### GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM GPAC COVER SHEET PG 1

Th	The GPAC Instruction Guide explains how to complete this form.          1       Filer ID (Ethics Commission Filers)       2         00052651       00052651					2 Total pages filed: 23	
3	COMMITTEE NAME					OFFICE USE ONLY	
	Boerne Area Demo	ocrats				Date Received	
						ELECTRONICALLY FILED	
						10/05/2024	
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; C	ITY;	STATE; ZIP CO	DE		
	ADDRESS	P. O. Box 2132	,	·		Date Hand-delivered or Date Postmarked	
						Date Hand-delivered of Date Postmarked	
	Change of Address	Boerne, TX 78006				Receipt # Amount	
						Date Processed	
						Date Imaged	
5	CAMPAIGN	MS / MRS / MR FIRST				MI	
	TREASURER NAME	Ms. Michele F.					
		NICKNAME LAST				SUFFIX	
		Smith					
6		STREET ADDRESS (NO PO BOX PLEASE)	;	APT / SUITE #;	CITY;	STATE; ZIP CODE	
	TREASURER STREET	111 Walnut Rd.					
	ADDRESS						
	(Residence or Business)	Fredericksburg, TX 78624					
7		STREET OR PO BOX;		APT / SUITE #;	CITY;	STATE; ZIP CODE	
	TREASURER MAILING	PO Box 2132					
	ADDRESS						
	Change of Address	Boerne, TX 78006					
8	CAMPAIGN	AREA CODE PHONE NUMBER	ΕX	TENSION			
	TREASURER PHONE	(281) 615-5885					
9	REPORT TYPE	January 15 X	30th	day before election		Dissolution (Attach PAC-DR)	
			8th d	ay before election		10th day after campaign treasurer	
		July 15	Runo	ff		termination	
			vunc				
10	PERIOD COVERED	Month Day Year			Day	Year	
	COVERED	07/01/2024	ΓHR	OUGH 09/26	6/2024		
11	ELECTION			ELECTION TY			
111	ELECTION	ELECTION DATE Month Day Year	Prin		re	Other	
		11/05/2024					
			Ger	eral Special			
	GO TO PAGE 2						
<b>F</b> oi	rms provided by Te	xas Ethics Commission www.	ethi	cs.state.tx.us		Version V4.1.0.48da51f7	

### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)			
Boerne Area Democrats	3		00052651				
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Mr. Dwain Handley State Rep	resentative				
(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					
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED PLEDGES, LOANS, CONTRIBUTIONS M	I OPOLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	1,564.00			
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,319.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00			
	4. TOTAL POLITICA	L EXPENDITURES	\$	3,102.95			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	3,611.41			
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	rhe \$	0.00			
16 AFFIDAVIT		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.					
			ele F. Smith				
		Signature of Ca	mpaign Treasu	irer			
AFFIX NOTARY	AFFIX NOTARY STAMP / SEAL ABOVE						
		, ti	nis the	day			
ot	, 20, to certity v	vhich, witness my hand and seal of office.					
Signature of officer ad	ninistering oath	Printed name of officer administering oath	Title of offic	cer administering oath			
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7			

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

## FORM GPAC

Page 3 of 23

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Boerne Area Democrat	S			00052651	
14 COMMITTEE	1. Candidates	A. Supported	Mr. Colin Allred US Senator		
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
	applicable, classify by party.)				
(Attach lists on plain		B. Opposed			
paper to complete this report if necessary.)					
report in necessary.)					
	2. Measures	A. Supported			
	(Describe by date and				
	location of election and nature of issue.)				
	,	B. Opposed			
		B. Opposed			
	2 Office helders				
	3. Officeholders Assisted				
	(Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE	1. Candidates	A. Supported	Democrat		
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
	applicable, classify by party.)				
(Attach lists on plain		B. Opposed			
paper to complete this report if necessary.)					
report in necessary.)					
	2. Measures	A. Supported			
	(Describe by date and				
	location of election and nature of issue.)				
		B. Opposed			
		D. oppood			
	3. Officeholders				
	Assisted				
	(Identify by name or, if				
	applicable, classify by party.)				

