CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00066791 Date Received COMMITTEE Texas Democratic Veterans Caucus **ELECTRONICALLY FILED** NAME 08/26/2024 TREASURER Applewhaite, John O. (Mr.) NAME Date Hand-delivered or Date Postmarked **ORIGINAL** January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation 30th day before election Dissolution report Date Processed 8th day before election Other (specify) September 5 ORIGINAL PERIOD Month Year Month Day Year Day Date Imaged **COVERED THROUGH** 07/26/2024 08/25/2024 **EXPLANATION OF CORRECTION** I forgot to add the second Account. 8 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. John O. Applewhaite Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ____, this the ____ ______, 20_____, to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath Remember To Attach Any Part Of The Campaign Finance Report Form **Needed To Report And Explain Corrections**

FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00066791 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Democratic Veterans Caucus Date Received **ELECTRONICALLY FILED** 08/26/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** P.O. Box 2942 2300 Scenic Dr. Change of Address Georgetown, TX 78628 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Mr. John O. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged **Applewhaite** CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 3201 Broken Spoke Tr. STREET **ADDRESS** (Residence or Business) Georgetown, TX 78628 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 3201 Broken Spoke Tr. MAILING **ADDRESS** Change of Address Georgetown, TX 78628 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 863-9086 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 X September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 07/26/2024 08/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Democratic Vet	erans Caucus		0006679	91
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Ms. Kamala Harris President		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	173.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	7,089.01
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	200.00
16 AFFIDAVIT	<u> </u>		<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.	erjury, that the mation requi	e accompanying report is red to be reported by me
		Mr. John O	. Applewhai	ite
		Signature of Ca	mpaign Trea	surer
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	d before me, by the said _	, t	his the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of o	fficer administering oath

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC ADDENDUM

					Page 4 of 10
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Democratic Veteran	is Caucus			00066791	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Rep. Colin Allred US Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Ms. Marquette Greene-Scott To	exas Congressio	onal District 22
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Mr. Ernest R Lineberger US Re	epresentative Di	strict 26
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

FORM MPAC MONTHLY FILING GPAC REPORT: PURPOSE **ADDENDUM** Page 5 of 10 **12** COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) Texas Democratic Veterans Caucus 00066791 14 COMMITTEE 1. Candidates A. Supported Ms. Laura Jones US Representative District 8 **ACTIVITY** (Identify by name or, if applicable, classify by party.) (Attach lists on plain B. Opposed paper to complete this report if necessary.) A. Supported 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

					6 of 10
17 CO	MMITTE	E NAME	18 Filer ID	(Ethics Commission	n Filers)
Tex	kas Dei	mocratic Veterans Caucus	00066791	•	,
19 SCI	HEDIII		1		
l	ME OF	SUBTOTAL A	MOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	173.00
2.	П	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
		, ,		<u> </u>	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		6	
] ".	ш	SCHEDGE B. 1 LEDGED CONTRIBOTIONS		\$	
		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	PR		
4.	Ш	ORGANIZATION		\$	
		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR		
5.	Ш	LABOR ORGANIZATION	TION OIL	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.	П	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR		\$	
		ORGANIZATION		*	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (\$	
0.	Ш	SCHEDOLE D. FLEDGED CONTRIBUTIONS TROM CORPORATION OR EABOR (DIGANIZATION	Þ	
9.	Ш	SCHEDULE E: LOANS		\$	
10.	Ш	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	П	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	П	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
1.4	Ū.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONE		461.00
14.	X	SCHEDULE I. NON-POLITICAL EXPENDITORES PROM POLITICAL CONTRIBUTION	JNS	\$	461.99
		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED		
15.	Ш	TO FILER		\$	
				1	
i					
l					

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/2 Rpt: 7/10		
2	FILER NAME Texas Demo	cratic Veterans Caucus			3	Filer ID (Ethics Commission 00066791	Filers)
4	Date 08/19/2024	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$20.00	
_	Daine in a language	Georgetown, TX 78628	٦,	Faralassa (Ossalastasstissa			
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions N/A	5)		
Date Full name of contributor out-of-state PAC (ID#:_ 08/03/2024 Bethel, Paulette Contributor address; City; State; Zip Code				•	Amount of Contribution (\$)	\$16.00	
	Principal occu	Kaawa, HI 96730 pation / Job title (See Instructions)		Employer (See Instructions	<u>s)</u>		
	Coach	parion, cop and (coc monactions)		Self	-,		
Date Full name of contributor out-of-state PAC (ID# 07/31/2024 CHESTER, THOR Contributor address; City; State; Zip Code		#:			Amount of Contribution (\$)	\$16.00	
		Victoria, TX 77901-2411					
	Principal occu business ow	pation / Job title (See Instructions) ner		Employer (See Instructions Thor Chester	s)		
Date Full name of contributor out-of-state PAC (ID#: 08/24/2024 Chism, Crystal Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$16.00	
DeSoto, TX 75115 Principal occupation / Job title (See Instructions) Job			Employer (See Instructions Have One	<u> </u> s)			
	Date Full name of contributor out-of-state PAC (ID#:) 08/12/2024 Greene, Mark Contributor address; City; State; Zip Code Fort Worth, TX 76133			Amount of Contribution (\$)	\$57.00		
	Principal occu Project Mana	pation / Job title (See Instructions) ager		Employer (See Instructions Shawn M Cowdin Cons		ction	
	-						

