

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 Filer ID (Ethics Commission Filers) 00056261	2 Total pages filed: 96	OFFICE USE ONLY	
3 COMMITTEE NAME Fort Bend County Democratic Party (CEC)	Date Received ELECTRONICALLY FILED 12/12/2024		
4 TREASURER NAME Marshall, Barbara L. (Ms.)	Date Hand-delivered or Date Postmarked		
5 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	Receipt #
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 10th day after campaign treasurer resignation	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution report	Date Processed
	<input type="checkbox"/> 8th day before election	<input checked="" type="checkbox"/> Other (specify) <u>Monthly, unspecified</u>	Date Imaged
6 ORIGINAL PERIOD COVERED	Month Day Year 01/01/2024	THROUGH	Month Day Year 06/30/2024

7 EXPLANATION OF CORRECTION

I hope this message finds you well. I am writing to confirm my recent appointment as the new Treasurer for the Fort Bend Democratic Party. Before submitting any formal documentation, I want to ensure that all details are accurate and in order, especially given the transition in leadership.

Please let me know if everything is set or if any further steps are required.

Thank you for your attention to this matter. I look forward to contributing to the success of the party.

Best regards,

Antron D. Johnson
Treasurer
Fort Bend Democratic Party

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. Antron Johnson

Signature of Campaign Treasurer

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**

COUNTY EXECUTIVE COMMITTEE CAMPAIGN FINANCE REPORT

FORM CEC
COVER SHEET PG 1

The CEC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00056261	2 Total pages filed: 96
3 COMMITTEE NAME Fort Bend County Democratic Party (CEC)		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 12/12/2024	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 11418 Oak Lake Ridge Court Sugar Land, TX 77498		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI	Ms. Barbara L.	
	NICKNAME LAST SUFFIX	Marshall	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	8815 Silent Willow Lane Sugar Land, TX 77479		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	8815 Silent Willow Lane Sugar Land, TX 77479		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(713)	806-1529	
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input checked="" type="checkbox"/> Final Report
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> 10th day after campaign treasurer termination
		<input type="checkbox"/> Runoff	
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	01/01/2024		06/30/2024
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year 03/05/2024	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> Other
		<input type="checkbox"/> General	<input type="checkbox"/> Special

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COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC
COVER SHEET PG 2

12 COMMITTEE NAME Fort Bend County Democratic Party (CEC)	13 Filer ID (Ethics Commission Filers) 00056261
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Democrat
		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 POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 27,190.72
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 56,375.04
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 21,116.11
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ms. Barbara L. Marshall

Signature of Campaign Treasurer

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

SUBTOTALS - CEC**FORM CEC**
COVER SHEET PG 3
4 of 96

17 COMMITTEE NAME Fort Bend County Democratic Party (CEC)		18 Filer ID (Ethics Commission Filers) 00056261
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 27,190.72
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 56,375.04
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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 105.00
10.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 21.10