S	UBT	OTALS - GPAC	0	
			C	OVER SHEET PG 3 4 of 23
	MMITTI erne Ai	(Ethics Commission Filers)		
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 3,319.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
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	ORGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	<b>\$</b> 3,102.95
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 1/14 Rpt: 5/23
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Boerne Area			00052651
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/03/2024	Aaronson, Lois		\$20.00
	6 Contributor address; City; State; Zip Code		
1. Direital eest	Boerne, TX 78006		
8 Principal occu Retired	ipation / Job title (See Instructions)	9 Employer (See Instructions Retired	i)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/31/2024			\$20.00
	Contributor address; City; State; Zip Code		
	Boerne, TX 78006		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Retired		Retired	ע
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
08/28/2024	Full name of contributor out-of-state PAC (ID#: Aaronson, Lois	)	\$20.00
00/20/202 .			\$_0.00
	Contributor address, City, State, Zip Code		
	Boerne, TX 78006		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/31/2024	Bellow, Lynn		\$200.00
	Contributor address; City; State; Zip Code		
Di indaan	Boerne, TX 78006		<u> </u>
Principal occu Retired	ipation / Job title (See Instructions)	Employer (See Instructions	i)
		Retired	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
08/31/2024	Blumhorst, Susan		\$35.00
	Contributor address; City; State; Zip Code		
	Boerne, TX 78006		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u> )
Retired		Retired	<i>y</i>
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	The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 2/14 Rpt: 6/23	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
	Boerne Area	Democrats			00052651	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	07/08/2024	Cooper, Carla				\$20.00
	I	6 Contributor address; City; State; Zip Code		1		
	l					
	l					
		Boerne, TX 78006				
8		upation / Job title (See Instructions)	9 Employer (See Instructions	5)		_
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	08/14/2024	Cooper, Carla				\$20.00
		Contributor address; City; State; Zip Code		1		
	l					
	l					
		Boerne, TX 78006				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	09/08/2024	Cooper, Carla				\$20.00
		Contributor address; City; State; Zip Code		1		
	I					
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		Boerne, TX 78006				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	07/15/2024	Dollar, Susan				\$25.00
	I	Contributor address; City; State; Zip Code		1		
	I					
	I					
		Boerne, TX 78006				
	-	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	_
	08/21/2024	Dollar, Susan				\$25.00
	I	Contributor address; City; State; Zip Code				
	l					
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		Boerne, TX 78006		L		
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
1						ľ

	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 3/14 Rpt: 7/23	
2	2 FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Boerne Area	a Democrats			00052651	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	09/15/2024	Dollar, Susan				\$25.00
		6 Contributor address; City; State; Zip Code		1		
	l					
	l					
		Boerne, TX 78006				
8		upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	07/15/2024	Dunn, Mary				\$10.00
		Contributor address; City; State; Zip Code		1		
	l					
	l					
		Boerne, TX 78006				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
	08/14/2024	Dunn, Mary				\$10.00
	I	Contributor address; City; State; Zip Code		1		
	I					
	I					
		Boerne, TX 78006				
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/15/2024	Dunn, Mary				\$10.00
	1	Contributor address; City; State; Zip Code		1		
	I					
	I					
		Boerne, TX 78006				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	07/21/2024	Gonzales, Humberto				\$35.00
	I	Contributor address; City; State; Zip Code		1		
	I					
	I					
		Boerne, TX 78006				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
						I

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 4/14 Rpt: 8/23
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Boerne Area			00052651
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/15/2024	Harrington, Marilyn		\$40.00
	6 Contributor address; City; State; Zip Code		1
	Boerne, TX 78006		
8 Principal occu Retired	ipation / Job title (See Instructions)	9 Employer (See Instructions Retired	5)
			T
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
08/21/2024			\$40.00
	Contributor address; City; State; Zip Code		
	Boerne, TX 78006		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Retired		Retired	2)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
09/15/2024	Harrington, Marilyn	/	\$40.00
00/10/202 .	Contributor address; City; State; Zip Code		
	Boerne, TX 78006		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/15/2024	Helms, Ann		\$50.00
	Contributor address; City; State; Zip Code		
Dringinglaggy	Boerne, TX 78006		<u> </u>
Principal occu Retired	ipation / Job title (See Instructions)	Employer (See Instructions Retired	6)
			1
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
08/21/2024	Helms, Ann		\$50.00
	Contributor address; City; State; Zip Code		
	Boerne, TX 78006		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Retired		Retired	

