### COUNTY EXECUTIVE COMMITTEE CAMPAIGN FINANCE REPORT

# FORM CEC COVER SHEET PG 1

The CEC Instruction Guide explains how to complete this form.			1	Filer ID <sup>(Ethi</sup> 00083595	cs Commission F	ilers)	<ol> <li>Total page</li> <li>40</li> </ol>	es filed:	
3	COMMITTEE NAME							E USE C	
	Parker County Der	nocratic Party					Date Received		
	COMMITTEE			OT ATE.			ELECTRON 07/08/2024	IICALLY F	FILED
4	ADDRESS		CITY;	STATE;	ZIP	CODE			
		210 S. Lamar					Date Hand-delive	red or Date Po	stmarked
	Change of Address	Mastherford TV 70007							
		Weatherford, TX 76087					Receipt #	Amou	int
							Date Processed		
							Date 1 10003300		
							Date Imaged		
5	CAMPAIGN	MS / MRS / MR FIRST					MI		
	TREASURER NAME	Mrs. Peggie J.							
		NICKNAME LAST					SUFFIX		
		Herring							
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE)	E);	APT /	SUITE #;	CITY;		STATE;	ZIP CODE
	STREET	800 Ladera Dr.							
	ADDRESS								
	(Residence or Business)	Fort Worth, TX 76108							
7	CAMPAIGN TREASURER	STREET OR PO BOX;		APT	/ SUITE #;	CITY;		STATE;	ZIP CODE
	MAILING	800 Ladera Dr.							
	ADDRESS								
	Change of Address	Fort Worth, TX 76108							
8	CAMPAIGN	AREA CODE PHONE NUMBER	EX	TENSION					
	TREASURER	(817) 239-1196							
	PHONE								
9	REPORT	January 15	30th (	day before electio	n		Final Report		
	TYPE		9th d	ay before election			10th day afte	r compoign t	roacuror
		X July 15		-	I		termination	i campaign i	lieasuiei
			Runo	ff					
10	PERIOD	Month Day Year			Month	Day	Year		
	COVERED	01/01/2024	THR	OUGH	06	6/30/2024			
11	ELECTION	ELECTION DATE			ELECTION	TYPE			
		Month Day Year	Prim	ary	Runoff		Other		
			Gen	eral	Special				
	GO TO PAGE 2								
Fo	orms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.d378aba0								

## COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer I	D (Ethics Commission Filers)
Parker County Democra	atic Party		00083	3595
14 COMMITTEE ACTIVITY	1. 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		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOAN	ZED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR S MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold	4	<b>\$</b> 1,642.00
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	<b>\$</b> 10,903.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ZED POLITICAL EXPENDITURES	4	<b>\$</b> 0.00
	4. TOTAL POLITIC	CAL EXPENDITURES	\$	\$ 9,836.51
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	L CONTRIBUTIONS MAINTAINED AS OF THE LAST	DAY \$	20,953.89
OUTSTANDING LOAN TOTALS		L AMOUNT OF ALL OUTSTANDING LOANS AS OF T E REPORTING PERIOD	HE \$	<b>5</b> 0.00
16 AFFIDAVIT		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Mrs. Peggi	e J. Her	ring
		Signature of Car	npaign Ti	reasurer
AFFIX NOTARY	STAMP / SEAL ABOV	E		
		, th	nis the	day
of	_, 20, to certil	fy which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title o	of officer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.d378aba0

SUBTOTALS - CEC	СС	FORM CEC OVER SHEET PG 3 3 of 40
17 COMMITTEE NAME Parker County Democratic Party	18 Filer ID 00083595	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 10,903.50
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	<b>\$</b> 9,836.51
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
10. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	<b>\$</b> 1,047.00

SCHEDULE	A1
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The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 1/21 Rpt: 4/40	
2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
Parker Cour	nty Democratic Party			00083595	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
05/28/2024					\$100.00
	6 Contributor address; City; State; Zip Code		1		
	Fort Worth, TX 76102				
	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
Attorney		Self	_		
Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
01/06/2024	Coody, Sue				\$200.00
	Contributor address; City; State; Zip Code	ļ	]		
	Weatherford, TX 76086		Ļ		
	upation / Job title (See Instructions)	Employer (See Instructions	5)		
Retired		Retired	<del>—</del>		
Date		)	Γ	Amount of Contribution (\$)	
02/06/2024	Coody, Sue				\$200.00
	Contributor address; City; State; Zip Code		1		
	Weatherford, TX 76086		Ĺ		
-	upation / Job title (See Instructions)	Employer (See Instructions	5)		
Retired		Retired	<del>—</del>		
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
03/06/2024	Coody, Sue	!	]		\$200.00
	Contributor address; City; State; Zip Code				
	Manthorford TV 76006				
Dringinglagg	Weatherford, TX 76086				
Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instructions Retired	3)		
			—		
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	+
04/06/2024	Coody, Sue				\$200.00
	Contributor address; City; State; Zip Code				
	Mastharford TV 76006				
Dringinglaggy	Weatherford, TX 76086	Employer (Cool Instruction)	Ĺ		
-	upation / Job title (See Instructions)	Employer (See Instructions	5)		
Retired		Retired			

	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 2/21 Rpt: 5/40	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Parker Coun	ty Democratic Party			00083595	,
4	Date	5 Full name of contributor out-of-state PAC (ID#	:)	7	Amount of Contribution (\$)	
	05/06/2024	Coody, Sue				\$200.00
		6 Contributor address; City; State; Zip Code				
		Weatherford, TX 76086				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ns)		
	Retired		Retired	-,		
	Date	Full name of contributor out-of-state PAC (ID#	)		Amount of Contribution (\$)	
	01/14/2024	Corder, Gloria				\$25.00
		Contributor address; City; State; Zip Code				
	Deine in all a second	Brock, TX 76087				
	Not employe	pation / Job title (See Instructions)	Employer (See Instruction Not employed	ons)		
					Amount of Contribution (ft)	
	Date 02/14/2024	Full name of contributor Out-of-state PAC (ID#	:)		Amount of Contribution (\$)	\$25.00
	02/14/2024					Ψ20.00
		Brock, TX 76087				
		pation / Job title (See Instructions)	Employer (See Instruction	ons)		
	Not employe		Not employed			
	Date		:)		Amount of Contribution (\$)	<b>*</b> 05.00
	03/14/2024	Corder, Gloria				\$25.00
		Contributor address; City; State; Zip Code				
		Brock, TX 76087				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)		
	Not employe	d	Not employed			
	Date	Full name of contributor out-of-state PAC (ID#	)		Amount of Contribution (\$)	
	04/14/2024	Corder, Gloria				\$25.00
		Contributor address; City; State; Zip Code				
		Brock, TX 76087				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)		
	Not employe		Not employed	,		

