#### POLITICAL PARTY REPORT REGARDING FUNDS FROM CORPORATIONS AND LABOR ORGANIZATIONS

#### FORM PTY-CORP COVER SHEET PG 1

The Form PTY-CORP Instru	ction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 00023719	2 Total pages fil 8	ed
3 POLITICAL PARTY NAME	Harris County Democratic Party (P)	OFFICE U	ISE ONLY
4 STATE OR COUNTY PARTY	State X County: Harris	Date Received ELECTRONICA 07/15/2024	LLY FILED
5 POLITICAL PARTY TYPE	X       Democrat         Republican         Libertarian         Other:	Date Hand-delivered or	Date Postmarked
	(Party name)		
6 POLITICAL PARTY MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4619 Lyons Ave	Receipt #	Amount
Change of Address	Suite A	Date Processed	
	Houston, TX 77020	Date Imaged	
7 POLITICAL PARTY CHAIR	TITLE FIRST MI NICKNAME LAST Michael P. Doyle		SUFFIX
8 CHAIR MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3401 Allen Parkway Ste. 100 Houston, TX 77449-7701		
9 CHAIR STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; 4619 Lyons Ave Houston, TX 77020	STATE; ZIP CO	DDE
10 CHAIR PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 554-9079		
11 REPORT TYPE	January 15     8th day before prim       X July 15     50th day before ger		
12 PERIOD COVERED	THROUGH	onth Day 5/30/2024	Year
	GO TO PAGE 2		
Forms provided by Texas E	Ethics Commission www.ethics.state.tx.us	Versio	n V4.1.0.d378aba0

#### **POLITICAL PARTY REPORT:** TOTALS AND AFFIDAVIT

### FORM PTY-CORP **COVER SHEET PG 2**

13 POLITICAL PARTY		14 Filer ID	(Ethics Commission Filers)
Harris County De	mocratic Party (P)	00023719	
15 TOTALS	1. TOTAL CONTRIBUTIONS FROM CORPORATE OR LABOR ORGANIZATIONS (OTHER THAN LOANS OR GUARANTEES OF LOANS)	\$	27,500.00
	2. TOTAL EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS	\$	18,750.18
	3. TOTAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	10,869.50
corporate or labo	must file a report on FORM PTY-CORP for any reporting pe or organization contributions, maintains corporate or labor m corporate or labor organization contributions.		
16 AFFIDAVIT			
		ll information requir Michael P. Doyle	ed to be reported by me
	Signature	e of Political Party C	Chair
AFFIX NC	DTARY STAMP / SEAL		
Sworn to and subs	scribed before me, by the said	, this the	day
of	, 20, to certify which, witness my hand and seal of office.		,
Signature of off	icer administering oath Printed name of officer administering oath	Title of of	ficer administering oath
Forme provided by T	avas Ethics Commission www.athics state ty us		Version V/1 1 0 d378aba(

#### FORM PTY-CORP **SUBTOTALS - PTYCORP COVER SHEET PG 3** 3 of 8 **17** POLITICAL PARTY NAME 18 Filer ID (Ethics Commission Filers) 00023719 Harris County Democratic Party (P) **19** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR X 1. \$ 27,500.00 ORGANIZATION SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR 2. \$ LABOR ORGANIZATION SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$ З. 4. SCHEDULE E: LOANS \$ SCHEDULE F1: EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION 5. Х 18,750.18 \$ CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$

#### MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1	Total pages Schedule C1: Sch: 1/1 Rpt: 4/8
2 FILER NAME Harris County Democratic Party (P)		3	Filer ID (Ethics Commission Filers) 00023719
4 Date 03/27/2024	<ul> <li>5 Corporation / Labor Organization name Centerpoint</li> <li>6 Corporation / Labor Organization address; City; State; Zip Code Houston, TX 77251-1700</li> </ul>	7	Amount of contribution (\$) \$2,500.00
Date 05/10/2024	Corporation / Labor Organization name Slate & Associates Corporation / Labor Organization address; City; State; Zip Code Deer Park, TX 77536		Amount of contribution (\$) \$10,000.00
Date 04/09/2024	Corporation / Labor Organization name West Law Firm Corporation / Labor Organization address; City; State; Zip Code Sugar Land, TX 77479		Amount of contribution (\$) \$15,000.00

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment			
<b>1</b> Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 1/4 Rpt: 5/8	Harris County Democratic Party (P) 00023719		
4 Date	5 Payee name		
02/27/2024	Amalgamated Bank		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$5.00	275 Seventh Ave		
X Expenditure from corporate funds	New York, NY 10001		
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.		