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/60 Rpt: 5/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 06/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmed, Farha <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self employed
Date 01/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaton, Doug <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Director of Operations		Employer (See Instructions) ACA
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaton, Doug <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Director of Operations		Employer (See Instructions) ACA
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaton, Doug <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Director of Operations		Employer (See Instructions) ACA
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaton, Doug <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Director of Operations		Employer (See Instructions) ACA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/60 Rpt: 6/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 03/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaton, Doug <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Director of Operations		9 Employer (See Instructions) ACA
Date 03/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaton, Doug <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Director of Operations		Employer (See Instructions) ACA
Date 04/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaton, Doug <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77498	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Director of Operations		Employer (See Instructions) ACA
Date 04/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaton, Doug <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77498	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Director of Operations		Employer (See Instructions) ACA
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaton, Doug <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77498	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Director of Operations		Employer (See Instructions) ACA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/60 Rpt: 7/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 05/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaton, Doug	7 Amount of Contribution (\$) \$70.00
	6 Contributor address; City; State; Zip Code Sugar Land, TX 77498	
8 Principal occupation / Job title (See Instructions) Director of Operations		9 Employer (See Instructions) ACA
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaton, Doug	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code Sugar Land, TX 77498	
Principal occupation / Job title (See Instructions) Director of Operations		Employer (See Instructions) ACA
Date 06/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaton, Doug	Amount of Contribution (\$) \$70.00
	Contributor address; City; State; Zip Code Sugar Land, TX 77498	
Principal occupation / Job title (See Instructions) Director of Operations		Employer (See Instructions) ACA
Date 03/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Valencia	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Richmond, TX 77469	
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Elevance Healthcare
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blevins, Jana	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Missouri City, TX 77459	
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Texas UMS LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/60 Rpt: 8/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 02/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blevins, Jana 6 Contributor address; City; State; Zip Code Missouri City, TX 77459	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions) Texas UMS LLC
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blevins, Jana Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Texas UMS LLC
Date 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blevins, Jana Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Texas UMS LLC
Date 05/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blevins, Jana Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Texas UMS LLC
Date 06/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blevins, Jana Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Texas UMS LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/60 Rpt: 9/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 01/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Nathan	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Sugar Land, TX 77479		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) BP
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Nathan	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) BP
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Nathan	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) BP
Date 03/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Nathan	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) BP
Date 03/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Nathan	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) BP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/60 Rpt: 10/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 04/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Nathan <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) BP
Date 05/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Nathan <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) BP
Date 06/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Nathan <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) BP
Date 01/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonner, Ferrel <hr/> Contributor address; City; State; Zip Code Fresno, TX 77545	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonner, Ferrel <hr/> Contributor address; City; State; Zip Code Fresno, TX 77545	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/60 Rpt: 11/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 03/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonner, Ferrel <hr/> 6 Contributor address; City; State; Zip Code Fresno, TX 77545	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 04/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonner, Ferrel <hr/> Contributor address; City; State; Zip Code Fresno, TX 77545	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 05/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonner, Ferrel <hr/> Contributor address; City; State; Zip Code Fresno, TX 77545	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonner, Ferrel <hr/> Contributor address; City; State; Zip Code Fresno, TX 77545	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 01/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boykin, Becky <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77498	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/60 Rpt: 12/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 02/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boykin, Becky <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77498	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boykin, Becky <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77498	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boykin, Becky <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77498	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 05/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boykin, Becky <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77498	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boykin, Becky <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77498	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/60 Rpt: 13/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 02/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Barbara <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77489	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 01/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Pearlie <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attendance Clerk		Employer (See Instructions) FBISD
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Pearlie <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attendance Clerk		Employer (See Instructions) FBISD
Date 03/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Pearlie <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attendance Clerk		Employer (See Instructions) FBISD
Date 04/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Pearlie <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attendance Clerk		Employer (See Instructions) FBISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/60 Rpt: 14/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 05/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Pearlie	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Missouri City, TX 77459		
8 Principal occupation / Job title (See Instructions) Attendance Clerk		9 Employer (See Instructions) FBISD
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Pearlie	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Missouri City, TX 77459		
Principal occupation / Job title (See Instructions) Attendance Clerk		Employer (See Instructions) FBISD
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantu, Jennifer	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Richmond, TX 77469		
Principal occupation / Job title (See Instructions) Child Therapist		Employer (See Instructions) Non Profit
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cherne, Justine	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Needville, TX 77461		
Principal occupation / Job title (See Instructions) Legal Assistant		Employer (See Instructions) Allen Boone Humphries Robinson LLP
Date 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cherne, Justine	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Needville, TX 77461		
Principal occupation / Job title (See Instructions) Legal Assistant		Employer (See Instructions) Allen Boone Humphries Robinson LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/60 Rpt: 15/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 03/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corprew, Brenda	7 Amount of Contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code Sugar Land, TX 77479		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 03/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corprew, Brenda	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crockett, Daisy	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Richmond, TX 77469		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crockett, Daisy	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Richmond, TX 77469		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crockett, Daisy	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Richmond, TX 77469		
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: 12/60 Rpt: 16/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 04/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crockett, Daisy	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Richmond, TX 77469		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crockett, Daisy	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Richmond, TX 77469		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crockett, Daisy	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Richmond, TX 77469		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crockett, Daisy	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Richmond, TX 77469		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawson, Janet	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Richmond, TX 77469		
