

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00088122	2 Total pages filed: 36	OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Detrick V.	MI MI
	NICKNAME	LAST DeBurr	SUFFIX
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)	
5 ORIGINAL PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	01/01/2024		06/30/2024
6 EXPLANATION OF CORRECTION			
\$0.00 was inadvertently entered as cash on hand. The cash on hand amount was corrected to show an accurate amount.			

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Mr. Detrick V. DeBurr

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ 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

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00088122	2 Total pages filed: 36	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Detrick V.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/16/2024
	NICKNAME	LAST DeBurr	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 2900 Painted Lake Circle #305 The Colony, TX 75056		ZIP CODE	Date Hand-delivered or Date Postmarked
			Receipt #	Amount
			Date Processed	
			Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Terry R.	MI	
	NICKNAME	LAST Washington Jr.	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 1905 Purdue Drive Glenn Heights, TX 75154		APT / SUITE #;	CITY; STATE; ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE (469)	PHONE NUMBER 765-5637	EXTENSION	
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year 01/01/2024	THROUGH	Month Day Year 06/30/2024	
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) None District 65 Denton		12 OFFICE SOUGHT (if known) State Representative District 65	

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME DeBurr, Detrick V. (Mr.)	14 Filer ID (Ethics Commission Filers) 00088122
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	4,631.22
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	10,572.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	6,059.22
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	12,000.00

17 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. Detrick V. DeBurr

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME DeBurr, Detrick V. (Mr.)	19 Filer ID (Ethics Commission Filers) 00088122
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20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,631.22
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 12,000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 10,572.00
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/28 Rpt: 5/36
2 FILER NAME DeBurr, Detrick V. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088122
4 Date 03/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Melissa (Ms.)	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Highland Village, TX 75077	
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) Nextstopdfw.com
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agnew, Virginia (Ms.)	Amount of Contribution (\$) \$20.84
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions) attorneys		Employer (See Instructions) Herring & Irwin, L.L.P.
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allison, Shelley (Ms.)	Amount of Contribution (\$) \$2.00
	Contributor address; City; State; Zip Code Carrollton, TX 75006	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold, Sam (Mr.)	Amount of Contribution (\$) \$4.17
	Contributor address; City; State; Zip Code Austin, TX 78753	
Principal occupation / Job title (See Instructions) Recruiter		Employer (See Instructions) Liaison Resources
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartsch, Carol (Ms.)	Amount of Contribution (\$) \$8.33
	Contributor address; City; State; Zip Code League City, TX 77573	
Principal occupation / Job title (See Instructions) Associate Professor		Employer (See Instructions) UTMB

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/28 Rpt: 6/36
2 FILER NAME DeBurr, Detrick V. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088122
4 Date 05/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Becker, Karen K (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Ponte Vedra Beach, FL 32082	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 03/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bird, Shelly (Ms.) <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22302	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Microsoft
Date 05/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bishop, Fredrick (Mr.) <hr/> Contributor address; City; State; Zip Code Denton, TX 76209	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Little Elm ISD
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanchard, Ellen (Ms.) <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Botwinick, Lisa (Ms.) <hr/> Contributor address; City; State; Zip Code New York, NY 10011	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/28 Rpt: 7/36
2 FILER NAME DeBurr, Detrick V. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088122
4 Date 03/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broadhead, Susan (Ms.)	7 Amount of Contribution (\$) \$3.00
6 Contributor address; City; State; Zip Code Black Mountain, NC 28711		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brodsky, Nina (Ms.)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Austin, TX 78731		
Principal occupation / Job title (See Instructions) bookkeeper and artist		Employer (See Instructions) self
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brosnihan, Kerry (Mr.)	Amount of Contribution (\$) \$2.09
Contributor address; City; State; Zip Code Austin, TX 78738		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bunker, David (Mr.)	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Worcester, MA 01605		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) C, Anne (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Douglas, MI 49406		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/28 Rpt: 8/36
2 FILER NAME DeBurr, Detrick V. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088122
4 Date 02/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camp, Roberta (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Philadelphia, PA 19147	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camp, Roberta (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Philadelphia, PA 19147	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carey, Brenda (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Medford, OR 97501	
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Asante Rogue
Date 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlson, Stephen (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75219	
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) Self
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clayton, Jacob (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Los Angeles County, CA 90731	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/28 Rpt: 9/36
2 FILER NAME DeBurr, Detrick V. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088122
4 Date 06/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Elton (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78745	7 Amount of Contribution (\$) \$8.33
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corbin, Troy (Mr.) <hr/> Contributor address; City; State; Zip Code Happy Valley, OR 97086	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) H&S Consultant		Employer (See Instructions) NW EH&SA
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cramer, Elinor (Ms.) <hr/> Contributor address; City; State; Zip Code Syracuse, NY 13224	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) psychotherapist		Employer (See Instructions) Clinical Counseling Associates
Date 02/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cross, Patty (Ms.) <hr/> Contributor address; City; State; Zip Code Highland Village, TX 75077	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daly, Gina (Ms.) <hr/> Contributor address; City; State; Zip Code Lantana, TX 76226	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/28 Rpt: 10/36
2 FILER NAME DeBurr, Detrick V. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088122
4 Date 03/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daly, Gina (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Lantana, TX 76226	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daly, Gina (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Lantana, TX 76226	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daly, Gina (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Lantana, TX 76226	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daly, Gina (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Lantana, TX 76226	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Denise (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Diego, CA 92037	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/28 Rpt: 11/36
2 FILER NAME DeBurr, Detrick V. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088122
4 Date 03/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, John (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Bellingham, WA 98229	
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Mary (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Thornton, CO 80602	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Los Santos, Christina (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 03/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeBurr, Cora (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Monroe, LA 71202	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeBurr, Josh (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dallas, TX 75254	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Protect Health