	Bank Fees		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
03/27/2024	Amalgamated Bank		
Amount (\$)	Payee address; City; State; Zip Code		
\$5.00	275 Seventh Ave		
X Expenditure from corporate funds	New York, NY 10001		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> </ul>		
	Bank Fees		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
04/26/2024	Amalgamated Bank		
Amount (\$)	Payee address; City; State; Zip Code		
\$5.21	275 Seventh Ave		
X Expenditure from corporate funds	New York, NY 10001		
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.       Bank Fees		
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 B Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reinbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Y -     Gitl/Awards/Memorials Expense     Polling Expense     Travel in District       al Committee     Legal Services     Salaries/Wages/Contract Labor     OTHER (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	rs)	
Sch: 2/4 Rpt: 6/8	Harris County Democratic Party (P) 00023719		
4 Date	5 Pavee name		
05/24/2024	Amalgamated Bank		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$5.00	275 Seventh Ave		
X Expenditure from corporate funds	New York, NY 10001		
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.		
	Bank Fees		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
06/28/2024	Amalgamated Bank		
Amount (\$)	Payee address; City; State; Zip Code		
\$57.21	275 Seventh Ave		
X Expenditure from corporate funds	New York, NY 10001		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.		
	Bank Fees		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
04/02/2024	Paragon Payment Solutions		
Amount (\$)	Payee address; City; State; Zip Code		
\$131.51	2141 E Broadway Rd		
	Suite 202		
X Expenditure from corporate funds	Tempe, AZ 85282		
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.		
	Credit Card Fees		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		

Averdising Expense Accounting Spense Consulting Expense Consulting Expense Consulting Spense Consulting Sp		EXPENDITURE CATEGORIES FOR B	OX 8(a)
1       Total pages Schedule F1:       2       Filer ID       (Ethes Commission Files)         3       Filer ID       (Ethes Commission Files)       0023719         4       Date       5       Payee name       0023719         6       Amount (\$)       7       Payee name       00023719         9       Complete SNLY if direct       Candidate/Officeholder name       Office sought       Office held         9       Complete SNLY if direct       Candidate/Officeholder name       Office sought       Office held         9       Complete SNLY if direct       Payee name       Office sought       Office held         9       Payee address:       City:       State: Zip Code       Zit E Prophy Report       (b) Description         9       S20.00       Site 202       Tempe, AZ 85282       Description       Description         9       PuPPOSE       (b) Category (see Categoree stadet at the top of this sonedule)       <	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expense     Loan Repayme       Fees     Office Overhea       Food/Beverage Expense     Polling Expense       / -     Gift/Awards/Memorials Expense     Printing Expens       al Committee     Legal Services     Salaries/Wage	ent/Reinbursement     Solicitation/Fundraising Expense       ad/Rental Expense     Transportation Equipment & Related Expense       se     Travel in District       se     Travel Out of District       s/Contract Labor     OTHER (enter a category not listed above)
Sch: 3/4 Rpt: 7/8       Harris County Democratic Party (P)       00023719         4 Date 05/02/2024       5 Payee name Paragon Payment Solutions       5         6 Anount (\$)       7 Payee address; City; State; Zip Code \$21.25       7 Payee address; City; State; Zip Code         9 Complete funds       Tempe, AZ 85282       8         8 PURPOSE EXPENDITURE       (a) Category (see Comprise listed at the top of the schedule) Fees       (b) Description Credit Card Fees         9 Complete ONLY if direct expenditure to benefit C/OH       Candidate/Officeholder name Paragon Payment Solutions       Office sought       Office held         Date 06/03/2024       Payee name Paragon Payment Solutions       Office sought       Office held         Date 06/03/2024       Paragon Payment Solutions       Anount (\$)       Payee address; City; State; Zip Code         \$20.00       \$2141 E Broadway Rd Suite 202 corporate funds       Suite 202 Tempe, AZ 85282       UP Description Credit Card Fees         9 URPOSE EXPENDITURE       (a) Category (see Categories listed at the top of the schedule) Fees       Office held         03/28/2024       Payee name Payee address; City; State; Zip Code       Credit Card Fees         03/28/2024       Payee address; City; State; Zip Code       Credit Card Fees         03/28/2024       Para Design Group       Anount (\$)       Payee address; City; State; Zip Code         <	1 Total pages Cabadula 51.	, ,	