The Instru	iction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 3/21 Rpt: 6/40	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	rs)
	nty Democratic Party		00083595	-,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
05/12/2024			\$2	25.00
	6 Contributor address; City; State; Zip Code			
	Brock, TX 76087	i		
	upation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Not employe	)d	Not employed		
Date		:)	Amount of Contribution (\$)	
06/14/2024	Corder, Gloria		\$2	25.00
	Contributor address; City; State; Zip Code			
	Brock, TX 76087			
	upation / Job title (See Instructions)	Employer (See Instructions	\$)	
Not employe	ed	Not employed		
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
01/15/2024	Crandell, Wendi		\$2	25.00
	Contributor address; City; State; Zip Code			
	Springtown, TX 76082	i		
-	upation / Job title (See Instructions)	Employer (See Instructions	\$)	
Not employe	3d	Not employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
02/15/2024	Crandell, Wendi		\$2	25.00
	Contributor address; City; State; Zip Code			
	Springtown, TX 76082			
-	upation / Job title (See Instructions)	Employer (See Instructions	s)	
Not employe	3d 	Not employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
03/15/2024	Crandell, Wendi		\$2	25.00
	Contributor address; City; State; Zip Code			
	Springtown, TX 76082	<u> </u>		
	upation / Job title (See Instructions)	Employer (See Instructions	\$)	
Not employe	3d	Not employed		

	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/21 Rpt: 7/40	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		ty Democratic Party			00083595	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	04/15/2024	Crandell, Wendi				\$25.00
		6 Contributor address; City; State; Zip Code		1		
Ļ		Springtown, TX 76082		Ĺ		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Not employe		Not employed	-		
	Date	—	)		Amount of Contribution (\$)	
	05/15/2024					\$25.00
		Contributor address; City; State; Zip Code				
		Coringtown TV 76000				
$\vdash$	Dringingl occu	Springtown, TX 76082 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Not employe		Not employed	»)		
╞				1		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>*</b> 25 00
	06/15/2024	Crandell, Wendi				\$25.00
		Contributor address; City; State; Zip Code				
		Springtown, TX 76082				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
	Not employe		Not employed	,		
⊨	Date	Full name of contributor Out-of-state PAC (ID#:			Amount of Contribution (\$)	
	01/11/2024	Durham, William				\$200.00
	01,11,202.	Contributor address; City; State; Zip Code		-		Ψ200.00
		Continuation address, City, State, Zip Code				
		Fort Worth, TX 76020				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Attorney		Durham & Galindo PLLC	С		
╞	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	02/11/2024	Durham, William				\$200.00
		Contributor address; City; State; Zip Code		1		
		Fort Worth, TX 76020				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Attorney		Durham & Galindo PLLC	С		

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 5/21 Rpt: 8/40
2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
Parker County Democratic Party	00083595
4 Date     5 Full name of contributor     out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
03/12/2024 Durham, William	\$200.00
6 Contributor address; City; State; Zip Code	1
Fort Worth, TX 76020  Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)	
8 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)         Attorney       Durham & Galindo PLLC	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/11/2024 Durham, William	\$200.00
Contributor address; City; State; Zip Code	
Fort Worth, TX 76020	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	s)
Attorney Durham & Galindo PLLC	,
	Amount of Contribution (\$)
Date     Full name of contributor     out-of-state PAC (ID#:)       05/11/2024     Durham, William	\$200.00
	ψ200.00
Contributor address; City; State; Zip Code	
Fort Worth, TX 76020	
Principal occupation / Job title (See Instructions) Employer (See Instructions	Σ δ)
Attorney Durham & Galindo PLLC	С
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/11/2024 Durham, William	\$200.00
Contributor address; City; State; Zip Code	1
Fort Worth, TX 76020	
Principal occupation / Job title (See Instructions) Employer (See Instructions	
Attorney Durham & Galindo PLLC	C
Date         Full name of contributor         out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/17/2024 Fagley, Martha	\$30.00
Contributor address; City; State; Zip Code	1
Willow Park, TX 76087	
Principal occupation / Job title (See Instructions) Employer (See Instructions	5)
	5)

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	The Instru	ction Guide explains how to complete this f	orm.	1	otal pages Schedule A1: Sch: 6/21 Rpt: 9/40	
2	FILER NAME			3 ⊢	iler ID (Ethics Commission	Filers)
		ty Democratic Party		1	0083595	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 A	mount of Contribution (\$)	
	02/17/2024	Fagley, Martha				\$30.00
		6 Contributor address; City; State; Zip Code		1		
		Willow Park, TX 76087				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:_	)	A	mount of Contribution (\$)	
	03/17/2024	Fagley, Martha				\$30.00
		Contributor address; City; State; Zip Code		1		
		Willow Park, TX 76087				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:_	· )	A	mount of Contribution (\$)	
	04/17/2024	Fagley, Martha				\$30.00
		Contributor address; City; State; Zip Code		1		
		Willow Park, TX 76087				
	-	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:_	)	A	mount of Contribution (\$)	
	05/17/2024	Fagley, Martha				\$30.00
		Contributor address; City; State; Zip Code		1		
		Willow Park, TX 76087				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:_	)	A	mount of Contribution (\$)	
	06/17/2024	Fagley, Martha				\$30.00
	Contributor address; City; State; Zip Code			1		
		Willow Park, TX 76087				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe	ed	Not Employed			

	The Instru	ction Guide explains how to complete t	this fo	rm.	1	Total pages Schedule A1: Sch: 7/21 Rpt: 10/40	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
-		nty Democratic Party			ľ	00083595	
4	Date	5 Full name of contributor out-of-state PAC	C (ID#:	)	7	Amount of Contribution (\$)	
	01/17/2024	Grizzard, Joe					\$50.00
		6 Contributor address; City; State; Zip Code			1		
		Boyd, TX 76023					
8		ipation / Job title (See Instructions)	ę	Employer (See Instructions	5)		
	Various			Self			
	Date	Full name of contributor out-of-state PAC	C (ID#:	)		Amount of Contribution (\$)	
	02/17/2024	Grizzard, Joe					\$50.00
		Contributor address; City; State; Zip Code			1		
		Boyd, TX 76023					
	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions	5)		
	Various			Self			
	Date	Full name of contributor 🗌 out-of-state PAC	C (ID#:	)		Amount of Contribution (\$)	
	03/17/2024	Grizzard, Joe					\$50.00
		Contributor address; City; State; Zip Code			1		
		Boyd, TX 76023					
	-	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Various			Self			
	Date	Full name of contributor 🔲 out-of-state PAC	C (ID#:	)		Amount of Contribution (\$)	
	04/17/2024	Grizzard, Joe					\$50.00
		Contributor address; City; State; Zip Code			1		
		Boyd, TX 76023					
	•	ipation / Job title (See Instructions)		Employer (See Instructions	5)		
	Various			Self			
	Date	Full name of contributor out-of-state PAC	C (ID#:	)		Amount of Contribution (\$)	
	05/17/2024	Grizzard, Joe					\$50.00
		Contributor address; City; State; Zip Code			1		
		Boyd, TX 76023					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Various			Self			
1							

