#### 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) 00069221 3 COMMITTEE NAME **OFFICE USE ONLY Texas College Democrats** Date Received **ELECTRONICALLY FILED** 01/16/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 614 s 1st st Date Hand-delivered or Date Postmarked apt 306 Change of Address Austin, TX 78704 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Lucas P. NAME NICKNAME LAST **SUFFIX** Robinson STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 614 s 1st st STREET **ADDRESS APT 306** (Residence or Business) Austin, TX 78704 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 3136 Forest Park Blvd MAILING **ADDRESS** Fort Worth, TX 76110 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (469) 579-1190 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)
Texas College Democrats		00069221		
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.)			
<b>15</b> CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M  x check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA  (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	377.87
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	1,696.13
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	209.10
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•			
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mr. Lucas	P. Robinson	
		Signature of Car	mpaign Treasu	rer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tł	nis the	day
		which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of office	cer administering oath

## **SUBTOTALS - GPAC**

# FORM GPAC COVER SHEET PG 3

3 of 15				
<b>17</b> COMM	IITTE	E NAME	18 Filer ID	(Ethics Commission Filers)
l			00069221	(2000 00000000000000)
			00003221	T
		SUBTOTALS		SUBTOTAL AMOUNT
NAME	OF S	SCHEDULE		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 377.87
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	<b>\$</b> 1,696.13
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	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	\$

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/15	
2	FILER NAME Texas Colleg	je Democrats		3	Filer ID (Ethics Commission 00069221	ı Filers)
4	Date 07/23/2023	_ `		7	Amount of Contribution (\$)	\$19.21
_	Deignigal	Somerville, MA 02144	O Familia van (Coo Instrucționa			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 07/30/2023	Full name of contributor out-of-state PAC (ID#: ActBlue Texas Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$4.80
		Somerville, MA 02144		Ĺ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/27/2023	Full name of contributor out-of-state PAC (ID#: ActBlue Texas Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$257.82
		Somerville, MA 02144				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/24/2023	Full name of contributor out-of-state PAC (ID#:_ActBlue Texas  Contributor address; City; State; Zip Code  Somerville, MA 02144	)		Amount of Contribution (\$)	\$19.21
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 09/30/2023	Full name of contributor out-of-state PAC (ID#:_ ActBlue Texas  Contributor address; City; State; Zip Code  Somerville, MA 02144	)		Amount of Contribution (\$)	\$4.80
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/15	
2	FILER NAME Texas Colleç	ge Democrats		3	Filer ID (Ethics Commission 00069221	Filers)
4	Date 10/29/2023	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$24.01
8	Principal occu	Somerville, MA 02144 pation / Job title (See Instructions)	9 Employer (See Instructions			
_	Timolpai occa	pation / oob title (oce motivations)	2 Employer (See manuchons			
	Date 11/26/2023	Full name of contributor out-of-state PAC (ID#:_ ActBlue Texas  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$24.01
		Somerville, MA 02144				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/24/2023	Full name of contributor out-of-state PAC (ID#:_ ActBlue Texas Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$19.21
		Somerville, MA 02144				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/31/2023	Full name of contributor out-of-state PAC (ID#:_ ActBlue Texas Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$4.80
	Principal occu	Somerville, MA 02144 pation / Job title (See Instructions)	Employer (See Instructions	)		

### 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 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 con	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/9 Rpt: 6/15	Texas College Democrats	00069221
4 Date	5 Payee name	<u>.</u>
12/31/2023	ActBlue	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	e
\$0.20	PO Box 441146	
Expenditure from corporate funds	Somerville, 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.
LAFENDITORE		Check if Austin, TX, officeholder living expense
		service fee
9 Complete ONLY if direct	Candidate/Officeholder name Office souc	ht Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		nt Office field
Date	Payee name	
12/24/2023	ActBlue	
Amount (\$)	Payee address; City; State; Zip Coo	e
\$0.79	PO Box 441146	
Expenditure from		
corporate funds	Somerville, MA 02144	
PURPOSE OF	, ,	b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		service fee
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/O	1	
Date	Payee name	
11/26/2023	ActBlue	
Amount (\$)	Payee address; City; State; Zip Coo	e
\$0.99	PO Box 441146	
Expenditure from corporate funds	Somerville, MA 02144	
PURPOSE		b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		service fee
Complete CNII V if direct	Condidate/Officeholder name	ht Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held