4 Date       5 Payee name         95/02/2024       7 Payee address:       City;       State;       Zip Code         5 Amount (\$)       7 Payee address:       City;       State;       Zip Code         5 Amount (\$)       \$21.25       Zitt E Broadway Rd       Suite 202         Corporate funds       Tempe, AZ 85282       (*)       Description         8 PURPOSE       (a) Category: Gee Categories issed at the top of this schedule)       (*)       Description         Fees       Candidate/Officeholder name       Office sought       Office held         0 Complete <u>ONLY</u> if direct       Candidate/Officeholder name       Office sought       Office held         Date       60/03/2024       Payee name       Office sought       Office held         06/03/2024       Payee name       Office sought       Office held       Date         06/03/2024       Payee name       Office sought       Office held       Date         06/03/2024       Payee name       Fees       City;       State; Zip Code       State; Zip Code         Strike 200,       Strike 202       Tempe, AZ 85282       (*)       Description       Credit Card Fees         0       Complete <u>ONLY</u> if direct       Candidate/Officeholder name       Office sought       Office			
05/02/2024     Paragon Payment Solutions       5     Amount (\$)     ? Payee address; City; State; Zip Code       21.12     21.14 E Broadway Rd       Suite 202     Tempe, A2 85282       8     PURPOSE expenditure from       Complete ONLY if direct expenditure to benefit C/OH     Candidate/Officeholder name     Office sought       06/03/2024     Payee name       06/03/2024     Payee name       06/03/2024     Payee name       06/03/2024     Payee address; City; State; Zip Code       21.41 E Broadway Rd       Suite 202       12.14 E Broadway Rd       Suite 202       13.14 E Broa	-		00023719
6       Amount (\$)       7       Payee address;       City;       State;       Zip Code         2141       Eropenditure from corporate funds       (a) Category (see Categories listed at the top of this schedule)       (b)       Description         8       PURPOSE Complete DNLY if direct;       Candidate/Officeholder name       Office sought       Office held         9       Complete DNLY if direct;       Candidate/Officeholder name       Office sought       Office held         Date       Payee address;       City;       State;       Zip Code         9       Complete DNLY if direct;       Candidate/Officeholder name       Office sought       Office held         Date       Payee address;       City;       State;       Zip Code       2141 E Broadway Rd         Suite 202       Tempe, AZ 85282       Purpose       Candidate/Officeholder name       Office sought       Office held         VEX       Expenditure from       Fees       City Category (see Categories listed at the top of this schedule)       (b)       Description         Complete DNLY if direct, eroperate funds       Candidate/Officeholder name       Office sought       Office held         Complete DNLY if direct, eroperate funds       Candidate/Officeholder name       Office sought       Office held         Date       S2,			
\$21.25       2141 E Broadway Rd         Suite 202       Tempe, AZ 85282         8       PURPOSE         9       Complete <u>ONLY</u> if direct         expenditure from OF       Candidate/Officeholder name         9       Complete <u>ONLY</u> if direct         PURPOSE       Paragon Payment Solutions         Amount (\$)       Payee name         Point Solutions       Paragon Payment Solutions         Amount (\$)       Payee address; City; State; Zip Code         2141 E Broadway Rd       Suite 202         complete <u>ONLY</u> if direct       Payee address; City; State; Zip Code         2141 E Broadway Rd       Suite 202         Tempe, AZ 85282       Purpose         PURPOSE       (a) Category (see Categories listed at the top of this schedule)       (b) Description         Complete <u>ONLY</u> if direct       (a) Category (see Categories listed at the top of this schedule)       (b) Description         Complete <u>ONLY</u> if direct       Candidate/Officeholder name       Office sought       Office held         Complete <u>ONLY</u> if direct       Candidate/Officeholder name       Office sought       Office held         Complete <u>ONLY</u> if direct       Candidate/Officeholder name       Office sought       Office held         Complete <u>ONLY</u> if direct       Candidate/Officeholder name </td <td>05/02/2024</td> <td>Paragon Payment Solutions</td> <td></td>	05/02/2024	Paragon Payment Solutions	