	The Instru	ction Guide explains how to	o complete this f	orm.	1	Total pages Schedule A1: Sch: 8/21 Rpt: 11/40	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
-		ty Democratic Party				00083595	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	06/17/2024	Grizzard, Joe					\$50.00
		6 Contributor address; City; State			1		
		_					
		Boyd, TX 76023					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	s)		
	Various			Self			
╞	Date	Full name of contributor	out-of-state PAC (ID#:_	)	1	Amount of Contribution (\$)	
	01/02/2024	Grizzard, Monica		)			\$75.00
	01/02/2024						Ψ/ 3.00
		Contributor address; City; State	; Zip Code				
		David TV 70022					
		Boyd, TX 76023			Ļ		
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Retired			Retired			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	02/02/2024	Grizzard, Monica					\$75.00
		Contributor address; City; State	; Zip Code				
		Boyd, TX 76023					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Retired			Retired			
⊨	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	03/02/2024	Grizzard, Monica		/		(1)	\$75.00
		· · · · · · · · · · · · · · · · · · ·			·		<i><b></b></i>
		Contributor address; City; State	, zip coue				
		Boyd, TX 76023					
⊢	Princinal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u>		
	Retired			Retired	3)		
╘				Retired	-		
	Date		out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	04/21/2024	Grizzard, Monica					\$100.00
		Contributor address; City; State	; Zip Code				
		Boyd, TX 76023					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Retired			Retired			

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 9/21 Rpt: 12/40
2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
Parker County Democratic Party	00083595
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
05/02/2024 Grizzard, Monica	\$75.00
6 Contributor address; City; State; Zip Code	
Boyd, TX 76023	
8 Principal occupation / Job title (See Instructions)     9 Employer (See Instructions)	)
Retired Retired	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
05/22/2024 Grizzard, Monica	\$100.00
Contributor address; City; State; Zip Code	
Boyd, TX 76023	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	)
Retired	
Date     Full name of contributor     out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/02/2024 Grizzard, Monica	\$75.00
Contributor address; City; State; Zip Code	
Boyd, TX 76023	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	)
Retired Retired	,
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/22/2024 Grizzard, Monica	\$100.00
Contributor address; City; State; Zip Code	
Boyd, TX 76023	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	<u>)</u>
Retired Retired	)
	Amount of Contribution (\$)
Date     Full name of contributor     out-of-state PAC (ID#:)       01/30/2024     Hall, Paula	\$25.00
Contributor address; City; State; Zip Code	Ψ23.00
Continuation address, City, State, Zip Code	
Aledo, TX 76008	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	)
Not employed     Not employed	,

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 10/21 Rpt: 13/40
2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
Parker County Democratic Party	00083595
4 Date     5 Full name of contributor     out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
02/29/2024 Hall, Paula	\$25.00
6 Contributor address; City; State; Zip Code	······
Aledo, TX 76008	
8 Principal occupation / Job title (See Instructions)       9 Employer (See Instruction)         Nat ampleured       Nat ampleured	tions)
Not employed Not employed	
Date     Full name of contributor     out-of-state PAC (ID#:)	,
03/30/2024 Hall, Paula	\$25.00
Contributor address; City; State; Zip Code	
Aledo, TX 76008	
Principal occupation / Job title (See Instructions) Employer (See Instruction	tions)
Not employed Not employed	
Date     Full name of contributor     out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/30/2024 Hall, Paula	\$25.00
Contributor address; City; State; Zip Code	
Aledo, TX 76008	
Principal occupation / Job title (See Instructions) Employer (See Instruction	tions)
Not employed Not employed	
Date     Full name of contributor     out-of-state PAC (ID#:)	
01/04/2024 Henslee, Anita	\$25.00
Contributor address; City; State; Zip Code	
Weatherford, TX 76086	
Principal occupation / Job title (See Instructions) Employer (See Instruction	tions)
Not Employed Not Employed	lions)
Date     Full name of contributor     out-of-state PAC (ID#:)       01/04/2024     Honsilos Apita	Amount of Contribution (\$)
01/04/2024 Henslee, Anita	
Contributor address; City; State; Zip Code	
Weatherford TV 70000	
Weatherford, TX 76086           Principal occupation / Job title (See Instructions)         Employer (See Instructions)	tione
Principal occupation / Job title (See Instructions) Employer (See Instruction	tions)
	tions)

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/21 Rpt: 14/40	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		ty Democratic Party			00083595	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	02/04/2024	Henslee, Anita				\$22.00
		6 Contributor address; City; State; Zip Code		1		
		Weatherford, TX 76086				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Not Employe	ed	Not Employed			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	03/04/2024	Henslee, Anita				\$22.00
		Contributor address; City; State; Zip Code		1		
		Weatherford, TX 76086				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	04/04/2024	Henslee, Anita				\$22.00
		Contributor address; City; State; Zip Code		1		
		Weatherford, TX 76086				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	05/04/2024	Henslee, Anita				\$22.00
		Contributor address; City; State; Zip Code		1		
		Weatherford, TX 76086				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	06/04/2024	Henslee, Anita				\$22.00
	Contributor address; City; State; Zip Code			1		
		Weatherford, TX 76086				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe	ed	Not Employed			
Í Í						

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 12/21 Rpt: 15/40	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers	s)
	nty Democratic Party		00083595	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
01/16/2024	Howard, Gary		\$5	50.00
	6 Contributor address; City; State; Zip Code			
	Aledo, TX 76008			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions		
Not employe		Not employed	,	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
02/16/2024	Howard, Gary			50.00
	Contributor address; City; State; Zip Code			
	Aledo, TX 76008			
	upation / Job title (See Instructions)	Employer (See Instructions	)	
Not employe		Not employed		
Date		)	Amount of Contribution (\$)	
03/16/2024	Howard, Gary		50	50.00
	Contributor address; City; State; Zip Code			
	Aledo, TX 76008			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Not employe	Эd	Not employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
04/16/2024	Howard, Gary		\$5	50.00
	Contributor address; City; State; Zip Code			
	Aledo, TX 76008			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions		
Not employe		Not employed	)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
05/16/2024	Howard, Gary	/		50.00
	Contributor address; City; State; Zip Code			
	Aledo, TX 76008			
	upation / Job title (See Instructions)	Employer (See Instructions	)	
Not employe	ed	Not employed		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 13/21 Rpt: 16/40	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers	s)
	nty Democratic Party		00083595	-,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
06/16/2024	Howard, Gary		\$50	0.00
	6 Contributor address; City; State; Zip Code			
	Aledo, TX 76008			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>	
Not employe		Not employed	,	
Date		)	Amount of Contribution (\$)	
01/09/2024	Levin, Beny			0.00
	Contributor address; City; State; Zip Code			••••
	Azle, TX 76020			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
Not Employe	ed	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
02/09/2024	Levin, Beny		\$20	0.00
	Contributor address; City; State; Zip Code			
	Azle, TX 76020	1 _ · · /2 · · · ·	-	
	upation / Job title (See Instructions)	Employer (See Instructions	)	
Not Employe		Not Employed		
Date		)	Amount of Contribution (\$)	
03/09/2024	Levin, Beny		\$20	0.00
	Contributor address; City; State; Zip Code			
	Azle, TX 76020			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	·)	
Not Employe	ed (	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
04/09/2024	Levin, Beny		\$20	0.00
	Contributor address; City; State; Zip Code			
	Azle, TX 76020			
	ipation / Job title (See Instructions)	Employer (See Instructions	)	
Not Employe	)d	Not Employed		