	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 5/14 Rpt: 9/23	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Boerne Area	L Democrats			00052651	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	09/15/2024	Helms, Ann				\$50.00
		6 Contributor address; City; State; Zip Code		1		
		Boerne, TX 78006				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Retired		Retired			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Ī	Amount of Contribution (\$)	
	07/08/2024	Huff, Melinda				\$20.00
		Contributor address; City; State; Zip Code		1		
		Boerne, TX 78006	<u>.</u>			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	08/11/2024	Huff, Melinda				\$20.00
		Contributor address; City; State; Zip Code		1		
		Boerne, TX 78006	1			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired	_		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/08/2024	Huff, Melinda		]		\$20.00
		Contributor address; City; State; Zip Code				
		Deerne TV 70006				
$\vdash$	Dringingl goog	Boerne, TX 78006		<u> </u>		
	Principal occu Retired	ipation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
$\vdash$				<del>.</del>		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	÷40.00
	07/03/2024	Jowers, Hellen				\$10.00
		Contributor address; City; State; Zip Code				
		Fair Oaks Ranch, TX 78015				
$\vdash$	Dringingl goog			<u> </u>		
	Retired	ipation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
	Reuleu		Keuleu			
1						

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 6/14 Rpt: 10/23 2 FILER NAME Filer ID (Ethics Commission Filers) 3 **Boerne Area Democrats** 00052651 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 07/31/2024 Jowers, Hellen \$10.00 6 Contributor address; City; State; Zip Code Fair Oaks Ranch, TX 78015 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/28/2024 \$10.00 Jowers, Hellen Contributor address; City; State; Zip Code Fair Oaks Ranch, TX 78015 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 08/14/2024 Lilleholm, Rob \$10.00 Contributor address; City; State; Zip Code Hampden, ME 04444 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/15/2024 \$10.00 Lilleholm, Rob Contributor address; City; State; Zip Code Hampden, ME 04444 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/22/2024 \$20.00 Nitschke, Joan Contributor address; City; State; Zip Code Boerne, TX 78006 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 7/14 Rpt: 11/23
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	a Democrats		00052651
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
08/21/2024	Nitschke, Joan		\$20.00
	6 Contributor address; City; State; Zip Code		
D include a	Boerne, TX 78006		
8 Principal occu Retired	upation / Job title (See Instructions)	9 Employer (See Instructions Retired	5)
			1
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
09/15/2024			\$20.00
	Contributor address; City; State; Zip Code		
	Boerne, TX 78006		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Retired		Retired	>)
	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
Date 09/25/2024	Full name of contributor out-of-state PAC (ID#: O'Toole, Linda	)	Amount of Contribution (\$) \$35.00
0312312027			400.00
	Contributor address; City; State; Zip Code		
	Boerne, TX 78006		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
08/31/2024	Peters, Lyndon		\$35.00
	Contributor address; City; State; Zip Code		
	Boerne, TX 78006	-	
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/08/2024	Petty, Jackie		\$10.00
	Contributor address; City; State; Zip Code		
	Boerne, TX 78006		
Drincinal occu		Employer (See Instructions	
Retired	upation / Job title (See Instructions)	Employer (See Instructions Retired	5)
Retrict		Retired	

The Instruc	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 8/14 Rpt: 12/23
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Boerne Area	Democrats		00052651
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
08/14/2024	Petty, Jackie		\$10.00
	6 Contributor address; City; State; Zip Code	1	1
	Doome TV 70006		
8 Principal occu	Boerne, TX 78006 pation / Job title (See Instructions)	9 Employer (See Instructions	<u></u>
Retired		Retired	»)
Date 09/08/2024	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
09/08/2024			\$10.00
	Contributor address; City; State; Zip Code		
	Boerne, TX 78006		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ŝ)
Retired		Retired	,
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
07/22/2024	Prescott, Robin		\$20.00
	Contributor address; City; State; Zip Code		4
	Boerne, TX 78006		
-	pation / Job title (See Instructions)	Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
08/28/2024	Prescott, Robin		\$20.00
	Contributor address; City; State; Zip Code		
	Boerne, TX 78006		
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Retired		Retired	"
	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
Date 09/22/2024	Full name of contributor out-of-state PAC (ID#: Prescott, Robin	/	\$20.00
00/22/202 .	Contributor address; City; State; Zip Code		
	Culturbulur duuress, City, State, Zip Coue		
	Boerne, TX 78006		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Retired		Retired	
		1	