Expenditure from copporting funds       Suite 202         8       PURPOSE EXPENDITURE       (a) Category: (See Categories listed at the top of this schedule)       (b) Description         9       Complete DNLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         Date       Payee name       Payee name       Office sought       Office held         State 202       Payee address:       City:       State; Zip Code         \$20,000       \$20,000       Payee address:       City:       State; Zip Code         \$20,000       Payee address:       City:       State; Zip Code       Complete ONLY if direct         PURPOSE       (a) Category: (See Categories listed at the top of this schedule)       (b) Description       Frees         PURPOSE       (a) Category: (See Categories listed at the top of this schedule)       (b) Description       Frees         PURPOSE       (a) Category: (See Categories listed at the top of this schedule)       (b) Description       Frees         Office bonefit C/OH       Candidate/Officeholder name       Office sought       Office held         Date       Oscient Control to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         Olate       S2,000.00       Payree address:: City:       State;	6 Amount (\$)	7 Payee address; City; State; Zip Code	
Image: Segenditure from corporate funds       Tempe, AZ 85282         8       PURPOSE Corporate funds       (a) Category (see Categories lated at the top of this schedule)       (b) Description         9       Complete ONLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         Date       Payee name       Paragon Payment Solutions       Amount (\$)       Payee address;       City; State; Zip Code         State; Subject from       Subject from       Fees       (b) Description       Credit Card Fees         PurPOSE       Payee address; City; State; Zip Code       State; Zip Code       State; Zip Code         Subject from       Fees       Fees       Credit Card Fees         PURPOSE       (a) Category (see Categories listed at the top of this schedule)       (b) Description         Complete ONLY if direct to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office held       Complete Schedule T.         Credit Card Fees       Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office held         Date       S2,000.00       Payee name       Payee address; City; State; Zip Code       State; Zip Code       Gradidate/Officeholde	\$21.25	2141 E Broadway Rd	
Image: Comportate funds       Temple, AZ 85282         8       PURPOSE expenditures       (a) Category (See Categories listed at the top of this schedule) Fees       (b) Description Credit Card Fees         9       Complete QNLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         Date 06/03/2024       Payee name Paragon Payment Solutions       Payee name Paragon Payment Solutions       Office sought       Office held         Zut E Expenditure from expenditure from expenditure from expenditure to benefit C/OH       Payee address; City; State; Zip Code 2141 E Broadway Rd Suite 202 Tempe, AZ 85282       State; Zip Code       Category (See Categories listed at the top of this schedule) Fees       (b) Description Credit Card Fees         PURPOSE expenditure from expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         Date odj28/2024       Payee name Para Design Group       Office sought       Office held       Office held         Date expenditure to benefit C/OH       Payee name Para Design Group       Office sought       Office held       Payee name Para Design Group         Date ocroporate funds       Payee address; City; State; Zip Code \$2,000.00       Fayee datess; City; State; Zip Code \$2,000.00       Payee address; City; State; Zip Code \$2,000.00       Gib Lyons Avenue       Code Categories issective at the top of this schedule) Office Coverhead/Rental Expense       (		Suite 202	