	The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 14/21 Rpt: 17/40	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		ty Democratic Party			00083595	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	05/09/2024	Levin, Beny				\$20.00
		6 Contributor address; City; State; Zip Code		Ϊ		
		Azle, TX 76020				
8	Principal occu	I pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Not Employe		Not Employed			
╞	Date	Full name of contributor out-of-state PAC (ID#:	)	Т	Amount of Contribution (\$)	
	06/09/2024	Levin, Beny				\$20.00
	00/03/2024					Ψ20.00
		Contributor address; City; State; Zip Code				
		Azle, TX 76020				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Not Employe		Not Employed	-,		
	Date		)	Т	Amount of Contribution (\$)	
	05/11/2024	Liles, Deborah	)			\$200.00
	00/11/2024	Contributor address; City; State; Zip Code				¢200.00
		Contributor address, City, State, Zip Code				
		Weatherford, TX 76088				
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe		Not Employed			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	)	Т	Amount of Contribution (\$)	
	01/02/2024	Lott, James				\$100.00
	01/02/2021	Contributor address; City; State; Zip Code				¢100.00
		Contributor address, City, State, Zip Code				
		Weatherford, TX 76088				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Dry Cleaning	)	Lott Cleaners			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	02/02/2024	Lott, James				\$100.00
		Contributor address; City; State; Zip Code				
		Weatherford, TX 76088				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Dry Cleaning	]	Lott Cleaners			
			1			

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 15/21 Rpt: 18/40	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		nty Democratic Party			00083595	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	03/02/2024	Lott, James				\$100.00
		6 Contributor address; City; State; Zip Code		1		
		Weatherford, TX 76088				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Dry Cleaning	3	Lott Cleaners			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	04/02/2024	Lott, James				\$100.00
		Contributor address; City; State; Zip Code		ł		
		Weatherford, TX 76088				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Dry Cleaning		Lott Cleaners			
╞	Date	Full name of contributor out-of-state PAC (ID#:_	)	Г	Amount of Contribution (\$)	
	05/02/2024	Lott, James				\$100.00
	0010212024			ł		Ψ100.00
		Contributor address; City; State; Zip Code				
		Weatherford, TX 76088				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ج)		
	Dry Cleaning		Lott Cleaners	-,		
╞	Date			Г	Amount of Contribution (\$)	
	06/02/2024	Full name of contributor out-of-state PAC (ID#: Lott, James	)		Amount of Contribution (\$)	\$100.00
	00/02/2024					\$100.00
		Contributor address; City; State; Zip Code				
		Weatherford, TX 76088				
_	Dringing ogg		Employer (See Instructions	<u> </u>		
	Dry Cleaning	ipation / Job title (See Instructions)	Lott Cleaners	5)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/02/2024	Oates, Michael				\$100.00
		Contributor address; City; State; Zip Code		]		
		Weatherford, TX 76086				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Artist		Self			

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 16/21 Rpt: 19/40		
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		nty Democratic Party			00083595	
4	Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7	Amount of Contribution (\$)	
	02/02/2024	Oates, Michael				\$100.00
		6 Contributor address; City; State; Zip Code		·		
		Weatherford, TX 76086				
8		ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Artist		Self			
	Date	Full name of contributor out-of-state PAC (ID#	¥:)	T	Amount of Contribution (\$)	
	03/02/2024	Oates, Michael				\$100.00
		Contributor address; City; State; Zip Code		]		
		Weatherford, TX 76086				
	Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Artist		Self	5)		
⊨				T	Amount of Contribution (f)	
	Date 04/02/2024	Full name of contributor Out-of-state PAC (ID# Oates, Michael	#:)		Amount of Contribution (\$)	\$100.00
	04/02/2024					Φ100.00
		Contributor address; City; State; Zip Code				
		Weatherford, TX 76086				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Artist		Self			
	Date	Full name of contributor out-of-state PAC (ID#	)		Amount of Contribution (\$)	
	01/30/2024	Parker County Active Democrats				\$1,000.00
		Contributor address; City; State; Zip Code		"		
		Weatherford, TX 76087		Ĺ		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	S)		
				-		
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	<b>*1</b> 50.00
	01/04/2024	Parr, Jerry				\$150.00
	Contributor address; City; State; Zip Code					
	Weatherford, TX 76086					
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L S)		
	Consultant		Self	-,		
⊢						

The	e Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 17/21 Rpt: 20/40	
2 FII F	R NAME			3	Filer ID (Ethics Commission	n Filers)
		ity Democratic Party		ľ	00083595	11 11013)
4 Date	;	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
02/0	04/2024	Parr, Jerry				\$150.00
		6 Contributor address; City; State; Zip Code				
		Weatherford, TX 76086				
8 Princ	cipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Con	isultant		Self			
Date	;	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
03/0	04/2024	Parr, Jerry				\$150.00
		Contributor address; City; State; Zip Code		·		
		Weatherford, TX 76086				
Princ	cipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Con	sultant		Self			
Date	;	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	)4/2024	Parr, Jerry	<u> </u>		•••••••••••••••••••••••••••••••••••••••	\$150.00
				·		
		Weatherford, TX 76086				
Princ	cipal occu	I pation / Job title (See Instructions)	Employer (See Instructions	s)		
	sultant	•	Self			
Date	2	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	<i>.</i> )4/2024	Parr, Jerry	/		Allount of Contineation (1)	\$150.00
00, -		Contributor address; City; State; Zip Code				Ψ100.00
		Continuation address, City, State, Zip Code				
		Weatherford, TX 76086				
Princ	rinal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	isultant		Self	-,		
		Full name of contributor Out-of-state PAC (ID#:		T	Amount of Contribution (\$)	
Date	9 04/2024	Full name of contributor out-of-state PAC (ID#: Parr, Jerry	)			\$150.00
00/0	J4/2024	-				Φ100.00
		Contributor address; City; State; Zip Code				
		Weatherford, TX 76086				
Drine	cipal occu		Employer (See Instruction			
	cipai occu Isultant	pation / Job title (See Instructions)	Employer (See Instructions	S)		
Cun	ISUILAIN		Sell			
1						