### 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 Com

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I 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: 2/9 Rpt: 7/15	Texas College Democrats 00069221
4 Date	5 Payee name
10/29/2023	ActBlue
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.99	PO Box 441146
Expenditure from corporate funds	Somerville, MA 02144
8 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  Service fee
	Service lee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
09/30/2023	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$0.20	PO Box 441146
Expenditure from corporate funds	Somerville, 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  Service fee
	Service ree
Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/24/2023	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$0.79	PO Box 441146
— Foresanditure Cons	
Expenditure from corporate funds	Somerville, 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.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	1

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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

Fees Office Over Food/Beverage Expense Polling Ex Polling Ex Printing Expense Printing Expense Printing Expense Salaries/W

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I 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: 3/9 Rpt: 8/15	Texas College Democrats 00069221
4 Date	5 Payee name
09/24/2023	ActBlue
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.79	PO Box 441146
Expenditure from corporate funds	Somerville, MA 02144
8 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
	service fee
	Scribe lee
Complete CNI V if direct	Candidate/Officeholder name Office sought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/27/2023	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$10.18	PO Box 441146
Expenditure from corporate funds	Somerville, 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
	service fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
07/30/2023	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$0.20	PO Box 441146
Ψ3.20	
Expenditure from	Comparille, MA 02144
corporate funds	Somerville, 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
	Service fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<b>y</b>

### 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

Candidate/Officeholder/Politica 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: 4/9 Rpt: 9/15	Texas College Democrats 00069221
4 Date	5 Payee name
07/23/2023	ActBlue
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.79	PO Box 441146
Expenditure from corporate funds	Somerville, MA 02144
8 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
	service fee
	Service lee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	the state of the s
Date	Payee name
12/29/2023	Google
Amount (\$)	Payee address; City; State; Zip Code
\$259.62	Headquarters 1600 Amphitheatre Parkway
Expenditure from corporate funds	Mountain View, CA 94043
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
	software costs
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	n
Date	Payee name
10/01/2023	Google
Amount (\$)	Payee address; City; State; Zip Code
\$189.26	Headquarters 1600 Amphitheatre Parkway
Expenditure from corporate funds	Mountain View, CA 94043
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
	software costs
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experialitie to beliefft C/O	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	,
Sch: 5/9 Rpt: 10/15	Texas College Democrats 00069221
4 Date	5 Payee name
09/01/2023	Google
	8
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$72.49	Headquarters 1600 Amphitheatre Parkway
Expenditure from	
corporate funds	Mountain View, CA 94043
8 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 software costs
	Software costs
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/01/2023	Google
Amount (\$)	Payee address; City; State; Zip Code
\$63.96	Headquarters 1600 Amphitheatre Parkway
Expenditure from corporate funds	Mountain View, CA 94043
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
	software costs
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/01/2023	Google
Amount (\$)	Payee address; City; State; Zip Code
\$63.96	Headquarters 1600 Amphitheatre Parkway
Expenditure from	
corporate funds	Mountain View, CA 94043
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
	software costs
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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: 6/9 Rpt: 11/15	Texas College Democrats 00069221
4 Date	5 Payee name
07/13/2023	Hopper, inc
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$497.64	265 Franklin St
	Suite 1702
Expenditure from corporate funds	Boston, MA 02110
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Travel Out of District    Travel Out of District   X   Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Flight
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	-i
Date	Payee name
07/10/2023	Mailchimp
	·
Amount (\$)	Payee address; City; State; Zip Code
\$69.82	675 Ponce De Leon Avenue, Northeast Suite 5000
Expenditure from	
corporate funds	Atlanta, GA 30308
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Email program
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<del>-</del>
Date	Payee name
08/10/2023	Mailchimp
Amount (\$)	Payee address; City; State; Zip Code
\$69.82	675 Ponce De Leon Avenue, Northeast Suite 5000
Ψ03.02	OTO T OTICE DE LEGITA WEITIGE, INOTHICEUSE GUILE GOOD
Expenditure from	All QA 99999
corporate funds	Atlanta, GA 30308
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.
-	Check if Austin, TX, officeholder living expense
	Email program
Complete ONE VIII	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
5	