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: 13/60 Rpt: 17/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 01/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawson, Janet	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Richmond, TX 77469		
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawson, Janet	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Richmond, TX 77469		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawson, Janet	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Richmond, TX 77469		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 02/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawson, Janet	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Richmond, TX 77469		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawson, Janet	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Richmond, TX 77469		
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: 14/60 Rpt: 18/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 03/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawson, Janet	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Richmond, TX 77469		
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 03/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawson, Janet	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Richmond, TX 77469		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 03/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawson, Janet	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Richmond, TX 77469		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 04/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawson, Janet	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Richmond, TX 77469		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 04/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawson, Janet	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Richmond, TX 77469		
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: 15/60 Rpt: 19/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 04/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawson, Janet	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Richmond, TX 77469		
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 05/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawson, Janet	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Richmond, TX 77469		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 05/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawson, Janet	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Richmond, TX 77469		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawson, Janet	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Richmond, TX 77469		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawson, Janet	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Richmond, TX 77469		
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: 16/60 Rpt: 20/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 06/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawson, Janet	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Richmond, TX 77469		
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#: _____) Dawson, Janet	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Richmond, TX 77469		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dexter McCoy Campaign	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Richmond, TX 77406		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dexter McCoy Campaign	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Richmond, TX 77406		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duhart, Cynthia	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Frenso, TX 77545		
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/60 Rpt: 21/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 01/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duke, Jerri <hr/> 6 Contributor address; City; State; Zip Code Missouri City, TX 77459	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) not employed		9 Employer (See Instructions) not employed
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duke, Jerri <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 03/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duke, Jerri <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 04/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duke, Jerri <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duke, Jerri <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$15.00
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: 18/60 Rpt: 22/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 06/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duke, Jerri <hr/> 6 Contributor address; City; State; Zip Code Missouri City, TX 77459	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) not employed		9 Employer (See Instructions) not employed
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Donna <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77498	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ewing, Tracey <hr/> Contributor address; City; State; Zip Code Richmond, TX 77406	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faulkner, Velda <hr/> Contributor address; City; State; Zip Code Houston, TX 77042	Amount of Contribution (\$) \$1,750.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law Office of Velda R. Faulkner
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Jeannine <hr/> Contributor address; City; State; Zip Code missouri city, TX 77489	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Admin. Assistant		Employer (See Instructions) Jones Memorial UMC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/60 Rpt: 23/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 02/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Jeannine <hr/> 6 Contributor address; City; State; Zip Code missouri city, TX 77489	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Admin. Assistant		9 Employer (See Instructions) Jones Memorial UMC
Date 03/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Jeannine <hr/> Contributor address; City; State; Zip Code missouri city, TX 77489	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Admin. Assistant		Employer (See Instructions) Jones Memorial UMC
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Jeannine <hr/> Contributor address; City; State; Zip Code Houston, TX 77045	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 05/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Jeannine <hr/> Contributor address; City; State; Zip Code Houston, TX 77045	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Jeannine <hr/> Contributor address; City; State; Zip Code Houston, TX 77045	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: 20/60 Rpt: 24/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fort Bend County Democratic Party	7 Amount of Contribution (\$) \$14.00
6 Contributor address; City; State; Zip Code Sugar Land, TX 77498		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fort Bend County Democratic Party	Amount of Contribution (\$) \$330.72
Contributor address; City; State; Zip Code Sugar Land, TX 77498		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fort Bend Democratic Party, Primary 2018	Amount of Contribution (\$) \$3,780.00
Contributor address; City; State; Zip Code Sugar Land, TX 77498		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilder, Marvella	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Missouri City, TX 77489		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 04/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilder, Marvella	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Missouri City, TX 77489		
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: 21/60 Rpt: 25/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 05/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilder, Marvella <hr/> 6 Contributor address; City; State; Zip Code Missouri City, TX 77489	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 06/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilder, Marvella <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77489	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Christy <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77498	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 03/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Gordon E <hr/> Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Justice		Employer (See Instructions) State of Texas
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haleem, Shah <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Real Estate Investor		Employer (See Instructions) SMZJ Holdings LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/60 Rpt: 26/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 02/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haleem, Shah	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Katy, TX 77494	
8 Principal occupation / Job title (See Instructions) Real Estate Investor		9 Employer (See Instructions) SMZJ Holdings LLC
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haleem, Shah	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Katy, TX 77494	
Principal occupation / Job title (See Instructions) Real Estate Investor		Employer (See Instructions) SMZJ Holdings LLC
Date 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haleem, Shah	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Katy, TX 77494	
Principal occupation / Job title (See Instructions) Real Estate Investor		Employer (See Instructions) SMZJ Holdings LLC
Date 05/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haleem, Shah	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Katy, TX 77494	
Principal occupation / Job title (See Instructions) Real Estate Investor		Employer (See Instructions) SMZJ Holdings LLC
Date 06/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haleem, Shah	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Katy, TX 77494	
Principal occupation / Job title (See Instructions) Real Estate Investor		Employer (See Instructions) SMZJ Holdings LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/60 Rpt: 27/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 01/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Judy	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Richmond, TX 77469		
8 Principal occupation / Job title (See Instructions) not employed		9 Employer (See Instructions) not employed
Date 02/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Judy	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Richmond, TX 77469		
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#: _____) Harris, Judy	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Richmond, TX 77469		
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Judy	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Richmond, TX 77469		
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Judy	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Richmond, TX 77469		
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: 24/60 Rpt: 28/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 01/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hasanali, Ali <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Sohail Ali Hasanali Attorney at Law
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hasanali, Ali <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Sohail Ali Hasanali Attorney at Law
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hasanali, Ali <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Sohail Ali Hasanali Attorney at Law
Date 04/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hasanali, Ali <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Sohail Ali Hasanali Attorney at Law
Date 05/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hasanali, Ali <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Sohail Ali Hasanali Attorney at Law