SCHEDULE	A1
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	The Instru	ction Guide explains how	<i>i</i> to complete this f	orm.	1	Total pages Schedule A1: Sch: 18/21 Rpt: 21/40	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
-		ty Democratic Party				00083595	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	05/13/2024	Public Results, LLC					\$170.00
		6 Contributor address; City; St	tate; Zip Code				
		Chicago, IL 60612					
	Principal occu	pation / Job title (See Instructions	2)	9 Employer (See Instructions	<u> </u> יו		
			·)		·)		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	01/12/2024	Rogers, Linda					\$25.00
		Contributor address; City; St					
		Westbarford TX 76096					
_	Drincinal occu	Weatherford, TX 76086 pation / Job title (See Instructions		Employer (See Instructions	<u> </u>		
	Not Employe		<i>`)</i>	Not Employed	<i>י</i> ו		
╞	Date	Full name of contributor	out-of-state PAC (ID#:	)	I	Amount of Contribution (\$)	
	02/12/2024	Rogers, Linda					\$25.00
	02,22,2.2	Contributor address; City; St	tate <sup>.</sup> 7in Code				*=*
		Weatherford, TX 76086		-			
		pation / Job title (See Instructions	\$)	Employer (See Instructions	5)		
	Not Employe			Not Employed			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	±05.00
	03/12/2024	Rogers, Linda					\$25.00
		Contributor address; City; St	tate; Zip Code				
		Weatherford, TX 76086					
	Principal occu	pation / Job title (See Instructions)	3)	Employer (See Instructions	;)		
	Not Employe	ed .		Not Employed			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	03/29/2024	Rogers, Linda					\$1,109.50
	Contributor address; City; State; Zip Code						
		Weatherford, TX 76086					
⊢	Principal occu	pation / Job title (See Instructions	<u>.</u>	Employer (See Instructions	[;)		
	Not Employe		-	Not Employed			
				I			
I							

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 19/21 Rpt: 22/40	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
_		nty Democratic Party		-	00083595	1
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	04/12/2024	Rogers, Linda				\$25.00
		6 Contributor address; City; State; Zip Code		1		
		Weatherford, TX 76086				
8			9 Employer (See Instructions	3)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	05/12/2024	Rogers, Linda				\$25.00
		Contributor address; City; State; Zip Code		1		
		Weatherford, TX 76086				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe	ed l	Not Employed			
F	Date	Full name of contributor out-of-state PAC (ID#:	Γ	Amount of Contribution (\$)		
	06/12/2024	Rogers, Linda				\$25.00
				1		
		Weatherford, TX 76086				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	ed la	Not Employed			
╞	Date	Full name of contributor out-of-state PAC (ID#:	·)	Γ	Amount of Contribution (\$)	
	01/20/2024	Short, Jim			•••	\$25.00
		Contributor address; City; State; Zip Code		1		
		Boyd, TX 76023				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired	1	Retired			
╞	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	02/20/2024	Short, Jim				\$25.00
		Contributor address; City; State; Zip Code	•			
		Boyd, TX 76023				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Retired		Retired	.,		
⊢		J	<u> </u>			

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 20/21 Rpt: 23/40	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
	nty Democratic Party		00083595	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7 Amount of Contribution (\$)	
04/21/2024	Short, Nikki			\$25.00
	6 Contributor address; City; State; Zip Code			
	Azle, TX 76020			
	upation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Not Employe	ed	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
05/21/2024	Short, Nikki			\$25.00
	Azle, TX 76020			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>.</u>	
Not Employe		Not Employed	7	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	<b>*</b> 25 00
06/21/2024	Short, Nikki			\$25.00
	Contributor address; City; State; Zip Code			
	Azle, TX 76020			
-	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Not Employe	ed	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
01/05/2024	Wright, Linda			\$25.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76108			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:	. )	Amount of Contribution (\$)	
02/05/2024	Wright, Linda	·/	.,	\$25.00
02/00/202	-			Ψ20.00
	Contributor address; City; State; Zip Code			
	Fort Worth TV 76109			
D' indian	Fort Worth, TX 76108			
	upation / Job title (See Instructions)	Employer (See Instructions	)	
Retired		Retired		

