MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

The MPAC Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00082127	2 Total pages filed: 4			
	4					
3 COMMITTEE NAME	OFFICE USE ONLY					
Bayou Blue Demo	rats		Date Received ELECTRONICALLY FILED 07/26/2024			
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 2111 Welch Street Unit B312	CITY; STATE; ZIP				
Change of Address	Houston, TX 77019		Date Hand-delivered or Date Postmarked			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Ms. Yvonne	МІ	Receipt # Amount			
			Date Processed			
	NICKNAME LAST	SUFF				
	Myles		Date Imaged			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 2111 Welch Street Unit B312 Houston, TX 77019	APT / SUITE #; CITY; S	TATE; ZIP CODE			
7 CAMPAIGN TREASURER MAILING ADDRESS Change of Address	STREET ADDRESS OR PO BOX; 2111 Welch Street APT B312 Houston, TX 77019	APT / SUITE #; CITY; S	STATE; ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 250-8392 EXTENSION					
9 REPORT TYPE	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)			
10 MONTHLY REPORT FILING DEADLINE	January 5 Apri February 5 May March 5 June	5 X August 5	 October 5 November 5 December 5 			
11 PERIOD COVERED	Month Day Year 06/26/2024	THROUGH Month 07/25	n Day Year 5/2024			
GO TO PAGE 2 Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.48da51f7						

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Bayou Blue Democrats			00082127	7
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location	A. Supported		
	of election and nature of issue.)			
		B. Opposed		
	3. Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA	L CONTRIBUTIONS	\$	0.00
EXPENDITURE		DGES, LOANS, OR GUARANTEES OF LOANS)		
TOTALS			\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	431.91
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		DAY \$	2,072.18
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			•	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Ms. Yvo Signature of Ca	nne Myles	urer
		Signature of Ca	inpaign neas	urei
AFFIX NOTARY	STAMP / SEAL ABOVE			
		, t	his the	day
of	, 20, to certify v	vhich, witness my hand and seal of office.		
Signature of officer adr	ninistering oath	Printed name of officer administering oath	Title of off	icer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7

SUBTOTALS - MPAC	C	FORM MPAC OVER SHEET PG 3 3 of 4	
17 COMMITTEE NAME Bayou Blue Democrats	18 Filer ID 00082127	(Ethics Commission Filers)	
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	3. SCHEDULE B: PLEDGED CONTRIBUTIONS		
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	\$		
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPOR- LABOR ORGANIZATION	\$		
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORC	GANIZATION	\$	
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	2	\$	
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
9. SCHEDULE E: LOANS		\$	
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	IS	\$ 431.91	
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$	
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$	
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	EXPENDITURE CATEGO Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	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)		
1 Total pages Schedule F1:		· · · · · ·	3 Filer ID (Ethics Commission Filers)		
			00082127		
Sch: 1/1 Rpt: 4/4	Bayou Blue Democrats		00082127		
4 Date 07/12/2024	5 Payee name Braeside Displays				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$334.64	795 Bartlett Ave				
Expenditure from corporate funds	Antioch, IL 60002				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this set				
EXPENDITURE	Advertising Expense		outside of Texas. Complete Schedule T. n, TX, officeholder living expense		
		Brochure dis			
		Diochare dis	piays		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name H	Office sought	Office held		
Date	Payee name				
07/02/2024	Scale To Win				
Amount (\$)	Payee address; City; Stat	e; Zip Code			
\$97.27	13742 Harper Street	•			
Expenditure from					
corporate funds	Santa Ana, CA 92703				
PURPOSE OF	(a) Category (See Categories listed at the top of this set				
EXPENDITURE	Fees		outside of Texas. Complete Schedule T. n, TX, officeholder living expense		
		Texting fee	, rx, uncertoider iving expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Office held		