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/28 Rpt: 12/36
2 FILER NAME DeBurr, Detrick V. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088122
4 Date 03/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deren, Nancy (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Gainesville, FL 32653	7 Amount of Contribution (\$) \$3.64
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derrough, Roger (Mr.) <hr/> Contributor address; City; State; Zip Code Weaverville, NC 28787	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dixon, Paige (Ms.) <hr/> Contributor address; City; State; Zip Code Lewisville, TX 75067	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edelstein, Susan (Ms.) <hr/> Contributor address; City; State; Zip Code Cary, NC 27511	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ehrlich, Kurt (Mr.) <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75007	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) engineer		Employer (See Instructions) UT Southwestern Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/28 Rpt: 13/36
2 FILER NAME DeBurr, Detrick V. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088122
4 Date 03/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eyberg, Connie J. (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Fairfield, IA 52556	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Administrative Assistant		9 Employer (See Instructions) Maharishi University of Management
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Facio, Ana (Mr.) <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95825	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fehr, Stefan (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$2.09
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Austin Public Health
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Field, Megan (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Florkowski, David R (Mr.) <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21211	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/28 Rpt: 14/36
2 FILER NAME DeBurr, Detrick V. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088122
4 Date 03/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbs, Ben (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Fort Myers, FL 33919	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Mary (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Arlington, MA 02474	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gober, Kenneth (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Lee, Gober & Reyna
Date 03/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Godfrey Woods, Airias (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code The Colony, TX 75056	
Principal occupation / Job title (See Instructions) Project Administrator		Employer (See Instructions) Lockwood, Andrews & Newnam Inc.
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldstein, Dale (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Levittown, NY 11756	
Principal occupation / Job title (See Instructions) day care licensor		Employer (See Instructions) nys ocfs

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/28 Rpt: 15/36
2 FILER NAME DeBurr, Detrick V. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088122
4 Date 05/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomoll, Terry (Mr.)	7 Amount of Contribution (\$) \$1.00
6 Contributor address; City; State; Zip Code Apopka, FL 32703		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodrich, Donna (Ms.)	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Montpelier, VT 05602		
Principal occupation / Job title (See Instructions) manuscript editor		Employer (See Instructions) jnspg
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grewell, Christine (Ms.)	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Silver Spring, MD 20910-2144		
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) Self
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutfeld, Karen (Ms.)	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Glendale, CA 91204		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hames, Karen (Ms.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code The Colony, TX 75056		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Lewisville ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/28 Rpt: 16/36
2 FILER NAME DeBurr, Detrick V. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088122
4 Date 06/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanlon, Kevin (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Vancouver, WA 98685	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardy, Kevin (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Rafael, CA 94901	
Principal occupation / Job title (See Instructions) Plumber		Employer (See Instructions) SWP
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Ben (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Lewisville, TX 75077	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, George (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Falls Church, VA 22043	
Principal occupation / Job title (See Instructions) engineer		Employer (See Instructions) self
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hiller, Jay (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78726	
Principal occupation / Job title (See Instructions) Yoga Instructor		Employer (See Instructions) LASR