	The Instru	ction Guide explains how to complete this t	form.		Total pages Schedule A1: Sch: 21/21 Rpt: 24/40	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		nty Democratic Party			00083595	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	03/05/2024	Wright, Linda				\$25.00
	I	6 Contributor address; City; State; Zip Code		"		
	I					
	I					
		Fort Worth, TX 76108				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:_	· )	Τ	Amount of Contribution (\$)	
	03/06/2024	Wright, Linda				\$25.00
	I	Contributor address; City; State; Zip Code				
	l					
	I					
	I	Fort Worth, TX 76108				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Τ	Amount of Contribution (\$)	
	04/05/2024	Wright, Linda	,			\$25.00
	0	Contributor address; City; State; Zip Code				¥
	l					
	l					
	I	Fort Worth, TX 76108				
$\vdash$	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	L is)		
	Retired		Retired			
╞	Date	Full name of contributor out-of-state PAC (ID#:		Τ	Amount of Contribution (\$)	
	05/05/2024	Wright, Linda	/		Allount of Contribution (*)	\$25.00
	00/00/2027	-				Ψ20.00
	l	Contributor address; City; State; Zip Code				
	l					
	I	Fort Worth, TX 76108				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	L (S)		
	Retired		Retired	ς,		
╞	Date	Full name of contributor out-of-state PAC (ID#:		<del>—</del>	Amount of Contribution (\$)	
	06/05/2024	Full name of contributor out-of-state PAC (ID#: Wright, Linda	/			\$25.00
	00/03/2024					Ψ20.00
	I	Contributor address; City; State; Zip Code				
	I					
	I	Fort Worth, TX 76108				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Retired		Retired	5)		
	Kellieu					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Food/Beverage Expense Pollin Gift/Awards/Memorials Expense Printi	e Overhe ng Exper ing Expe ries/Wag	nse es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 1/15 Rpt: 25/40		Parker County Democratic Party				00083595			
4	Date 01/30/2024		Payee name Act Blue							
6	Amount (\$) \$50.58		Payee address; City; State; Zip PO Box 441146 Summerville, ME 02144	Code	3					
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Fees	(b		, тх,	de of Texas. Complete Schedule T. officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office	sough	t		Office held			
	Date		Payee name							
	02/29/2024		Act Blue							
	Amount (\$) \$49.10		Payee address; City; State; Zip PO Box 441146	Code	•					
			Summerville, ME 02144							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees	(b		, тх,	de of Texas. Complete Schedule T. officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name Office	t		Office held				
	Date		Payee name							
	03/31/2024		Act Blue							
	Amount (\$) \$93.02		Payee address; City; State; Zip PO Box 441146	Code	3					
			Summerville, ME 02144	i						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees	(b			de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name Office	sough	t		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees         Office C           Food/Beverage Expense         Polling           Gift/Awards/Memorials Expense         Printing	Dverhea Expens Expers/Wage	nse es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 2/15 Rpt: 26/40		Parker County Democratic Party				00083595			
4	Date 04/30/2024	5	Payee name Act Blue							
6	Amount (\$) \$53.45	7	Payee address; City; State; Zip ( PO Box 441146 Summerville, ME 02144	Code						
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Fees	(b)			de of Texas. Complete Schedule T. officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name Office so	ought	i		Office held			
	Date		Payee name							
	05/30/2024		Act Blue							
	Amount (\$) \$53.60		Payee address; City; State; Zip ( PO Box 441146	Code						
	PURPOSE	(a)	Summerville, ME 02144 Category (See Categories listed at the top of this schedule)	(h)	Description					
	OF	(4)	Category (See Categories listed at the top of this schedule) Fees		Check if travel o		de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office so	ought	i		Office held			
	Date		Payee name							
	06/28/2024		Act Blue							
	Amount (\$) \$40.30		Payee address; City; State; Zip ( PO Box 441146	Code						
			Summerville, ME 02144	-1						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Fees	(b)			de of Texas. Complete Schedule T. officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name Office so	ought			Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen nmittee Legal Services The Instruction Guide e		Office Ove Polling Exp Printing Ex Salaries/W	rhead/f bense pense ages/C	Reimbursement Rental Expense Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Rel Travel in District Travel Out of District OTHER (enter a category not lis	ated Expense
1	Total pages Schodula F1:	2		лришо		inprett		3	Filor ID (Ethics Com	mission Filors)
L.	Total pages Schedule F1: Sch: 3/15 Rpt: 27/40	2	Parker County Democratic Party	/					Filer ID (Ethics Com 00083595	mission Filers)
4	Date	5	Payee name							
	05/17/2024		Albertson							
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de				
	\$45.03		225 E Spring St							
			Weatherford, TX 76086							
8	PURPOSE	(a)				(h) r	Description			
ľ	OF	(4)	Category (See Categories listed at the top Food/Beverage Expense	of this sch	iedule)	ι», ι Γ		outsio	le of Texas. Complete Schedule	т.
	EXPENDITURE		roou/Deverage Expense			Ē	Check if Austin,	TX,	officeholder living expense	
						Ō	CEC meeting			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	(	Dffice sou	ght			Office held	
	Date		Payee name							
	02/23/2024		Amazon							
	Amount (\$)		Payee address; City;	State	; Zip Co	he				
	\$127.85		410 Terry Ave N	State,	, zip co	uc				
	Φ127.05									
			Seattle, WA 98109							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Office Overhead/Rental Expens		edule)			ΤX,	le of Texas. Complete Schedule officeholder living expense	т.
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	(	Dffice sou	ght			Office held	
	Date		Payee name							
	02/26/2024		Amazon							
	Amount (\$)		Payee address; City;	State	; Zip Co	de				
	\$342.59		410 Terry Ave N	otato,	, <u>Lip 00</u>	ao				
	ψ042.00									
			Seattle, WA 98109							
	PURPOSE OF	(a)	Category (See Categories listed at the top		edule)	(b) [ 	Description			
	EXPENDITURE		Office Overhead/Rental Expens	e		L F		TX,	le of Texas. Complete Schedule	т.
-	Complete ONLY if direct	<u>ر</u>	Candidate/Officeholder name	(	Office sou	aht			Office held	
	expenditure to benefit C/OF				2.1100 0000					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	kpense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2				2	Filer ID (Ethics Commission Filers)			
1	Sch: 4/15 Rpt: 28/40	2	Parker County Democratic Party			3	00083595			
4	Date 03/12/2024	5	Payee name Amazon							
_		_		7: 0						
6	Amount (\$)	7		Zip Co	de					
	\$156.95		410 Terry Ave N							
			Seattle, WA 98109							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	OF EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T.			
						, TX,	, officeholder living expense			
					Supplies					
_	Operation ONITY is diverged									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	gnt		Office held			
	Date		Payee name							
	03/23/2024		Barbosa, Belinda							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$41.64		14409 Greymoore Circle							
			Aledo, TX 76008							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description					
	EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T. , officeholder living expense			
					Primary refre					
					-					
	Complete ONLY if direct		Candidate/Officeholder name C	)ffice sou	ght		Office held			
	expenditure to benefit C/OI	Н								
	Date		Payee name							
	01/25/2024		Charter Communications							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$129.98		PO Box 790261	·						
			Saint Louis, MO 63179							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	_				
	EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T. , officeholder living expense			
					Spectrum inte					
					epeotion int					
-	Complete ONLY if direct	<u>_</u>	Candidate/Officeholder name C	Office sou	aht		Office held			
	expenditure to benefit C/Oł				J					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     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)							
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)							
T	Sch: 5/15 Rpt: 29/40	Parker County Democratic Party	00083595							
4	Date 02/26/2024	Payee name Charter Communications								
6	Amount (\$) \$129.98	Payee address;City;State;Zip CodePO Box 790261Saint Louis, MO 63179								
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense rnet							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	03/25/2024	Charter Communications								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$129.98	PO Box 790261 Saint Louis, MO 63179								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense rnet							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	04/25/2024	Charter Communications								
	Amount (\$) \$129.98	Payee address; City; State; Zip Code PO Box 790261								
		Saint Louis, MO 63179								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense rnet							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pense ages/	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	·		·		3	Filer ID (Ethics Commission Filers)		
-	Sch: 6/15 Rpt: 30/40		Parker County Democratic Party					00083595		
4	Date 05/28/2024	5	Payee name Charter Communications							
6	Amount (\$)	7		Zip Co	do					
ľ	\$129.98	ľ	PO Box 790261	2ip C0	ue					
	Φ129.90		FO B0X 790201							
			Saint Louis, MO 63179							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rental Expense					ide of Texas. Complete Schedule T.		
								, officeholder living expense		
					Spectrum internet					
_	Complete ONIL V if direct		Condidate/Officeholder name		~ bt			Office hold		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	yni			Office held		
	Date		Payee name							
	06/25/2024		Charter Communications							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$129.98		PO Box 790261							
			Saint Louis, MO 63179							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rental Expense	,		Check if travel	outsi	ide of Texas. Complete Schedule T.		
	EXPENDITORE							, officeholder living expense		
						Spectrum inte	erne	et		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office held		
	Date		Payee name							
	05/20/2024		Fairfield Inn							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$80.25		175 Alford Dr							
			Weatherford, TX 76087							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Event Expense	,		Check if travel	outsi	ide of Texas. Complete Schedule T.		
	EXPENDITORE							, officeholder living expense		
						rent fee:CEC	me	eeting		
	Complete ONLY if direct         Candidate/Officeholder name         Office sought         Office held           expenditure to benefit C/OH         Office sought         Office held									
					_		_			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awar Legal Se	erage Expense ds/Memorials Expense vices	Office C Polling I Printing Salaries	Overhea Expens Expens Wage	se s/Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense
_		-		truction Guide explai	ns now to c	compi	ete this form.	1-		
1	Total pages Schedule F1: Sch: 7/15 Rpt: 31/40	2	FILER NAME Parker County De	nocratic Party				3	Filer ID 00083595	(Ethics Commission Filers)
4	Date	5	Payee name							
	03/23/2024		Hull, Amy							
6	Amount (\$)	7			ate; Zip C	Code				
	\$121.90		1211 Briarwood S	reet						
			Fort Worth, TX 76	087						
8	PURPOSE	(a)	Category (See Catego	ries listed at the top of this	schedule)	(b)	Description			
	OF EXPENDITURE		Food/Beverage E>	pense					de of Texas. Comp	
							Primary refre		officeholder living	expense
							T findary felice	,3111	nents	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholde	r name	Office so	bught			Office he	ld
	Date		Payee name							
	01/04/2024		Jordan, Gary							
	Amount (\$)		Payee address;	City; Sta	ate; Zip C	Code				
	\$975.00		103 York	0.0,	, <u>-</u> .p c					
	\$010.00		100 101							
			Weatherford, TX 7	6086		_				
	PURPOSE OF EXPENDITURE	(a)	Category (See Catego Office Overhead/F		schedule)	(b)		ı, TX,	de of Texas. Comp officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholde	r name	Office so	bught			Office he	ld
	Date		Payee name							
	02/01/2024		Jordan, Gary							
	Amount (\$)	$\vdash$		City; Sta	ate; Zip C	Code				
	\$975.00		103 York		лю, <u>—</u> р с					
	\$010.00		100 101							
			Weatherford, TX 7	6086		_				
	PURPOSE OF	(a)	Category (See Catego	•	schedule)	(b)	Description			
	EXPENDITURE		Office Overhead/F	ental Expense				ı, TX,	de of Texas. Comp officeholder living	
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholde	r name	Office so	bught			Office he	ld