### 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

Candidate/Officeholder/Politica Credit Card Payment	I 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: 7/9 Rpt: 12/15	Texas College Democrats 00069221
4 Date	5 Payee name
09/10/2023	Mailchimp
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$69.82	675 Ponce De Leon Avenue, Northeast Suite 5000
Expenditure from corporate funds	Atlanta, GA 30308
8 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.
	Check if Austin, TX, officeholder living expense  Email program
	Email program
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
oxportantaro to sorione or o	
Date	Payee name
10/10/2023	Mailchimp
Amount (\$)	Payee address; City; State; Zip Code
\$69.82	675 Ponce De Leon Avenue, Northeast Suite 5000
Expenditure from corporate funds	Atlanta, GA 30308
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Email program
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/30/2023	United States Postal Service
Amount (\$)	Payee address; City; State; Zip Code
\$62.00	2600 8th Ave
Ψ02.00	2000 0017/40
Expenditure from	
corporate funds	Fort Worth, TX 76110
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense PO box
	1 0 500
Complete ONLY if allow	Condidate/Officeholder name Office county
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)
ertising Expense Event Expense Loan Repayment/Reimbu

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

Event Expense Loan
Fees Office
Food/Beverage Expense Pollin
Gitt/Awards/Memorials Expense Printit
Lenal Services Salar

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I 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: 8/9 Rpt: 13/15	Texas College Democrats 00069221
4 Date	5 Payee name
07/30/2023	United States Postal Service
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$62.00	2600 8th Ave
Expenditure from corporate funds	Fort Worth, TX 76110
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 PO box
	FO BOX
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/01/2023	Wells Fargo Bank
Amount (\$)	Payee address; City; State; Zip Code
\$60.00	420 Montgomery Street
Expenditure from corporate funds	San Francisco, CA 97228
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
	Dailking lee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
09/05/2023	Wells Fargo Bank
Amount (\$)	Payee address; City; State; Zip Code
\$35.00	420 Montgomery Street
Expenditure from	
corporate funds	San Francisco, CA 97228
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.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	banking fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3.,50	

## 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	nmittee	Legal Services	emorials Expense s tion Guide expl	Printing Salarie		s/Contract Labor		Travel Out of Di OTHER (enter a		sted above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Con	nmission Filers)
	Sch: 9/9 Rpt: 14/15		Texas Colle		rats					00069221	•	·
4	Date	5	Payee name									
	10/11/2023		Wells Fargo									
6	Amount (\$)	7	Payee addre	ss; City	;	State; Zip	Code					
	\$35.00		420 Montgo	mery Stre	et							
┢	Expenditure from corporate funds		San Francis	sco CA 97	'228							
8	PURPOSE	(a)					(b)	Description				
ľ	OF				sted at the top of the	nis schedule)	(6)		l outsi	ide of Texas. Com	plete Schedule	т.
	EXPENDITURE	IDE   / locounting/Dunking						officeholder living expense				
								banking fee				
9	Complete ONLY if direct expenditure to benefit C/OI	( H	Candidate/Offi	ceholder na	ime	Office s	ought			Office h	eld	
l												

## IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 15/15 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **Texas College Democrats** 00069221 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Hopper, inc 5 Contribution / Expenditure reported on: X Schedule F1 Schedule A2 Schedule B Schedule C2 Schedule D Schedule B(J) Schedule F4 Schedule COH-UC Schedule F2 Schedule G Schedule H 6 Dates of Travel 7 Name of person(s) traveling Robinson, Lucas 8 Departure city or name of departure location 07/27/2023 **DFW** 9 Destination city or name of destination location 07/30/2023 DCA 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Commercial Airplane Conference/fundraising