OF EXPENDITURE       Complete ONLY if direct. expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         Date 06/03/2024       Payee name 9 are address; City; State; Zip Code       State; Zip Code         Amount (\$)       Payee address; City; State; Zip Code         Suite 202       Suite 202         Tempe, AZ 85282       Candidate/Officeholder name         PURPOSE Expenditure from corporate funds       (a) Category (see Categories listed at the top of this schedule)       (b) Description         Fees       (a) Category (see Categories listed at the top of this schedule)       (b) Description         Complete QNLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         Date       QAVE Payee name       Office sought       Office sought       Office held         Date       Payee name       Office sought       Office held       Office held         Date       Payee name       Office sought       Office held       Office held         Date       Payee name       Payee address; City; State; Zip Code       State; Zip Code         Amount (\$)       Payee address; City; State; Zip Code       \$2,000.00       4619 Lyons Avenue         Expenditure from corporate funds       Houston , TX 77020       Check if travel outside of Texas. Compl		Tempe, AZ 85282	
OF EXPENDITURE       Fees       Image: Project Endepties sate at the top of this schedule;       Image: Project Endepties sate at the top of this schedule;       Image: Project Endepties sate at the top of this schedule;       Image: Project Endepties sate at the top of this schedule;       Image: Project Endepties sate at the top of this schedule;       Image: Project Endepties sate at the top of this schedule;       Image: Project Endepties sate at the top of this schedule;       Image: Project Endepties sate at the top of this schedule;       Image: Project Endepties sate at the top of this schedule;       Image: Project Endepties Schedule; <td< td=""><td>8 PURPOSE</td><td>(a) Category (Cas Categorias listed at the tag of this schedule) (b)</td><td>Description</td></td<>	8 PURPOSE	(a) Category (Cas Categorias listed at the tag of this schedule) (b)	Description
EXPENDITURE       Credit Card Fees         9       Complete QNLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         Date 06/03/2024       Payee name Paragon Payment Solutions       Payee address;       City;       State; Zip Code         Amount (\$)       Payee address;       City;       State; Zip Code       State; Zip Code         S20.00       2141 E Broadway Rd       Suite 202       Tempe, AZ 85282         PURPOSE ocporate tunds       (a) Category (Gee Categories listed at the top of this schedule) Fees       (b) Description       Credit Card Fees         Complete QNLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         Date 03/28/2024       Payee name       Office sought       Office held       Payee name         03/28/2024       Para Design Group       Amount (\$)       Payee address; City;       State; Zip Code         S2,000.00       4619 Lyons Avenue       S2,000.00       4619 Lyons Avenue       (b) Description         S2,000.00       fall category (Gee Categories listed at the top of this schedule)       (b) Description       Check if name outside of Texas. Complete Schedule T.         S2,000.00       Complete QNLY if direct       Category (Gee Categories listed at the top of this schedule)       (b) Descripti	OF		
9       Complete QNLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         Date 06/03/2024       Paragon Payment Solutions       Paragon Payment Solutions       Paragon Payment Solutions         Amount (\$)       Payee address: \$20.00       Catter Eroadway Rd       Suite 202       Tempe, AZ 85282         PURPOSE or portate funds       (a) Category (see Categories listed at the top of this schedule)       (b) Description       Check if travel outside of Texas. Complete Schedule T.         Complete QNLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         Date 03/28/2024       Payee name Pare Design Group       Office sought       Office held       Office held         Amount (\$)       Payee name pare Design Group       Payee address; City; State; Zip Code       State; Zip Code         Amount (\$)       Payee address; City; State; Zip Code       State; Zip Code       Complete QNLY if direct       Candidate/Officeholder name       Office Rent         Date 03/28/2024       Payee name Pare Design Group       Payee address; City; State; Zip Code       State; Zip Code       Complete QNLY if direct       Category (see Categories listed at the top of this schedule)       (b) Description       Check if travel outside of Texas. Complete Schedule T.       Office Rent       Office Rent       Office Rent       O	EXPENDITURE		