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/28 Rpt: 17/36
2 FILER NAME DeBurr, Detrick V. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088122
4 Date 05/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Himmel, Marilyn (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Coral Gables, FL 33134	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holtmann, Helga (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Berkeley, CA 94703	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houser, Taiquandre (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code St Matthews, SC 29135	
Principal occupation / Job title (See Instructions) Heavy wheel mechanic		Employer (See Instructions) ManTech international
Date 06/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hull, Megan (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Washington, DC 20009	
Principal occupation / Job title (See Instructions) Activist		Employer (See Instructions) Self
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunziker, J Emil (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78751	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/28 Rpt: 18/36
2 FILER NAME DeBurr, Detrick V. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088122
4 Date 06/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson Jr, Charles (Mr.)	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code CEDAR HILL, TX 75104		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Jane (Ms.)	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Crawfordville, FL 32327		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan, Stanley (Mr.)	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Huntsville, AL 35811		
Principal occupation / Job title (See Instructions) Enterprise Architect		Employer (See Instructions) Millennium Corporation
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaplan, Barbara (Ms.)	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code New York, NY 10025		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keffer, Joe (Mr.)	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Richmond, CA 94801		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/28 Rpt: 19/36
2 FILER NAME DeBurr, Detrick V. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088122
4 Date 03/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kersting, John (Mr.) <hr/> 6 Contributor address; City; State; Zip Code OLYMPIA, WA 98506	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keysor, Georgia (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Samario (Mr.) <hr/> Contributor address; City; State; Zip Code Durham, NC 27713	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Duke
Date 03/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koppelman, Ann S. (Ms.) <hr/> Contributor address; City; State; Zip Code Chapel Hill, NC 27516	Amount of Contribution (\$) \$2.73
Principal occupation / Job title (See Instructions) Clinical Psychologist		Employer (See Instructions) Self
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latham, Jacob (Mr.) <hr/> Contributor address; City; State; Zip Code Knoxville, TN 37919	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Associate Professor		Employer (See Instructions) UT

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/28 Rpt: 20/36
2 FILER NAME DeBurr, Detrick V. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088122
4 Date 05/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laycock, David (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Chester, NJ 07930	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Driver		9 Employer (See Instructions) UPS
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leavitt, William (Mr.) <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11215	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) self
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leavitt, William (Mr.) <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11215	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) self
Date 05/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemmond, byron (Mr.) <hr/> Contributor address; City; State; Zip Code Katy, TX 77449-7504	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemmond, byron (Mr.) <hr/> Contributor address; City; State; Zip Code Katy, TX 77449-7504	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/28 Rpt: 21/36
2 FILER NAME DeBurr, Detrick V. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088122
4 Date 05/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leonard, Shae (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Malone, NY 12953	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 01/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lineberger, Ernest (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Carrollton, TX 75007	
Principal occupation / Job title (See Instructions) Capacity Planning		Employer (See Instructions) Texas Instruments
Date 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lineberger, Ernest (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Carrollton, TX 75007	
Principal occupation / Job title (See Instructions) Capacity Planning		Employer (See Instructions) Texas Instruments
Date 03/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Longo, Antonella (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Highland Village, TX 75077	
Principal occupation / Job title (See Instructions) Research Scientist		Employer (See Instructions) UNT
Date 04/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Longo, Antonella (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Highland Village, TX 75077	
Principal occupation / Job title (See Instructions) Research Scientist		Employer (See Instructions) UNT

