Contributor address; City; State; Zip Code Tyler, TX 75711)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions none	<u> </u> 5)		
	Date 09/24/2023	Full name of contributor out-of-state PAC (ID# Wilkerson, D. Karen (Ms.) Contributor address; City; State; Zip Code Tyler, TX 75711	:)		Amount of Contribution (\$)	\$50.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions none	5)		
			•				

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 13/13 Rpt: 16/23	
2	FILER NAME Democratic	Non-Urban Caucus				3	Filer ID (Ethics Commission 00070512	ı Filers)
4	Date 11/01/2023	5 Full name of contributor Wilkerson, D. Karen (Ms.)6 Contributor address; City; S)	7	Amount of Contribution (\$)	\$50.00
_		Tyler, TX 75711	, .			_		
8	Principal occu Retired	pation / Job title (See Instructions	(5)	9	Employer (See Instructions none	s)		
	Date 12/01/2023	Full name of contributor Wilkerson, D. Karen (Ms.) Contributor address; City; S)		Amount of Contribution (\$)	\$50.00
	Principal occu	Tyler, TX 75711 pation / Job title (See Instructions	6)		Employer (See Instructions	<u> </u> 5)		
	Retired				none			
	Date 07/01/2023	Full name of contributor Yancy, Max (Mr.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Austin, TX 78722						
	Principal occu Events Coor	pation / Job title (See Instructions dinator	5)		Employer (See Instructions KOOP Radio 9.17 FM	5)		
	Date 11/01/2023	Full name of contributor Yancy, Max (Mr.) Contributor address; City; S)		Amount of Contribution (\$)	\$10.00
	Principal occu	Austin, TX 78722 pation / Job title (See Instructions linator	s)		Employer (See Instructions koop radio 91.7 fm	<u> </u> s)		
	Date 12/01/2023	Full name of contributor Yancy, Max (Mr.) Contributor address; City; St Austin, TX 78722)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions koop radio 91.7 fm	5)		
			l		,			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/7 Rpt: 17/23	Democratic Non-Urban Caucus	00070512
4 Date	5 Payee name	•
07/01/2023	Act Blue Texas	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$3.53	P.O. Box441146	
Expenditure from		
corporate funds	Sommerville, MA 02144	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Usuage cost
		Coddige cost
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	l aht Office held
expenditure to benefit C/OI		
Date	Payee name	
07/15/2023	Act Blue Texas	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$2.19	P.O. Box441146	
Expenditure from corporate funds	Sommerville, MA 02144	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		usuage fee
Complete ONLY if direct	Candidate/Officeholder name Office sou	ight Office held
expenditure to benefit C/OI	1	
Date	Payee name	
07/31/2023	Act Blue Texas	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$3.58	P.O. Box441146	
Expenditure from		
corporate funds	Sommerville, MA 02144	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense usuage fee
		usuage lee
Complete ONLY if direct	Candidate/Officeholder name Office sou	Lught Office held
expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politice Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/7 Rpt: 18/23	Democratic Non-Urban Caucus 00070512
4 Date	5 Payee name
08/30/2023	Act Blue Texas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5.76	P.O. Box441146
Expenditure from corporate funds	Sommerville, MA 02144
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense usuag fees
	usuay iees
Complete CNI V if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	
,	
Date	Payee name
09/22/2023	Act Blue Texas
Amount (\$)	Payee address; City; State; Zip Code
\$2.18	P.O. Box441146
Expenditure from corporate funds	Sommerville, MA 02144
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	usuage fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	
Date	Payee name
09/22/2023	Act Blue Texas
Amount (\$)	Payee address; City; State; Zip Code
\$1.80	P.O. Box441146
- Francis (19)	
Expenditure from corporate funds	Sommerville, MA 02144
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	usuage fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<u> </u>

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)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 3/7 Rpt: 19/23	Democratic Non-Urban Caucus	00070512
4 Date	5 Payee name	·
10/01/2023	Act Blue Texas	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$2.97	P.O. Box441146	
Expenditure from		
corporate funds	Sommerville, MA 02144	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense usuage fee
		usuage fee
9 Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held
expenditure to benefit C/OI		
Date	Payee name	
10/12/2023	Act Blue Texas	
Amount (\$)	Payee address; City; State; Zip C	ode
\$3.37	P.O. Box441146	
Expenditure from corporate funds	Sommerville, MA 02144	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		usage fees
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/OI	1	
Date	Payee name	
10/25/2023	Act Blue Texas	
Amount (\$)	Payee address; City; State; Zip C	ode
\$1.40	P.O. Box441146	
Expenditure from		
corporate funds	Sommerville, MA 02144	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense usage fee
		usage rec
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office so	Lught Office held
expenditure to benefit C/OI		