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/60 Rpt: 29/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 06/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hasanali, Ali <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Sohail Ali Hasanali Attorney at Law
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hassan, Meagan <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hassan, Meagan <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogg, Charles <hr/> Contributor address; City; State; Zip Code Greensboro, GA 30642	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) self employed
Date 02/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogg, Charles <hr/> Contributor address; City; State; Zip Code Greensboro, GA 30642	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) self employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/60 Rpt: 30/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogg, Charles <hr/> 6 Contributor address; City; State; Zip Code Greensboro, GA 30642	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) self employed
Date 04/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogg, Charles <hr/> Contributor address; City; State; Zip Code Greensboro, TX 77441	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) self employed
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogg, Charles <hr/> Contributor address; City; State; Zip Code Greensboro, TX 77441	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) self employed
Date 06/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogg, Charles <hr/> Contributor address; City; State; Zip Code Greensboro, TX 77441	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) self employed
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Mommy <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76104	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) HPD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/60 Rpt: 31/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 02/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs, Jennifer <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77583	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) General Manager		9 Employer (See Instructions) MUD #131
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Regina <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Business Development		Employer (See Instructions) Australian Counsluate-General
Date 02/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, April <hr/> Contributor address; City; State; Zip Code Houston, TX 77083	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) AL Jones Contracting Consulting Services, LLC
Date 01/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones Jr, Hubert <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones Jr, Hubert <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/60 Rpt: 32/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 03/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones Jr, Hubert	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Pearland, TX 77584		
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions) Self
Date 04/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones Jr, Hubert	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Pearland, TX 77581		
Principal occupation / Job title (See Instructions) Precision Graphix Group		Employer (See Instructions) Self
Date 05/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones Jr, Hubert	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Pearland, TX 77581		
Principal occupation / Job title (See Instructions) Precision Graphix Group		Employer (See Instructions) Self
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones Jr, Hubert	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Pearland, TX 77581		
Principal occupation / Job title (See Instructions) Precision Graphix Group		Employer (See Instructions) Self
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KP George Campaign	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Sugar Land, TX 77496		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/60 Rpt: 33/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 02/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Birdie	7 Amount of Contribution (\$) \$40.00
6 Contributor address; City; State; Zip Code MISSOURI CITY, TX 77489		
8 Principal occupation / Job title (See Instructions) not employed		9 Employer (See Instructions) not employed
Date 03/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Birdie	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code MISSOURI CITY, TX 77489		
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 04/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Birdie	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code MISSOURI CITY, TX 77489		
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 04/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Birdie	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code MISSOURI CITY, TX 77489		
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khan, Shapnik	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Houston, TX 77407		
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: 30/60 Rpt: 34/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 02/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khan, Shapnik	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Houston, TX 77407		
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) not employed
Date 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khan, Shapnik	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Houston, TX 77407		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) not employed
Date 04/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khan, Shapnik	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Houston, TX 77407		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) not employed
Date 05/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khan, Shapnik	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Houston, TX 77407		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) not employed
Date 06/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khan, Shapnik	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Houston, TX 77407		
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: 31/60 Rpt: 35/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 01/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinard, Brandon <hr/> 6 Contributor address; City; State; Zip Code Katy, TX 77494	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Mostyn Law Firm
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinard, Brandon <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Mostyn Law Firm
Date 03/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinard, Brandon <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Mostyn Law Firm
Date 04/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinard, Brandon <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Mostyn Law Firm
Date 05/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinard, Brandon <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Mostyn Law Firm