expenditure to benefit C/OH       Payee name         Date       Paragon Payment Solutions         Amount (\$)       Payee address; City; State; Zip Code         \$20.00       \$2141 E Broadway Rd         Suite 202       Tempe, AZ 85282         PURPOSE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         Fess       Candidate/Officeholder name       Office sought       Office held         Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office held         Date       Payee name       Payee name       Office sought       Office held         Date       Payee name       Payee address; City; State; Zip Code       4619 Lyons Avenue         Amount (\$)       Payee name       Payee address; City; State; Zip Code       4619 Lyons Avenue         X Expenditure from corporate lunds       Houston , TX 77020       PURPOSE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         Office Rent       Office Rent       Office Rent       Office Rent       Office Rent			Credit Card Fees
expenditure to benefit C/OH       Payee name         Date       Paragon Payment Solutions         Amount (s)       Payee address; City; State; Zip Code         \$20.00       \$2141 E Broadway Rd         Suite 202       Tempe, AZ 85282         PURPOSE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         Fess       Check if travel outside of Texas. Complete Schedule T.         Complete ONLY if direct       Candidate/Officeholder name       Office sought         Office held       Payee address; City; State; Zip Code         Amount (s)       Payee name       Office sought         Office Neld       Payee name         03/28/2024       Para Design Group         Amount (s)       Payee address; City; State; Zip Code         \$2,000.00       \$2,000.00         Sependiture from       Houston , TX 77020         PURPOSE       (a) Category (See Categories listed at the top of this schedule)         Office Rent       Office Rent			
O6/03/2024     Paragon Payment Solutions       Amount (\$)     Payee address; City; State; Zip Code 2141 E Broadway Rd Suite 202 Tempe, AZ 85282       PURPOSE expenditure from corporate funds     (a) Category (see Categories listed at the top of this schedule) Fees     (b) Description Credit Card Fees       Complete QNLY if direct expenditure to benefit C/OH     Candidate/Officeholder name 03/28/2024     Office held       Date 03/28/2024     Payee name Parra Design Group     Office sought     Office held       Amount (\$)     Payee address; City; State; Zip Code \$2,000.00     State; Zip Code       K     Expenditure from Corporate funds     Houston, TX 77020       PURPOSE expenditure form Corporate funds     (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense     (b) Description Corporate funds       Date 03/28/2024     Payee name Parra Design Group     Office held       Amount (\$)     Payee address; City; State; Zip Code \$2,000.00     State; Zip Code       K     Expenditure from Corporate funds     Houston, TX 77020       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. Office Rent			Office held
Amount (\$)       Payee address; City; State; Zip Code         \$20.00       \$20.00         \$20.00       2141 E Broadway Rd         Suite 202       Tempe, AZ 85282         PURPOSE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         OF       EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         Complete QNLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         Date       Payee name       Payee address; City; State; Zip Code       Amount (\$)       Payee address; City; State; Zip Code         Amount (\$)       Payee address; City; State; Zip Code       S2,000.00       4619 Lyons Avenue         X       Expenditure from corporate funds       Houston , TX 77020       (b) Description Check if travel outside of Texas. Complete Schedule T. Credit Complete OVE if the complete Schedule T. Credit funds         PURPOSE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         OF       Office Overhead/Rental Expense       (b) Description         Office Rent       Office Rent       Office Rent	Date	Payee name	
