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) 00040715 3 COMMITTEE NAME **OFFICE USE ONLY** Bay Area New Democrats Date Received **ELECTRONICALLY FILED** 01/08/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P. O. Box 890381 Date Hand-delivered or Date Postmarked Change of Address Houston, TX 77289-0381 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Jane NAME NICKNAME LAST **SUFFIX** Menard STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 2405 Duhon Pl. STREET **ADDRESS** (Residence or Business) Seabrook, TX 77586 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 2405 Duhon Pl. MAILING **ADDRESS** Seabrook, TX 77586 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (303) 815-3700 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)
Bay Area New Democr	ats		00040715	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(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		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	1,181.31
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,181.31
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	1,196.65
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	1,857.84
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all inform under Title 15, Election Code.		
		Ms. Jan	e Menard	
		Signature of Car	mpaign Treasu	rer
AFFIX NOTARY	' STAMP / SEAL ABOVE			
Sworn to and subscribed	I before me, by the said	, th	nis the	day
		which, witness my hand and seal of office.		
Signature of officer ac	lministering oath	Printed name of officer administering oath	Title of offic	er administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

					3 of 12
17 COMMITTEE NAME 18 Filer ID			(Ethics Commission	Filers)	
Вау А	Bay Area New Democrats 00040715			•	,
19 SCHE	DULE	SUBTOTALS			
NAME	OF S	SCHEDULE		SUBTOTAL AM	MOUNT
1.	х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,181.31
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	PR	\$	
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	\$	1,196.65
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS		\$		
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	\$	

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4. Takal manas Calcadala Edu	
1 Total pages Schedule F1: Sch: 1/9 Rpt: 4/12	2 FILER NAME Bay Area New Democrats 3 Filer ID (Ethics Commission Filers) 00040715
4 Date	5 Payee name
07/03/2023	ActBLUE
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.38	366 Summer St
Expenditure from	Comparillo, MA 02144
corporate funds	Somerville, MA 02144
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	donation processing fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
08/18/2023	ActBLUE
Amount (\$)	Payee address; City; State; Zip Code
\$1.39	366 Summer St
Expenditure from corporate funds	Somerville, MA 02144
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	donation proc. fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
·	
Date	Payee name
09/29/2023	ActBLUE
Amount (\$)	Payee address; City; State; Zip Code
\$4.76	366 Summer St
ψ n10	
Expenditure from	
corporate funds	Somerville, MA 02144
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
LAPENDITORE	Check if Austin, TX, officeholder living expense
	donation proc fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/9 Rpt: 5/12	Bay Area New Democrats	00040715
4 Date	5 Payee name	<u> </u>
10/27/2023	ActBLUE	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$2.38	366 Summer St	
Expenditure from		
corporate funds	Somerville, MA 02144	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
-		Check if Austin, TX, officeholder living expense donation proc fee
		donation proc rec
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OF		giit Office field
Date	Payee name	
12/22/2023	ActBLUE	
Amount (\$)	Payee address; City; State; Zip Co	nde
\$5.74	366 Summer St	
Ψ0.1-4	ood dammer de	
Expenditure from corporate funds	Somerville, MA 02144	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense donation proc fee
		donation proc rec
Complete ONLY if direct	Candidate/Officeholder name Office sou	l ght Office held
expenditure to benefit C/OF		•
Date	Payee name	
12/22/2023	Bay Area Turning Point	
Amount (\$)	Payee address; City; State; Zip Co	nde
\$172.00	PO Box 890929	
42.2.00	. 6 25/.655525	
Expenditure from corporate funds	Houston, TX 77289	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	donation	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		annual donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sou	ght Office held
experiantile to beliefft C/Or	,	

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

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 3/9 Rpt: 6/12	Bay Area New Democrats	00040715		
4 Date	5 Payee name			
08/01/2023	Boykins, Roger			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode .		
\$21.94	1239 Berkeley Lake Ln			
Expenditure from				
corporate funds	Houston , TX 77062			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		reimbursement for refreshments at monthly meeting		
		, , , , , , , , , , , , , , , , , , , ,		
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held		
expenditure to benefit C/OI	1			
Date	Payee name			
09/19/2023	Boykins, Roger			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$31.54	1239 Berkeley Lake Ln			
Expenditure from corporate funds	Houston, TX 77062			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		refreshments for monthly meeting		
Complete ONLY if direct	Candidate/Officeholder name Office sou	ight Office held		
expenditure to benefit C/OI	1			
Date	Payee name			
11/24/2023	Boykins, Roger			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$33.82	1239 Berkeley Lake Ln			
Expenditure from				
corporate funds	Houston, TX 77062			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense refreshments for monthly meting		
		Tonosimione is monthly mounty		
Complete ONLY if direct	Candidate/Officeholder name Office sou	L ght Office held		
expenditure to benefit C/OI				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to co	omplete	this form.	.,,
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethi	ics Commission Filers)
Sch: 4/9 Rpt: 7/12	Bay Area New Democrats		00040715	
4 Date	5 Payee name		I	
07/01/2023	Club Express			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$30.00	1051 Perimeter Dr			
Expenditure from corporate funds	Schaumberg, IL 60173			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	escription	
OF EXPENDITURE	Office Overhead/Rental Expense	`	Check if travel outside of Texas. Complete Se	chedule T.
EXPENDITORE			Check if Austin, TX, officeholder living expen	se
		l m	nonthly website fee	
O Commission ONLL V if disease	Condidate/Officeholder sees		Office held	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ugnı	Office field	
Date	Payee name			
08/01/2023	Club Express			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$30.00	1051 Perimeter Dr			
Expenditure from				
corporate funds	Schaumberg, IL 60173			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) D	escription	
EXPENDITURE	Office Overhead/Rental Expense	l ⊨	Check if travel outside of Texas. Complete Some Check if Austin, TX, officeholder living expen	
		l w	Pebsite fee	30
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office held	
expenditure to benefit C/O				
Date	Payee name			
09/01/2023	Club Express			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$30.00	1051 Perimeter Dr	ouc		
\$55.00				
Expenditure from corporate funds	Schaumberg, IL 60173			
PURPOSE		(h) D		
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		escription Check if travel outside of Texas. Complete So	chedule T.
EXPENDITURE	Office Overficad/Nertial Experise		Check if Austin, TX, officeholder living expen	
		st	torage unit	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught	Office held	
experiulture to beliefit C/O	,			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officenoider/Politica	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: 5/9 Rpt: 8/12	Bay Area New Democrats	00040715
4 Date	5 Payee name	
10/02/2023	Club Express	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$30.00	1051 Perimeter Dr	
Expenditure from corporate funds	Schaumberg, IL 60173	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense website fee
		Website fee
9 Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held
expenditure to benefit C/O		ugnit Onice neiu
Data		
Date	Payee name	
10/02/2023	Club Express	
Amount (\$)	Payee address; City; State; Zip C	ode
\$80.00	1051 Perimeter Dr	
Expenditure from		
corporate funds	Schaumberg, IL 60173	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense 2 year security certificate for website
		2 year security certificate for website
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O		Cince Hold
<u> </u>		
Date	Payee name	
11/01/2023	Club Express	
Amount (\$)	Payee address; City; State; Zip C	ode
\$30.00	1051 Perimeter Dr	
Expenditure from		
corporate funds	Schaumberg, IL 60173	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense monthly website fee
		monthly website ice
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O		ugnit Onice Heid