	The Instrue	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/14 Rpt: 13/23	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Boerne Area	Democrats			00052651	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	07/08/2024	Pyle, Suanne				\$10.00
		6 Contributor address; City; State; Zip Code		1		
		Boerne, TX 78006				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	08/14/2024	Pyle, Suanne				\$10.00
		Contributor address; City; State; Zip Code				
		Boerne, TX 78006				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/08/2024	Pyle, Suanne				\$10.00
		Contributor address; City; State; Zip Code				
		Boerne, TX 78006				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/15/2024	Randy, Fuentes (Mr.)				\$30.00
		Contributor address; City; State; Zip Code				
		Boerne, TX 78006				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor Dut-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	07/21/2024	Salinas, Amanda				\$20.00
	Contributor address; City; State; Zip Code			1		
		Boerne, TX 78006				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Professor		Alamo Area Colleges			

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 10/14 Rpt: 14/23	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Boerne Area	Democrats		-	00052651	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	08/28/2024	Salinas, Amanda				\$20.00
		6 Contributor address; City; State; Zip Code		1		
Ļ		Boerne, TX 78006	· · · · · · · · ·			
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Professor		Alamo Area Colleges			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/22/2024					\$20.00
		Contributor address; City; State; Zip Code				
		Boerne, TX 78006				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Professor		Alamo Area Colleges	>)		
╞		Full name of contributor Out-of-state PAC (ID#:		1	Amount of Contribution (\$)	
	Date 09/05/2024	Full name of contributor out-of-state PAC (ID#: Savoie, Lorri	)		Amount of Contribution (\$)	\$40.00
				-		Ψ+0.00
		Contributor address; City; State; Zip Code				
		Pipe Creek, TX 78063				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	07/08/2024	Schun, Natalie				\$25.00
		Contributor address; City; State; Zip Code		1		
		Fair Oaks Ranch, TX 78015				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Librarian		Hill Country Montessori			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	08/14/2024	Schun, Natalie				\$25.00
		Contributor address; City; State; Zip Code				
		Fair Oaks Ranch, TX 78015				
<u> </u>	Dringingl occu		Employer (See Instructions	<u> </u>		
	Librarian	pation / Job title (See Instructions)	Employer (See Instructions Hill Country Montessori			
L			Thin Country Montesson			

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 11/14 Rpt: 15/23	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Boerne Area	Democrats			00052651	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	09/08/2024	Schun, Natalie				\$25.00
		6 Contributor address; City; State; Zip Code		1		
		Fair Oaks Ranch, TX 78015				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Librarian		Hill Country Montessori			
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Г	Amount of Contribution (\$)	
	07/15/2024	Sunde, Natalie	)			\$10.00
	01/10/2024					φ10.00
		Contributor address; City; State; Zip Code				
		Boerne, TX 78015				
_	Dringingloggy		Employer (Cas Instructions			
	Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
	Reuleu		Retileu	_		
	Date     Full name of contributor     out-of-state PAC (ID#:)		)		Amount of Contribution (\$)	
	08/14/2024	Sunde, Natalie				\$10.00
	Contributor address; City; State; Zip Code		]			
	Boerne, TX 78015					
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	09/15/2024	Sunde, Natalie				\$10.00
		Contributor address; City; State; Zip Code		1		
		Boerne, TX 78015				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Г	Amount of Contribution (\$)	
	07/03/2024	Tremper, Marilyn	)			\$15.00
	Contributor address; City; State; Zip Code		•		<i><b>410.00</b></i>	
		Boerne, TX 78006				
⊢	Principal occu		Employer (See Instructions	<u>ا</u> د)		
	Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired		5)			
⊢	Kellieu					
I I						