\$20.00       2141 E Broadway Rd Suite 202 Tempe, AZ 85282         PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Pees       (b) Description Credit Card Fees         Complete QNLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         Date 03/28/2024       Payee name Pare Design Group       Office sought       Office held         Amount (\$)       Payee address; City; State; Zip Code 4619 Lyons Avenue       State; Zip Code         Very Expenditure from corporate funds       Houston , TX 77020       (b) Description Complete ONLY if direct       (a) Category (See Categories listed at the top of this schedule)         PURPOSE EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)       (b) Description Corporate funds       Complete Schedule T. Office Overhead/Rental Expense         Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office Rent	06/03/2024	Paragon Payment Solutions	
\$20.00       2141 E Broadway Rd Suite 202 Tempe, AZ 85282         PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Fees       (b) Description Credit Card Fees         Complete QNLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         Date 03/28/2024       Payee name Pare Design Group       Office sought       Office held         Amount (\$)       Payee address; City; State; Zip Code \$2,000.00       State; Zip Code         Very Expenditure from corporate funds       Houston , TX 77020         PURPOSE of EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description Complete on this schedule)         Office Rent       Office Rent       Office Rent	Amount (\$)	Payee address; City; State; Zip Code	
Suite 202 Tempe, AZ 85282         PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Fees       (b) Description Credit Card Fees         Complete QNLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         Date 03/28/2024       Payee name Parra Design Group       Office sought       Office held         Amount (\$) \$2,000.00       Payee address; City; State; Zip Code 4619 Lyons Avenue       State; Zip Code 4619 Lyons Avenue         Expenditure from corporate funds       Houston , TX 77020       (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense         Office Rent       Office Rent       Office Rent	\$20.00	2141 E Broadway Rd	
Expenditure from OF EXPENDITURE       Tempe, AZ 85282         PURPOSE OF EXPENDITURE       (a) Category (see Categories listed at the top of this schedule) Fees       (b) Description Check if travel outside of Texas. Complete Schedule T. Credit Card Fees         Complete QNLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         Date 03/28/2024       Payee name Payee address; City; State; Zip Code 4619 Lyons Avenue       Payee address; City; State; Zip Code 4619 Lyons Avenue       State; Zip Code (b) Description Office Overhead/Rental Expense         PURPOSE 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. Office Rent         Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office held			
OF EXPENDITURE       Fees       Image: Complete ONLY if direct       Fees       Image: Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office held         Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office held         Date       Payee name       Office sought       Office held         O3/28/2024       Parra Design Group       Payee address;       City;       State; Zip Code         Amount (\$)       Payee address;       City;       State; Zip Code         S2,000.00       4619 Lyons Avenue       Houston , TX 77020         PURPOSE       Office Overhead/Rental Expense       (b) Description         Office Rent       Office Rent       Office Rent         Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office held			
EXPENDITURE       Fees       Image: Complete ONLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         Date       Payee name       Payra Design Group       Parra Design Group       Payra Design Group         Amount (\$)       Payee address; City; State; Zip Code       Year a Design Group       Payre address; City; State; Zip Code         Vertice Expenditure from corporate funds       Houston , TX 77020       Image: Complete ONLY if direct       (a) Category (See Categories listed at the top of this schedule)       (b) Description         Office Rent       Office Rent       Office Rent       Office Rent         Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office Rent		(a) Category (See Categories listed at the top of this schedule) (b)	Description
Complete QNLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         Date 03/28/2024       Payee name Parra Design Group       Payee address; City; State; Zip Code       State; Zip Code         Amount (\$) \$2,000.00       Payee address; City; State; Zip Code       Houston , TX 77020         Image: State of the state of the schedule of the schedu		Fees	Check if travel outside of Texas. Complete Schedule T.