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/28 Rpt: 22/36
2 FILER NAME DeBurr, Detrick V. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088122
4 Date 05/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Longo, Antonella (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Highland Village, TX 75077	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Research Scientist		9 Employer (See Instructions) UNT
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Longo, Antonella (Ms.) <hr/> Contributor address; City; State; Zip Code Highland Village, TX 75077	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Research Scientist		Employer (See Instructions) UNT
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lustgarten, Catherine (Ms.) <hr/> Contributor address; City; State; Zip Code Denton, TX 76207	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mackey, Claudia (Ms.) <hr/> Contributor address; City; State; Zip Code Stockton, CA 95209	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malo, Christopher (Mr.) <hr/> Contributor address; City; State; Zip Code Larkspur, CA 94939	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/28 Rpt: 23/36
2 FILER NAME DeBurr, Detrick V. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088122
4 Date 05/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mauldin, Karen (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Falls Church, VA 22044	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAnally, Rex (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Carrollton, TX 75007	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonagh, Kathleen (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78722-1126	
Principal occupation / Job title (See Instructions) Early Childhood Music Specialist		Employer (See Instructions) Armstrong Community Music School
Date 03/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGehearty, Patrick (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Lewisville, TX 75056	
Principal occupation / Job title (See Instructions) Computer Scientist		Employer (See Instructions) Oracle
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKnight, Alan (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Willow, NY 12495	
Principal occupation / Job title (See Instructions) artist		Employer (See Instructions) Alan McKnight