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen Imittee Legal Services The Instruction Guide e		Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pense ages/	e /Contract Labor		Transportation E Travel in District Travel Out of Dis	
1	Total pages Schedule F1:	2		xpiulii3		inpic		2	Filer ID	(Ethics Commission Filers)
L.	Sch: 8/15 Rpt: 32/40	2	Parker County Democratic Party	/				3	00083595	
4	Date	5	Payee name							
	03/11/2024		Jordan, Gary							
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de				
	\$995.00		103 York							
			Weatherford, TX 76086							
8	PURPOSE	<u> </u>				(h)	Description			
°	OF	(a)	Category (See Categories listed at the top Office Overhead/Rental Expension		edule)	(u)	Description	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE		Once Overnead/Rental Expens	e					officeholder living	
							March rent			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Dffice sou	ght			Office h	əld
	Date		Payee name							
	04/03/2024		Jordan, Gary							
_	Amount (\$)	┝	Payee address; City;	State	Zip Co	de				
	\$995.00		103 York	State,	, zip co	uc				
	φ990.00		103 101							
			Weatherford, TX 76086							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Office Overhead/Rental Expens		edule)				de of Texas. Com officeholder living	plete Schedule T. g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		candidate/Officeholder name	C	Dffice sou	ght			Office h	eld
	Date		Payee name							
	05/02/2024		Jordan, Gary							
	Amount (\$)		Payee address; City;	State	; Zip Co	de				
	\$975.00		103 York	otato,	, <u>Lip</u> 00					
	\$510.00									
			Weatherford, TX 76086							
	PURPOSE OF	(a)	Category (See Categories listed at the top		edule)	(b)	Description			
	EXPENDITURE		Office Overhead/Rental Expens	e					de of Texas. Com officeholder living	plete Schedule T. J expense
-	Complete ONLY if direct	<u>ر</u>	andidate/Officeholder name	ſ	Office sou	aht			Office h	hle
	expenditure to benefit C/OI			C	2.1100 300	9.11			Childe In	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee	Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Exp Legal Services The Instruction Guid		Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor		Transportation E Travel in District Travel Out of Dis		
1	Total pages Schedule F1:			•		·	3	Filer ID	(Ethics Commission Filers)	
-	Sch: 9/15 Rpt: 33/40		County Democratic Pa	ırty			3	00083595		
4	Date 06/06/2024	Payee n Jordan,								
6	Amount (\$) \$975.00	Payee a 103 You Weathe		State;	; Zip Coc	e				
8	PURPOSE OF EXPENDITURE		/ (See Categories listed at the t Dverhead/Rental Expe		edule)			ide of Texas. Com , officeholder living		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	e/Officeholder name	C	Office soug	ht		Office he	eld	
	Date	Payee n	ame							
	01/03/2024	Lutes, A	Ashley							
	Amount (\$) \$390.00	Payee a 174 Co	ddress; City; llege Park Drive, Apt.3		; Zip Coc	e				
	DUDDOSE	Weatherford, TX 76086								
	PURPOSE OF EXPENDITURE		(See Categories listed at the t S/Wages/Contract Lab		edule)		n, TX,	ide of Texas. Com , officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought						Office he	eld	
	Date	Payee n	ame							
	01/29/2024	Lutes, A	Ashley							
	Amount (\$) \$300.00	Payee address; City; State; Zip Code 174 College Park Drive, Apt.388								
			rford, TX 76086							
	PURPOSE OF EXPENDITURE		(See Categories listed at the t S/Wages/Contract Lab		edule)		ı, TX,	ide of Texas. Com , officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	/Officeholder name	C	Office soug	ht		Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	ILER NAME				3 Filer ID	(Ethics Commission Filers)			
	Sch: 10/15 Rpt: 34/40									
4	Date 01/22/2024	Payee name MailChimp								
6	Amount (\$) \$47.97	Payee address; City; 675 Ponce De Leon Di Atlanta, GA 30308		Zip Code						
8	PURPOSE OF EXPENDITURE	Category <sub>(See Categories lis</sub> Office Overhead/Renta		ule) (b)	Check if Austin,	outside of Texas. Com , TX, officeholder living SES Of NEW COUI				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder nar	ne Offi	ice sought		Office he	ld			
	Date	Payee name								
	02/02/2024	<i>l</i> lailChimp								
	Amount (\$) \$47.97	Payee address; City; 675 Ponce De Leon Di Atlanta, GA 30308		Zip Code						
	PURPOSE OF EXPENDITURE	Category <sub>(See Categories lis</sub> Solicitation/Fundraising		<sub>ule)</sub> (b)		outside of Texas. Com, , TX, officeholder living SES				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder nar	ne Offi	ice sought		Office he	łd			
	Date	Payee name								
	03/20/2024	<i>l</i> ailChimp								
	Amount (\$) \$47.97	Payee address; City; 375 Ponce De Leon Di		Zip Code						
		Atlanta, GA 30308		i						
	PURPOSE OF EXPENDITURE	Category (See Categories lis Office Overhead/Renta		<sub>ule)</sub> (b)		outside of Texas. Com , TX, officeholder living SES				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder nar	ne Offi	ice sought		Office he	ld			