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

xpense Event Expense Loan Repayment/Reimbu

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

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

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

Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 6/9 Rpt: 9/12	Bay Area New Democrats	00040715
4 Date	5 Payee name	•
11/21/2023	Club Express	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	е
\$0.80	1051 Perimeter Dr	
Expenditure from corporate funds	Schaumberg, IL 60173	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		banking fee
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI		THE Office Held
<u> </u>		
Date	Payee name	
12/01/2023	Club Express	
Amount (\$)	Payee address; City; State; Zip Cod	e
\$30.00	1051 Perimeter Dr	
Expenditure from		
corporate funds	Schaumberg, IL 60173	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		monthly website fee
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI	9	onice neid
D-4-		
Date	Payee name	
12/11/2023	Club Express	
Amount (\$)	Payee address; City; State; Zip Cod	e
\$1.90	1051 Perimeter Dr	
Expenditure from		
corporate funds	Schaumberg, IL 60173	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense banking fee
		balking lee
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	nt Onice neid

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how to co	mplete	this form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 7/9 Rpt: 10/12	Bay Area New Democrats			00040715	
4 Date	5 Payee name				
12/21/2023	Club Express				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$0.80	1051 Perimeter Dr				
Expenditure from corporate funds	Schaumberg, IL 60173				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) De	escription		
OF EXPENDITURE	Accounting/Banking		Check if travel outsic		
			Check if Austin, TX, anking fee	officeholder living	g expense
		Do	alikiliy lee		
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	laht Iaht		Office he	JIH
expenditure to benefit C/Ol		igiit		Office file	aiu
Data					
Date 10/01/2023	Payee name ExtraSpace Storage				
	-				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$110.40	2795 cottonwood Pkwy				
Expenditure from	#400				
corporate funds	Cottonwood Heights, UT 84121				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) De	escription		
EXPENDITURE	Office Overhead/Rental Expense	l ⊨	Check if travel outsic Check if Austin, TX,		
		st	orage unit mon		, - ,
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght		Office he	eld
expenditure to benefit C/O	Н				
Date	Payee name				
10/29/2023	ExtraSpace Storage				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$110.40	2795 cottonwood Pkwy				
	#400				
Expenditure from corporate funds	Cottonwood Heights, UT 84121				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) De	escription		
OF	Office Overhead/Rental Expense		Check if travel outsic	de of Texas. Com	plete Schedule T.
EXPENDITURE	· ·	[Check if Austin, TX,	officeholder living	g expense
		St	orage unit		
Complete CAU V if dire	Condidate/Officeholder nema	l rabt		Office I-	old.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soul H	ıgnı		Office he	eiu

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/9 Rpt: 11/12	Bay Area New Democrats 00040715
•	
4 Date	5 Payee name
12/05/2023	ExtraSpace Storage
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$110.40	2795 cottonwood Pkwy
	#400
Expenditure from corporate funds	Cottonwood Heights, UT 84121
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	monthly storage unit fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	B
Date	Payee name
07/07/2023	Life Storage
Amount (\$)	Payee address; City; State; Zip Code
\$122.00	14102 Bay Pointe Ct
- Evnanditura from	
Expenditure from corporate funds	Houston, TX 77062
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	storage unit monthly fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	-
Date	Payee name
08/01/2023	Life Storage
Amount (\$)	Payee address; City; State; Zip Code
\$102.00	14102 Bay Pointe Ct
φ102.00	14102 Bay Foline Ct
Expenditure from	
corporate funds	Houston, TX 77062
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense
	storage unit
Complete CNU V if all	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
, , . ,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel out of District - 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: 9/9 Rpt: 12/12	Bay Area New Democrats 00040715
4 Date	5 Payee name
09/01/2023	Life Storage
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$102.00	14102 Bay Pointe Ct
Expenditure from corporate funds	Houston, TX 77062
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Storage unit
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held