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/28 Rpt: 24/36
2 FILER NAME DeBurr, Detrick V. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088122
4 Date 06/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Naomi (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Waltham, MA 02453	
8 Principal occupation / Job title (See Instructions) lawyer		9 Employer (See Instructions) Greater Boston Legal Services
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michaelson, Hedrich (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morse, William (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Cambridge, MA 02139	
Principal occupation / Job title (See Instructions) photo		Employer (See Instructions) self
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mytels, Deborah (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Palo Alto, CA 94303	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newtown, Sheila (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code De Peyster, NY 13633	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/28 Rpt: 25/36
2 FILER NAME DeBurr, Detrick V. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088122
4 Date 06/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver, Julie (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78722	7 Amount of Contribution (\$) \$2.08
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overton, David (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Opus Faveo Innovation Development
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pruitt, Pamela D (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78751-3316	Amount of Contribution (\$) \$4.16
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REASONS, JO (Mr.) <hr/> Contributor address; City; State; Zip Code Port Orchard, WA 98367	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson Democrats <hr/> Contributor address; City; State; Zip Code Richardson, TX 75080	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/28 Rpt: 26/36
2 FILER NAME DeBurr, Detrick V. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088122
4 Date 03/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Jane (Mr.)	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Durham, NC 27710		
8 Principal occupation / Job title (See Instructions) scientist		9 Employer (See Instructions) Duke University
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, Elaine (Ms.)	Amount of Contribution (\$) \$8.34
Contributor address; City; State; Zip Code Austin, TX 78757		
Principal occupation / Job title (See Instructions) copyeditor		Employer (See Instructions) self
Date 03/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, David (Mr.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Jasper, GA 30143-2417		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Shirley (Ms.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Bakersfield, CA 93313		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Dream House Lending
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Kathryn (Ms.)	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Austin, TX 78757		
Principal occupation / Job title (See Instructions) Editor		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/28 Rpt: 27/36
2 FILER NAME DeBurr, Detrick V. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088122
4 Date 03/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rohlf, Gerard (Mr.)	7 Amount of Contribution (\$) \$2.00
6 Contributor address; City; State; Zip Code PITTSBURGH, PA 15235-5338		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 03/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schiller, Deborah (Ms.)	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Santa Barbara, CA 93105		
Principal occupation / Job title (See Instructions) clinical psychologist		Employer (See Instructions) self
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Barbara (Ms.)	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Boxford, MA 01921		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sibley, Carol (Ms.)	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Seattle, WA 98103		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sibley, Carol (Ms.)	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Seattle, WA 98103		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/28 Rpt: 28/36
2 FILER NAME DeBurr, Detrick V. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088122
4 Date 02/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slater, Sheila (Ms.) <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10025-7142	7 Amount of Contribution (\$) \$1.06
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Donald (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78752	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Koko (Mr.) <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90043	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snow, Mollie (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78750-8140	Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spain, Diana (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$2.08
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/28 Rpt: 29/36
2 FILER NAME DeBurr, Detrick V. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088122
4 Date 03/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Booker (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75074	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Executive Director		9 Employer (See Instructions) Bootstrap Entrepreneurs Inc
Date 06/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Lynn (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78723	Amount of Contribution (\$) \$4.17
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Travis County
Date 03/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Amy (Ms.) <hr/> Contributor address; City; State; Zip Code Denton, TX 76209	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Denton ISD
Date 04/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Amy (Ms.) <hr/> Contributor address; City; State; Zip Code Denton, TX 76209	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Denton ISD
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Amy (Ms.) <hr/> Contributor address; City; State; Zip Code Denton, TX 76209	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Denton ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/28 Rpt: 30/36
2 FILER NAME DeBurr, Detrick V. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088122
4 Date 06/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Amy (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Denton, TX 76209	
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Denton ISD
Date 01/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trotter, Kenisha (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Los Angeles, CA 90047	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Udel-Rodriguez, C (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Richardson, TX 75081	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vann, Clarissa (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Cypress, TX 77429	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Enchanted Fairies
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vann, Clarissa (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Cypress, TX 77429	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Enchanted Fairies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/28 Rpt: 31/36
2 FILER NAME DeBurr, Detrick V. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088122
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vann, Clarissa (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Cypress, TX 77429	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Enchanted Fairies
Date 06/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vormelker, Eric (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78752	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Technical Coordinator		Employer (See Instructions) Texas Health and Human Services Commission
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Tony (Mr.) <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75052	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, M (Mr.) <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$4.17
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Ascension
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, Howard (Mr.) <hr/> Contributor address; City; State; Zip Code Long Beach, CA 90815	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/28 Rpt: 32/36
2 FILER NAME DeBurr, Detrick V. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088122
4 Date 06/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Elizabeth (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Alamogordo, NM 88310	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Alan (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hilo, HI 96720	
Principal occupation / Job title (See Instructions) caterer		Employer (See Instructions) self
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) graham, suzanne (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Albuquerque, NM 87107-3015	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) von Briesen, Hans (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Santa Fe, NM 87501-1536	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wolfe, katherine (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Ashland, OR 97520	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 33/36
2 FILER NAME DeBurr, Detrick V. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088122
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 03/11/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) DeBurr, Detrick	9 Loan Amount (\$) \$12,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code The Colony, TX 75056	10 Interest Rate
		11 Maturity Date 12/31/2024
12 Principal occupation / Job title (See Instructions) Software Engineer		13 Employer (See Instructions) Mainstream Non-Profit Solutions
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
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: 1/3 Rpt: 34/36	2 FILER NAME DeBurr, Detrick V. (Mr.)	3 Filer ID (Ethics Commission Filers) 00088122
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4 Date 06/27/2024	5 Payee name Billingsley/Hudson
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6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 3075 Painted Lake Cir The Colony, TX 75056
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facility/Location Rental
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/02/2024	Payee name Canva
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Amount (\$) \$54.00	Payee address; City; State; Zip Code 3212 E Cesar Chavez St Austin, TX 78702
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Graphic Design Tools/Services/Printing
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/14/2024	Payee name Gaglers Inc,
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Amount (\$) \$225.00	Payee address; City; State; Zip Code 2093 PHILADELPHIA PIKE #7468 Claymont, DE 19703
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Call Center
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
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: 2/3 Rpt: 35/36	2 FILER NAME DeBurr, Detrick V. (Mr.)	3 Filer ID (Ethics Commission Filers) 00088122
4 Date 01/01/2024	5 Payee name LinkTree	
6 Amount (\$) \$90.00	7 Payee address; City; State; Zip Code 1111 South Figueroa Street Los Angeles , CA 90015	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Linktree Pro subscription
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/02/2024	Payee name Scoot Around	
Amount (\$) \$253.00	Payee address; City; State; Zip Code 7703 Kingspointe Pkwy, Suite 400 Orlando, FL 32819	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Scooter - Standard @ TX Democratic Convention
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/06/2024	Payee name Sole Strategies	
Amount (\$) \$9,000.00	Payee address; City; State; Zip Code 806 Buchanan Blvd. #115-317 Boulder City, NV 89005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Call-Time Management
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

Solicitation/Fundraising Expense
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: 3/3 Rpt: 36/36	2 FILER NAME DeBurr, Detrick V. (Mr.)	3 Filer ID (Ethics Commission Filers) 00088122	
4 Date 03/12/2024	5 Payee name Texas Democratic Party		
6 Amount (\$) \$650.00	7 Payee address; City; State; Zip Code 314 E Highland Blvd Austin, TX 78752		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense V.A.N. Committee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held