Complete QNLY if direct expenditure to benefit C/OH       Candidate/Officeholder name       Office sought       Office held         Date 03/28/2024       Payee name Parra Design Group       Payee address; City; State; Zip Code       State; Zip Code         Amount (\$) \$2,000.00       Payee address; City; State; Zip Code       Houston , TX 77020         Image: State of the state of the schedule of the schedu			Credit Card Fees
expenditure to benefit C/OH       Payee name         Date       Payee name         03/28/2024       Parra Design Group         Amount (\$)       Payee address; City; State; Zip Code         \$2,000.00       4619 Lyons Avenue         X       Expenditure from corporate funds       Houston , TX 77020         PURPOSE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         OF       Office Overhead/Rental Expense       Check if travel outside of Texas. Complete Schedule T.         Office Rent       Office Rent       Office held			
expenditure to benefit C/OH       Payee name         Date       Payee name         03/28/2024       Parra Design Group         Amount (\$)       Payee address; City; State; Zip Code         \$2,000.00       4619 Lyons Avenue         X       Expenditure from corporate funds       Houston , TX 77020         PURPOSE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         OF       Office Overhead/Rental Expense       Check if travel outside of Texas. Complete Schedule T.         Office Rent       Office Rent       Office held	Complete ONI V if direct	Candidate/Officeholder name Office sought	Office held
03/28/2024       Parra Design Group         Amount (\$)       Payee address; City; State; Zip Code         \$2,000.00       4619 Lyons Avenue         X       Expenditure from corporate funds         Houston , TX 77020         PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense         OF       Office Overhead/Rental Expense         Complete ONLY if direct       Candidate/Officeholder name	·	5	Once held
03/28/2024       Parra Design Group         Amount (\$)       Payee address; City; State; Zip Code         \$2,000.00       4619 Lyons Avenue         X       Expenditure from corporate funds         Houston , TX 77020         PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense         OF       Office Overhead/Rental Expense         Complete ONLY if direct       Candidate/Officeholder name	Date	Pavee name	
Amount (\$)       Payee address; City; State; Zip Code         \$2,000.00       4619 Lyons Avenue         X       Expenditure from corporate funds         Houston , TX 77020         PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense         Office Rent         Complete ONLY if direct       Candidate/Officeholder name		-	
\$2,000.00       4619 Lyons Avenue         Image: Expenditure from corporate funds       Houston , TX 77020         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. Office Rent         Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office held			
Expenditure from corporate funds       Houston , TX 77020         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. Office Rent         Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office held			
L corporate funds       Houston , TX 77020         PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description	\$2,000.00	4019 LYONS AVENUE	
OF EXPENDITURE       Office Overhead/Rental Expense       Image: Complete Concerning of the schedule of the s		Houston , TX 77020	
EXPENDITURE     Office Overnead/Rental Expense     Office Rent       Complete ONLY if direct     Candidate/Officeholder name     Office sought     Office held		(a) Category (See Categories listed at the top of this schedule) (b)	
Complete ONLY if direct     Candidate/Officeholder name     Office sought     Office held		Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
			Office Rent
			Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 4/4 Rpt: 8/8	Harris County Democratic Party (P) 00023719			
4 Date	5 Payee name			
04/29/2024	Parra Design Group			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$5,500.00	4619 Lyons Avenue			
X Expenditure from corporate funds	Houston , TX 77020			
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.			
	Office Rent			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H			
Date	Payee name			
05/28/2024	Parra Design Group			
Amount (\$)	Payee address; City; State; Zip Code			
\$5,500.00	4619 Lyons Avenue			
X Expenditure from corporate funds	Houston , TX 77020			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)       (b) Description         Office Overhead/Rental Expense       Check if travel outside of Texas. Complete Schedule T.			
	Office Rent			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H			
Date	Payee name			
06/27/2024	Parra Design Group			
Amount (\$)	Payee address; City; State; Zip Code			
\$5,500.00	4619 Lyons Avenue			
X Expenditure from corporate funds	Houston , TX 77020			
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Office Overhead/Rental Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Office Rent</li> </ul>			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H			