<u> </u>				
	The Instru	ction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 12/14 Rpt: 16/23	
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	Boerne Area	a Democrats		00052651
4	Date	5 Full name of contributor out-of-state PAC (ID#	<i>t</i> :)	7 Amount of Contribution (\$)
	07/31/2024	Tremper, Marilyn		\$15.00
	1	6 Contributor address; City; State; Zip Code		1
	I			
	l			
		Boerne, TX 78006		
8		ipation / Job title (See Instructions)	9 Employer (See Instructions	5)
	Retired		Retired	
	Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
	08/28/2024	Tremper, Marilyn		\$15.00
	I	Contributor address; City; State; Zip Code		]
	I			
	l	Destrop TV 70006		
	Dringinal occu	Boerne, TX 78006	Employer (Soo Instructions	~\
	Retired	ipation / Job title (See Instructions)	Employer (See Instructions Retired	5)
╞				
	Date		#:)	Amount of Contribution (\$)
	07/15/2024			\$10.00
	Contributor address; City; State; Zip Code			
	l			
	l	Boerne, TX 78006		
$\vdash$	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	s)
	Artist		Self-Employed	
⊨	Date	Full name of contributor out-of-state PAC (ID#		Amount of Contribution (\$)
	08/14/2024	Veilleux, Jessica		\$10.00
	I	Contributor address; City; State; Zip Code		1
	I			
	I			
		Boerne, TX 78006	<u>.</u>	
		ipation / Job title (See Instructions)	Employer (See Instructions	5)
	Artist		Self-Employed	
	Date	Full name of contributor out-of-state PAC (ID#	¢:)	Amount of Contribution (\$)
	09/08/2024	Veilleux, Jessica		\$10.00
	l	Contributor address; City; State; Zip Code		]
	I			
	I	Deemo TV 70006		
	Dringing oog	Boerne, TX 78006	Employer (Coo Instructions	
	Principal occu Artist	ipation / Job title (See Instructions)	Employer (See Instructions Self-Employed	5)
$\vdash$	Aitist		Jen-Employed	

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 13/14 Rpt: 17/23	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Boerne Area	L Democrats			00052651	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	07/03/2024	White, Susan				\$20.00
		6 Contributor address; City; State; Zip Code		1		
		Houston, TX 77069				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Retired		Retired			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	07/31/2024	White, Susan				\$20.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77069				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	09/01/2024	White, Susan				\$20.00
	Contributor address; City; State; Zip Code			]		
	Duite sized accur	Houston, TX 77069		Ĺ		
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
				<del>.</del>		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	÷10.00
	07/15/2024	Wine, Andy				\$10.00
		Contributor address; City; State; Zip Code				
		Boerne, TX 78006				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Engineer		Trace3 Inc	5)		
╞				1	An sunt of Contribution (\$)	
	Date 08/14/2024	Full name of contributor out-of-state PAC (ID#: Wine, Andy	)		Amount of Contribution (\$)	\$10.00
				-		Φ10.00
	Contributor address; City; State; Zip Code					
	Boerne, TX 78006					
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
Engineer Trace3 Inc		-,				
⊢	I					

	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 14/14 Rpt: 18/23	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Boerne Area	L Democrats			00052651	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	09/15/2024	Wine, Andy				\$10.00
		6 Contributor address; City; State; Zip Code				
		Boerne, TX 78006				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Engineer		Trace3 Inc			
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	09/01/2024	Yates, Shannon				\$200.00
		Boerne, TX 78006				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
╞	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	07/15/2024	Zemel, Brook				\$10.00
		Contributor address; City; State; Zip Code				
		Boerne, TX 78006				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	08/14/2024	Zemel, Brook				\$10.00
		Contributor address; City; State; Zip Code				
		Boerne, TX 78006				
	-	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	09/08/2024	Zemel, Brook				\$10.00
		Contributor address; City; State; Zip Code		1		
	Boerne, TX 78006		1			
Principal occupation / Job title (See Instructions) Employer (See Instructions		5)				
	Retired Retired					
1						