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           y -         Gift/Awards/Memorials Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2				3	Filer ID (Ethics Commission Filers)					
-	Sch: 11/15 Rpt: 35/40											
4	Date 04/22/2024		Payee name MailChimp									
6			·	Zin Co								
0	Amount (\$) 7 Payee address; City; State; Zip Code \$47.97 675 Ponce De Leon Dr NE Suite 5000 Atlanta, GA 30308											
8	PURPOSE	(a)		ad ad a l								
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description         Image: Check if Austin, TX, officeholder living expense email addresses       Image: Check if Austin, TX, officeholder living expense email addresses							, officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ıht		Office held					
	Date		Payee name									
05/20/2024 MailChimp												
	Amount (\$)		Payee address; City; State;	Zip Co	le							
	\$47.97		675 Ponce De Leon Dr NE Suite 5000 Atlanta, GA 30308									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense S					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held										
	Date		Payee name									
	06/20/2024		MailChimp									
	Amount (\$)		Payee address; City; State;	Zip Co	le							
	\$47.97		675 Ponce De Leon Dr NE Suite 5000									
			Atlanta, GA 30308									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	edule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense S					
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name O	)ffice sou	Jht		Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Se Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
_		The Instruction Guide explains how to complete this form								
1	Total pages Schedule F1: Sch: 12/15 Rpt: 36/40	FILER NAME Parker County Democratic Party	3 Filer ID (Ethics Commission Filers) 00083595							
_	•		0000000							
4	Date 01/05/2024	Payee name NNT Microsoft								
6	Amount (\$) \$13.53	Payee address; City; State; Zip Code 901 K St NW Washington DC, DC 20001								
8	PURPOSE OF	(b) Description								
OF       Office Overhead/Rental Expense       Check if travel outside of Texas. Complete Schedule T.         EXPENDITURE       Check if Austin, TX, officeholder living expense       Office Microsoft										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	02/06/2024	NNT Microsoft								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$13.53	901 K St NW								
		Washington DC, DC 20001								
	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense prosoft program							
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	03/05/2024	NNT Microsoft								
-	Amount (\$)	Payee address; City; State; Zip Code								
	\$13.53	901 K St NW								
		Washington DC, DC 20001								
	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense							
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp mittee Legal Services The Instruction Guid		Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Travel in District Travel Out of Distr	uipment & Related Expense			
1	Total pages Schedule F1:	2					3	Filer ID	(Ethics Commission Filers)			
1	Sch: 13/15 Rpt: 37/40		Parker County Democratic Pa	ırty			3	00083595				
4	Date 05/06/2024		Payee name NNT Microsoft									
6	Amount (\$) \$13.53		Payee address; City; 901 K St NW Washington DC, DC 20001	State;	; Zip Coc	le						
8       PURPOSE OF EXPENDITURE       (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. Check if Austin, TX, officeholder living expense Office Microsoft												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held	d			
	Date		Payee name									
	06/05/2024		NNT Microsoft									
	Amount (\$)     Payee address;     City;     State;     Zip Code       \$13.53     901 K St NW     500 K St NW     500 K St NW											
	DUDDOCE		Washington DC, DC 20001			(h)						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the t Office Overhead/Rental Expe		nedule)		ı, TX	ide of Texas. Compl , officeholder living e				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sought					Office held				
	Date		Payee name									
	03/11/2024		Parker County Chamber of Co	ommerce	•							
	Amount (\$) \$180.00		Payee address; City; 100 Chuckwagon Trail	State;	; Zip Coo	le						
			Willow Park, TX 76087									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the t Fees	op of this sch	nedule)			ide of Texas. Compl , officeholder living e				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held	d			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Tr.           Food/Beverage Expense         Polling Expense         Tr.           by -         Gift/Awards/Memorials Expense         Printing Expense         Tr.					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 14/15 Rpt: 38/40									
4	Date 03/23/2024	5	Payee name Parr, Kay							
6	Amount (\$) \$20.86	7	Payee address; City; State 210 S Lamar Weatherford, TX 76086	e; Zip C	ode					
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Event Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if travel outside of Texas. Complete Schedule T.         Image: Purpose       Check if Austin, TX, officeholder living expense         Primary supplies								officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office so	ught			Office held		
	Date		Payee name							
	03/29/2024		Rogers, Linda							
	Amount (\$) \$53.58		Payee address; City; State 115 East 4th Street	e; Zip C	ode					
	PURPOSE	(a)	Weatherford, TX 76086 Category (See Categories listed at the top of this so	-hadula)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense	nequie)	(-)	Check if travel	, TX,	de of Texas. Complete Schedule T. officeholder living expense Nents		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O							Office held		
	Date		Payee name							
	02/07/2024		United States Postal Service							
	Amount (\$) \$340.00		Payee address; City; State 1145 Santa Fe Dr	e; Zip C	ode					
			Weatherford, TX 76086							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this so Solicitation/Fundraising Expense	hedule)	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense OtS		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office so	ught			Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)													
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense I Fees G Food/Beverage Expense I By - Gift/Awards/Memorials Expense I			Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Re 'head/Re ense pense ages/Cor	eimbursement ntal Expense ntract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 F	-ILER NAME						3	Filer ID (Ethics Commission Filers)				
-	Sch: 15/15 Rpt: 39/40			nty Democrat	ic Party					00083595	( · ·	,		
4	Date	5 F	Payee name											
	05/14/2024	۱ ا	Weatherford	I College Fou	Indation									
6	Amount (\$) \$100.00	2	Payee addres 225 College Weatherforc	Park Drive	State;	Zip Co	de							
8	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Gift/Awards/Memorials Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Coody Family Scholarship of the Weat</li> <li>College Foundation, Inc. Sue Coody w</li> </ul>						Veatherford						
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH														
	Date	F	Payee name											
	04/22/2024			Communica	tions, inc									
	Amount (\$) \$170.46	5	Payee addres 55 Almaden San Jose, C	Blvd, 6th floo		Zip Co	le							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedul Event Expense			edule)	Check if travel outside o				e of Texas. Complete Schedule T. officeholder living expense Dr ONE YEAR				
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Offic	ceholder name	C	ffice sou	ght			Office h	eld			

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	pages Schedule K: 1/1 Rpt: 40/40				
2	FILER NAME Parker Coun	D (Ethics Commission Filers) 3595				
4	Date 02/23/2024	5	Name of person from whom amount is received Parker County Democratic Party	8 Amount (\$) \$1,047.00		
		6	Address of person from whom amount is received; City; State; Zip Code			
		_	Weatherford, TX 76086			
		<b>/</b>	Purpose for which amount is received Check if purpose for which amou	olitio	cal con	tribution returned to filer