GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction	Guide explains how to complete this form.	1	Filer ID (Ethics Commission Filers) 00087915		2 Total pages filed: 6		
3	COMMITTEE NAME					OFFICE USE ONLY		
	Young Democrats	of Galveston County				Date Received ELECTRONICALLY FILED 07/15/2024		
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CIT	Y;	STATE; ZIF	P CODE			
	ADDRESS	1510 2nd Ave N				Date Hand-delivered or D	Date Postmarked	
	Change of Address							
		Texas City, TX 77590				Receipt #	Amount	
						Date Processed		
						Date Imaged		
5	CAMPAIGN TREASURER	MS / MRS / MR FIRST				MI		
	NAME	Mr. Elias						
		NICKNAME LAST				SUFFIX		
		Ramirez						
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STAT	E; ZIP CODE	
	TREASURER STREET ADDRESS	1510 2nd Avenue North						
	(Residence or Business)	Texas City, TX 77590						
7	CAMPAIGN	STREET OR PO BOX;		APT / SUITE #;	CITY	STA	TE; ZIP CODE	
	TREASURER MAILING ADDRESS	1510 2nd Avenue North						
	Change of Address	Texas City, TX 77590						
8	CAMPAIGN TREASURER	AREA CODE PHONE NUMBER (281) 898-3879	EXT	ENSION				
	PHONE							
9	REPORT TYPE			ay before election		Dissolution (Attach	,	
		X July 15	h da unofi	y before election		10th day after cam termination	baign treasurer	
10	PERIOD COVERED	Month Day Year 01/01/2024 Th	IRC	Month DUGH C	Day)6/30/2024	Year 1		
11	ELECTION	05/04/2024	Prima Gene		N TYPE	Other		
		GO 1	ГО	PAGE 2				
For	rms provided by Te	xas Ethics Commission www.et	hic	s.state.tx.us		Versior	n V4.1.0.d378aba0	

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) 00087915 14 COMMITTEE ACTIVITY 1. Candidates (dentify by name or. if applicable, classify by party.) A. Supported 00087915 15 Contract 2. Measures (Dentify by name or. if applicable, classify by party.) A. Supported 00087915 2. Measures (Dentify by name or. if applicable, classify by party.) A. Supported B. Opposed 2. Measures (Dentify by name or if applicable, classify by party.) A. Supported B. Opposed 3. Officeholders Assisted (dentify by name or if applicable, classify by party.) A. Supported B. Opposed 3. Officeholders Assisted (dentify by name or if applicable, classify by party.) A. Supported B. Opposed 3. Officeholders Assisted (dentify by name or if applicable, classify by party.) B. Opposed B. Opposed 3. Officeholders Assisted (dentify by name or if applicable, classify by party.) B. Opposed B. Opposed 3. Officeholders Assisted (dentify by name or if applicable, classify by party.) B. Opposed B. Opposed 15 CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTION (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) S 0.000 EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES S 0.000								
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16 AFFIDAVIT								
I swear, or affirm, under penalty of perjury, that the accompanying report is								
true and correct and includes all information required to be reported by me								
under Title 15, Election Code.								
Mr. Elias Ramirez								
Signature of Campaign Treasurer								
AFFIX NOTARY STAMP / SEAL ABOVE								
Sworn to and subscribed before me, by the said day								
of, 20, to certify which, witness my hand and seal of office.								
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath								
Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.d378aba0								

FORM GPAC COVER SHEET PG 3

3 of 6

17 CO	ммітте	(Ethics Commission Filers)				
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19 SCI	HEDULE	SUBTOTAL AMOUNT				
NAI	ME OF S	SOBTOTAL AMOUNT				
1.	Х	\$ 352.00				
2.	Х	\$ 0.00				
3.	Х	\$ 0.00				
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$		
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$		
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$		
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$			
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	RGANIZATION	\$		
9.	Х	SCHEDULE E: LOANS		\$ 0.00		
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 0.00		
11.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00		
12.	Х	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO	DNS	\$ 0.00		
13.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00		
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$		
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$		

SUBTOTALS - GPAC

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/6 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Young Democrats of Galveston County 00087915 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 06/22/2024 \$250.00 Denney, Pamela (Ms.) 6 Contributor address; City; State; Zip Code Clifton, TX 76634 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 06/17/2024 \$102.00 Ramirez, Elias (Mr.) Contributor address; City; State; Zip Code Texas City, TX 77590 Principal occupation / Job title (See Instructions) Employer (See Instructions) TELB TNOYS

PLEDGED CONTRIBUTIONS

SCHEDULE **B**

The Instruction Guide explains how to complete this form.					1 Total pages Schedule B: Sch: 1/1 Rpt: 5/6				
2	FILER NAME		3 Filer ID (Ethics Commission Filers)						
	Young Democrats of Galveston County					00087915			
4	TOTAL OF UNITEMIZED PLEDGES					5			0.00
5	Date	6 Full name of pledgor	out-of-state PAC (ID#:_)	-	mount of ledge (\$)	9 	In-kind description (If applicable)	
		7 Pledgor Address;	City; State; Zip Code			Check if trave	l I I I I I I I	of Texas. Complete Sch	iedule T.
10 Principal occupation / Job title (See Instructions)				11 Employer (See Instru	ctions	5)			

LOANS						SCHEI	DULE E		
I The Instruction Guide explains how to complete this form						ages Schedule E: /1 Rpt: 6/6			
						(Ethics Commiss 915	ion Filers)		
⁴ TOTAL OF UN	IITEMIZED LOANS					\$	0.00		
5 Date of loan	7 Name of lender	out	:-of-state PA	C (ID#:)	9 Loan Amount	(\$)		
6 Is lender a financial institution?	8 Lender address;	City;	State;	Zip Code		10 Interest Rate11 Maturity Date			
12 Principal occupatio	on / Job title (See Instruction	ons)		13 Employer (See Instruction	ons)				
14 Description of Coll	ateral			15 Check if personal funds were deposited into political account (See Instructions)					
16 GUARANTOR INFORMATION	17 Name of guarantor					19 Amount Guara	anteed (\$)		
not applicable	18 Guarantor address;	City;	State;	Zip Code					
20 Principal occupatio)n			21 Employer (See Instruction	ons)	.I			