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 1/5 Rpt: 19/23	Boerne Area Democrats 00052651		
4 Date	5 Payee name		
07/03/2024	Bray, Laura		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$500.00	220 Champion Blvd		
Expenditure from corporate funds	Boerne, TX 78006		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Travel Costs Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense Contribute to national convention travel costs		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
09/06/2024	Colin Allred Victory Fund		
Amount (\$)	Payee address; City; State; Zip Code		
\$750.00	P.O. Box 601631		
Expenditure from corporate funds	Dallas, TX 75360		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Donation to Candidate</li> </ul> </li> </ul>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
07/08/2024	Constant Contact		
Amount (\$)	Payee address; City; State; Zip Code		
\$54.81	1601 Trapelo Road		
Expenditure from corporate funds	Waltham, MA 02451		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Office Overhead/Rental Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Messaging application expense</li> </ul>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 2/5 Rpt: 20/23	Boerne Area Democrats 00052651			
4 Date	5 Payee name			
08/06/2024	Constant Contact			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$54.81	1601 Trapelo Road			
Expenditure from corporate funds	Waltham, MA 02451			
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Office Overhead/Rental Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>August Messaging Subscription Fee</li> </ul> </li> </ul>			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
09/06/2024	Constant Contact			
Amount (\$)	Payee address; City; State; Zip Code			
\$63.34	1601 Trapelo Road			
Expenditure from corporate funds	Waltham, MA 02451			
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Office Overhead/Rental Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>September Messaging Service Subscription Fee</li> </ul> </li> </ul>			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
08/07/2024	Dollar, Susan (Ms.)			
Amount (\$)	Payee address; City; State; Zip Code			
\$242.05	124 Coterie Pl			
Expenditure from corporate funds	Boerne, TX 78006			
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Solicitation/Fundraising Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Cost of fundraising merchandise to sell</li> </ul>			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 3/5 Rpt: 21/23	Boerne Area Democrats 000052651		
4 Date	5 Payee name		
08/07/2024	Dollar, Susan (Ms.)		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$62.98	124 Coterie PI		
Expenditure from corporate funds	Boerne, TX 78006		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense		
	Check if Austin, TX, officeholder living expense		
	Reimburse for office supplies		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
07/20/2024	Dwain Handley Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$150.00	P.O. Box 1181		
φ130.00	F.O. D0X 1101		
Expenditure from corporate funds	Burnet, TX 78611		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
	Candidate/Officeholder/Political Committee		
	Donation to Dwain Handley, state representative campaign		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
07/01/2024	Kendall County Democratic Party		
Amount (\$)	Payee address; City; State; Zip Code		
\$300.00	PO Box 2321		
4000.00			
Expenditure from corporate funds	Boerne, TX 78006		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Office Overhead/Rental Expense		
-	Check if Austin, TX, officeholder living expense		
	July Office Rental Expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp /- Gift/Awards/Memorials Expense Printing Ex	bense Travel Out of District ages/Contract Labor OTHER (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 4/5 Rpt: 22/23	Boerne Area Democrats	00052651		
4 Date	5 Payee name			
08/01/2024	Kendall County Democratic Party			
6 Amount (\$)	7 Payee address; City; State; Zip Cod	le		
\$300.00	P.O. Box 2321			
Expenditure from corporate funds	Boerne, TX 78006			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense		
		August Office Rental Contribution		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office soug H	ht Office held		
Date	Payee name			
09/01/2024	Kendall County Democratic Party			
Amount (\$)	Payee address; City; State; Zip Cod	le		
\$300.00	P.O. Box 2321			
+000.00				
Expenditure from corporate funds	Boerne, TX 78006			
PURPOSE OF	<b>C ( ( ( ( ( ( ( ( ( (</b>	(b) Description		
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		September Office Rental Contribution		
		September Once Kenta Contribution		
Complete ONLY if direct	Candidate/Officeholder name Office sou	ht Office held		
expenditure to benefit C/OI		Int Onice neid		
Date	Payee name			
08/08/2024	Longhorn Cafe			
Amount (\$)	Payee address; City; State; Zip Co	le		
\$11.13	369 S Esser Rd			
Expenditure from corporate funds	Boerne, TX 78006			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE		Check if Austin, TX, officeholder living expense		
		Credit Card payment for meeting speaker meal		
Complete ONLY if direct	Candidate/Officeholder name Office sou	ht Office held		
expenditure to benefit C/OI	expenditure to benefit C/OH			

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Trans; Food/Beverage Expense Polling Expense Travel By - Gift/Awards/Memorials Expense Printing Expense Travel	ation/Fundraising Expense portation Equipment & Related Expense in District Out of District R (enter a category not listed above)
1 Total pages Schedule F1:	: 2 FILER NAME 3 Filer	ID (Ethics Commission Filers)
Sch: 5/5 Rpt: 23/23		52651
4 Date	5 Pavee name	
07/01/2024	5 Payee name Texas Comptroller of Public Accounts	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$38.51	. 111 E 17th Street	
Expenditure from corporate funds	Austin, TX 78774	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE		exas. Complete Schedule T.
	Check if Austin, TX, officeh	les Tax Report Amount Due
	Zhu Quarter 2024 Sa	les Tax Report Amount Due
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		Office held
Date	Payee name	
08/16/2024	Wix	
Amount (\$)	Payee address; City; State; Zip Code	
\$275.32		
φ210.02		
Expenditure from	Sixth Floor	
corporate funds	San Francisco, CA 94158	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE		exas. Complete Schedule T.
	Check if Austin, TX, officeh	
	Website hosting expe	Inse
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office held