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/M	ages/Contract Labor OTHER (enter a category not listed above)
,	The Instruction Guide explains how to co	nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 4/7 Rpt: 20/23	Democratic Non-Urban Caucus	00070512
4 Date	5 Payee name	
11/30/2023	Act Blue Texas	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$3.18	P.O. Box441146	
Expenditure from corporate funds	Sommerville, MA 02144	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		usuage charge
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ght Office held
Date	Payee name	
12/01/2023	Act Blue Texas	
Amount (\$)	Payee address; City; State; Zip Co	de
\$2.38	P.O. Box441146	
Ψ2.30	1.0. 00,441140	
Expenditure from corporate funds	Sommerville, MA 02144	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE		Check if Austin, TX, officeholder living expense
		usuage charge
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office south	ght Office held
Date	Payee name	
12/10/2023	Act Blue Texas	
12/10/2023		
Amount (\$)	Payee address; City; State; Zip Co	de
\$2.60	P.O. Box441146	
Expenditure from corporate funds	Sommerville, MA 02144	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		usuage charge
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht Office held
expenditure to benefit C/O		,

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/7 Rpt: 21/23	Democratic Non-Urban Caucus 00070512
4 Date	5 Payee name
07/24/2023	Nation Builder
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$55.00	6515 W Sunset Blvd
	Ste 440
Expenditure from corporate funds	Los Angeles, CA 90028
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	usuage dharge for advertising and contacts
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/22/2023	Nation Builder
Amount (\$)	Payee address; City; State; Zip Code
\$55.00	6515 W Sunset Blvd
400.00	Ste 440
Expenditure from	
corporate funds	Los Angeles, CA 90028
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Cost for data information
	Cost for data information
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
oxportantare to serient ere.	
Date	Payee name
09/22/2023	Nation Builder
Amount (\$)	Payee address; City; State; Zip Code
\$55.00	6515 W Sunset Blvd
	Ste 440
Expenditure from	
corporate funds	Los Angeles, CA 90028
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Computer program Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	monthly computer fee
	monthly computer rec
Complete ONLY if allow	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3.,poa.a.a to bonom 0/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to co	nplete this form.	OTTLA (enter a category not listed above)	
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission File	rs)
Sch: 6/7 Rpt: 22/23	Democratic Non-Urban Caucus		00070512	
4 Date	5 Payee name			
10/23/2023	Nation Builder			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$55.00	6515 W Sunset Blvd			
	Ste 440			
Expenditure from corporate funds	Los Angeles, CA 90028			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Fees		outside of Texas. Complete Schedule T. n, TX, officeholder living expense	
			t reach program	
		oopato. oa.	rodon program	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	nht	Office held	
expenditure to benefit C/Ol		gi it	Office field	
5 .	Г			
Date	Payee name			
10/25/2023	Nation Builder			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$55.00	6515 W Sunset Blvd			
Evpanditura from	Ste 440			
Expenditure from corporate funds	Los Angeles, CA 90028			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees	=	outside of Texas. Complete Schedule T.	
LA LIDITORE			n, TX, officeholder living expense	
		computer our	treach program	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ght	Office held	
Date	Payee name			
11/21/2023	Nation Builder			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$55.00	6515 W Sunset Blvd			
	Ste 440			
Expenditure from corporate funds	Los Angeles, CA 90028			
PURPOSE	<u> </u>	(b) Description		
OF	(a) Category (See Categories listed at the top of this schedule) Fees		outside of Texas. Complete Schedule T.	
EXPENDITURE	1 003	Check if Austin	n, TX, officeholder living expense	
		monthly char	ges	
Complete ONLY if direct	Candidate/Officeholder name Office sout	ght	Office held	
expenditure to benefit C/O	-1			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District It Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Democratic Non-Urban Caucus 00070512
5 Payee name
Nation Builder
7 Payee address; City; State; Zip Code
6515 W Sunset Blvd
Ste 440
Los Angeles, CA 90028
(a) Category (See Categories listed at the top of this schedule) (b) Description
Advertising Expense
Check if Austin, TX, officeholder living expense
monthly charge for data update
Candidate/Officeholder name Office sought Office held