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/60 Rpt: 36/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 06/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinard, Brandon	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Katy, TX 77494		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Mostyn Law Firm
Date 05/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levinson, Levinson	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mansoor, Nabila	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Emgage
Date 02/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mansoor, Nabila	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Emgage
Date 03/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mansoor, Nabila	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Emgage

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/60 Rpt: 37/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 04/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mansoor, Nabila	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Sugar Land, TX 77479		
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) Emgage
Date 05/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mansoor, Nabila	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Emgage
Date 06/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mansoor, Nabila	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Emgage
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcantel, Jonathan	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Meadows Place, TX 77477		
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) Self
Date 03/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcantel, Jonathan	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Meadows Place, TX 77477		
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/60 Rpt: 38/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 04/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcantel, Jonathan <hr/> 6 Contributor address; City; State; Zip Code Meadows Place, TX 77477	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) IT		9 Employer (See Instructions) Self
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcantel, Jonathan <hr/> Contributor address; City; State; Zip Code Meadows Place, TX 77477	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) Self
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcantel, Jonathan <hr/> Contributor address; City; State; Zip Code Meadows Place, TX 77477	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) Self
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margaret Poissant Campaign Fund <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$240.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKee, Kenneth <hr/> Contributor address; City; State; Zip Code Pearland, TX 77584	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/60 Rpt: 39/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 02/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKee, Kenneth	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Pearland, TX 77584		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKee, Kenneth	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Pearland, TX 77584		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 04/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKee, Kenneth	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Pearland, TX 77584		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 05/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKee, Kenneth	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Pearland, TX 77584		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKee, Kenneth	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Pearland, TX 77584		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/60 Rpt: 40/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 02/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mercantel, Jonathan <hr/> 6 Contributor address; City; State; Zip Code Meadows Place, TX 77477	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Kate <hr/> Contributor address; City; State; Zip Code Richmond, TX 77469	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) High School Teacher		Employer (See Instructions) Ft. Bend Independent School District
Date 02/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Kate <hr/> Contributor address; City; State; Zip Code Richmond, TX 77469	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) High School Teacher		Employer (See Instructions) Ft. Bend Independent School District
Date 03/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Kate <hr/> Contributor address; City; State; Zip Code Richmond, TX 77469	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) High School Teacher		Employer (See Instructions) Ft. Bend Independent School District
Date 04/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Kate <hr/> Contributor address; City; State; Zip Code Richmond, TX 77469	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) High School Teacher		Employer (See Instructions) Ft. Bend Independent School District

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/60 Rpt: 41/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 05/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Kate <hr/> 6 Contributor address; City; State; Zip Code Richmond, TX 77469	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) High School Teacher		9 Employer (See Instructions) Ft. Bend Independent School District
Date 06/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Kate <hr/> Contributor address; City; State; Zip Code Richmond, TX 77469	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) High School Teacher		Employer (See Instructions) Ft. Bend Independent School District
Date 01/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moon, Felicia <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 02/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moon, Felicia <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 01/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mundorff, Jan and Eileen <hr/> Contributor address; City; State; Zip Code Richmond, TX 77469	Amount of Contribution (\$) \$25.00
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: 38/60 Rpt: 42/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 02/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mundorff, Jan and Eileen	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Richmond, TX 77469		
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mundorff, Jan and Eileen	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Richmond, TX 77469		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 04/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mundorff, Jan and Eileen	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Richmond, TX 77469		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 05/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mundorff, Jan and Eileen	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Richmond, TX 77469		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 06/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mundorff, Jan and Eileen	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Richmond, TX 77469		
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: 39/60 Rpt: 43/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 01/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Obialo, Derek <hr/> 6 Contributor address; City; State; Zip Code Richmond, TX 77407	7 Amount of Contribution (\$) \$900.00
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) The Law Offices of Derek U Obialo
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Obialo, Derek <hr/> Contributor address; City; State; Zip Code Richmond, TX 77407	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) The Law Offices of Derek U Obialo
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Obialo, Derek <hr/> Contributor address; City; State; Zip Code Richmond, TX 77407	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) The Law Offices of Derek U Obialo
Date 02/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Okerulu, Christian <hr/> Contributor address; City; State; Zip Code Rosenberg, TX 77471	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) ELIM Consulting
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padua, Sara <hr/> Contributor address; City; State; Zip Code Houston, TX 77003	Amount of Contribution (\$) \$1,750.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Padua Law Firm, PLLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/60 Rpt: 44/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 01/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poole, Carolyn <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77053	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Potdar, Vasanth <hr/> Contributor address; City; State; Zip Code Richmond, TX 77407	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Computer Professional		Employer (See Instructions) GE
Date 02/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Potdar, Vasanth <hr/> Contributor address; City; State; Zip Code Richmond, TX 77407	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Computer Professional		Employer (See Instructions) GE
Date 03/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Potdar, Vasanth <hr/> Contributor address; City; State; Zip Code Richmond, TX 77407	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Computer Professional		Employer (See Instructions) GE
Date 04/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Potdar, Vasanth <hr/> Contributor address; City; State; Zip Code Richmond, TX 77407	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Computer Professional		Employer (See Instructions) GE