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
The Instruction Guide explains how to complete this form.			1			
LER NAME			3	·	Filers)	
		7	Amount of Contribution (\$)	\$16.00		
rincinal occu	Norfolk, VA 23505	9 Employer (See Instructions	<u>s)</u>			
		US Navy	٥,			
ate 3/25/2024	Full name of contributor out-of-state PAC (ID#:_Olsson, donna Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$16.00	
	Austin, TX 78727	1 - 1 - 0 - 1 - 1				
rıncıpal occu urse/PT	ipation / Job title (See Instructions)	Self employed	S)			
ate 3/24/2024	Prado, Bessie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$16.00	
rincipal occu		Employer (See Instructions	s)			
egistered r	nurse	Alamo Colleges				
	he Instru LER NAME exas Demo ate 3/10/2024 incipal occu ilitary Offic ate 3/25/2024 incipal occu urse/PT ate 3/24/2024	he Instruction Guide explains how to complete this for the Instruction Guide explains how to complete this for the Instruction Guide explains how to complete this for the Instruction Guide exast Democratic Veterans Caucus ate	the Instruction Guide explains how to complete this form. LER NAME exas Democratic Veterans Caucus ate 3/10/2024 5 Full name of contributor out-of-state PAC (ID#:	he Instruction Guide explains how to complete this form. 1	the Instruction Guide explains how to complete this form. 1	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/2 Rpt: 9/10	Texas Democratic Veterans Caucus	00066791
4 Date	5 Payee name	
08/25/2024	ActBlue LLC.	
6 Amount (\$)	7 Payee Address; City; State; Zip	
6.89	14 Arrow Street	
Expenditure from	Suite 11	
corporate funds	Cambridge, MA 02138 (a) Category (See instructions for examples of acceptable categories)	(Coo instructions regarding two of information required)
8 PURPOSE OF	Fees	(b) Description (See instructions regarding type of information required.) Membership Expence
EXPENDITURE		Membership Expense
Date	Payee name	
08/20/2024	Designer Graphics	
Amount (\$)	Payee Address; City; State; Zip	
396.55	12404 Hyw 55 S	
Expenditure from	Tyler, TX 75703	
corporate funds	•	(Coo instructions regarding two of information required)
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Printing Expense	(b) Description (See instructions regarding type of information required.) Lapel Pins
EXPENDITURE	2 Timing Expense	Laperrins
Date	Payee name	
08/02/2024	Google Inc	
Amount (\$)	Payee Address; City; State; Zip	
12.79	1600 Amphitheatre Parkway	
Expenditure from	Mountain View CA 04042	
corporate funds	Mountain View, CA 94043	143-
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Data	(b) Description (See instructions regarding type of information required.) Data Cloud Expence
EXPENDITURE	Julia	Data Cloud Experice
Date	Payee name	
08/12/2024	Mail Chimp	
Amount (\$)	Payee Address; City; State; Zip	
28.25	675 Ponce De Leon Ave NE	
Expenditure from	Suite 5000	
corporate funds	Atlanta , GA 30308	Terr
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Mail Chimp	(b) Description (See instructions regarding type of information required.)
EXPENDITURE	Wall Chillip	Mass Mailing Service

	NON-POLITICA MADE FROM F	SCHEDULE I				
	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule I: Sch: 2/2 Rpt:	FILER NAME Texas Democratic Veterans Caucus	3 Filer ID (Ethics Commission Filers) 00066791			
4	Date 08/14/2024	5 Payee name The Mail Drop				
6	Amount (\$) 17.51 Expenditure from corporate funds	7 Payee Address; City; State; Zip 2970 Williams Dr. Georgetown, TX 78628				
8	PURPOSE OF EXPENDITURE		See instructions regarding type of information required.)			