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/60 Rpt: 45/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 05/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Potdar, Vasanth	7 Amount of Contribution (\$) \$1.00
6 Contributor address; City; State; Zip Code Richmond, TX 77407		
8 Principal occupation / Job title (See Instructions) Computer Professional		9 Employer (See Instructions) GE
Date 06/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Potdar, Vasanth	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Richmond, TX 77407		
Principal occupation / Job title (See Instructions) Computer Professional		Employer (See Instructions) GE
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raffoul, Paul	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Richmond, TX 77407		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raffoul, Paul	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Richmond, TX 77407		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raffoul, Paul	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Richmond, TX 77407		
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: 42/60 Rpt: 46/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 04/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raffoul, Paul <hr/> 6 Contributor address; City; State; Zip Code Richmond, TX 77407	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 05/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raffoul, Paul <hr/> Contributor address; City; State; Zip Code Richmond, TX 77407	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 06/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raffoul, Paul <hr/> Contributor address; City; State; Zip Code Richmond, TX 77407	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rash, Sonia <hr/> Contributor address; City; State; Zip Code SugarLand, TX 77479	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Justice of the Peace		Employer (See Instructions) Ft. Bend County
Date 06/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rash, Sonia <hr/> Contributor address; City; State; Zip Code SugarLand, TX 77479	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Justice of the Peace		Employer (See Instructions) Ft. Bend County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/60 Rpt: 47/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 02/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawlins, Monica <hr/> 6 Contributor address; City; State; Zip Code Missouri City, TX 77459	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Law Office Monica Rawlins P.C.
Date 04/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rawlins, Monica <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Fort Bend County
Date 01/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rehman, Abdul <hr/> Contributor address; City; State; Zip Code Richmond, TX 77407	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions) A Rehman Patel
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rehman, Abdul <hr/> Contributor address; City; State; Zip Code Richmond, TX 77407	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions) A Rehman Patel
Date 04/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rehman, Abdul <hr/> Contributor address; City; State; Zip Code Richmond, TX 77407	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions) A Rehman Patel

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/60 Rpt: 48/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 05/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rehman, Abdul	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Richmond, TX 77407		
8 Principal occupation / Job title (See Instructions) self employed		9 Employer (See Instructions) A Rehman Patel
Date 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Ronald	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Missouri City, TX 77459		
Principal occupation / Job title (See Instructions) STATE REP.		Employer (See Instructions) STATE OF TEXAS
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Dylan	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Missouri City, TX 77459		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hoover Slovacek LLP
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Dylan	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Missouri City, TX 77459		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hoover Slovacek LLP
Date 03/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Dylan	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Missouri City, TX 77459		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hoover Slovacek LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/60 Rpt: 49/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 04/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Dylan	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Missouri City, TX 77459		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Hoover Slovacek LLP
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Dylan	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Missouri City, TX 77459		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hoover Slovacek LLP
Date 06/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Dylan	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Missouri City, TX 77459		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hoover Slovacek LLP
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Charles	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) Director Business Development		Employer (See Instructions) Air Liquide Large Industries
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Charles	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) Director Business Development		Employer (See Instructions) Air Liquide Large Industries

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/60 Rpt: 50/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 03/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Charles 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Director Business Development		9 Employer (See Instructions) Air Liquide Large Industries
Date 04/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Charles Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Director Business Development		Employer (See Instructions) Air Liquide Large Industries
Date 05/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Charles Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Director Business Development		Employer (See Instructions) Air Liquide Large Industries
Date 06/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Charles Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Director Business Development		Employer (See Instructions) Air Liquide Large Industries
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Brendetta Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$1,750.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Brendetta Scott

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/60 Rpt: 51/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 03/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sewell, Raymond	7 Amount of Contribution (\$) \$120.00
6 Contributor address; City; State; Zip Code Missouri City, TX 77459		
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 03/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sewell, Shirley	Amount of Contribution (\$) \$120.00
Contributor address; City; State; Zip Code Missouri City, TX 77459		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shah, Nancy	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) Operations		Employer (See Instructions) Gartner
Date 02/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shah, Nancy	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) Operations		Employer (See Instructions) Gartner
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shah, Nancy	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) Operations		Employer (See Instructions) Gartner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/60 Rpt: 52/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 04/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shah, Nancy <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Operations		9 Employer (See Instructions) Gartner
Date 05/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shah, Nancy <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Operations		Employer (See Instructions) Gartner
Date 06/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shah, Nancy <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Operations		Employer (See Instructions) Gartner
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith , Bridgette <hr/> Contributor address; City; State; Zip Code Richmond, TX 77469	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Texas DFPS
Date 04/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith , Bridgette <hr/> Contributor address; City; State; Zip Code Richmond, TX 77469	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Texas DFPS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/60 Rpt: 53/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 05/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith , Bridgette <hr/> 6 Contributor address; City; State; Zip Code Richmond, TX 77469	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Texas DFPS
Date 06/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith , Bridgette <hr/> Contributor address; City; State; Zip Code Richmond, TX 77469	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Texas DFPS
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith-Lawson, Bridgette <hr/> Contributor address; City; State; Zip Code Richmond, TX 77469	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Ft. Bend County
Date 03/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith-Lawson, Bridgette <hr/> Contributor address; City; State; Zip Code Richmond, TX 77469	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Ft. Bend County
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spain, Charles <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-5018	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Justice		Employer (See Instructions) District of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/60 Rpt: 54/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 01/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spain, Charles	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Houston, TX 77006-5018		
8 Principal occupation / Job title (See Instructions) Justice		9 Employer (See Instructions) District of Texas
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spain, Charles	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Houston, TX 77006-5018		
Principal occupation / Job title (See Instructions) Justice		Employer (See Instructions) District of Texas
Date 02/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spain, Charles	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77006-5018		
Principal occupation / Job title (See Instructions) Justice		Employer (See Instructions) District of Texas
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spain, Charles	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77006-5018		
Principal occupation / Job title (See Instructions) Justice		Employer (See Instructions) District of Texas
Date 04/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spain, Charles	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77006-5018		
Principal occupation / Job title (See Instructions) Justice		Employer (See Instructions) District of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/60 Rpt: 55/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 05/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spain, Charles	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Houston, TX 77006-5018		
8 Principal occupation / Job title (See Instructions) Justice		9 Employer (See Instructions) District of Texas
Date 06/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spain, Charles	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77006-5018		
Principal occupation / Job title (See Instructions) Justice		Employer (See Instructions) District of Texas
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Nancy	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Stone Law Firm
Date 01/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Nancy	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Stone Law Firm
Date 02/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Nancy	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Stone Law Firm

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/60 Rpt: 56/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 02/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Nancy	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Sugar Land, TX 77479		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) The Stone Law Firm
Date 03/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Nancy	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Stone Law Firm
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Nancy	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Stone Law Firm
Date 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Nancy	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Stone Law Firm
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Nancy	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Stone Law Firm

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/60 Rpt: 57/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 05/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Nancy <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) The Stone Law Firm
Date 05/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Nancy <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Stone Law Firm
Date 06/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Nancy <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Stone Law Firm
Date 06/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Nancy <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Stone Law Firm
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stroh, Jessica <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78411	Amount of Contribution (\$) \$200.00
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: 54/60 Rpt: 58/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 01/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tahir, Muhammad <hr/> 6 Contributor address; City; State; Zip Code Richmond, TX 77407	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Advisor		9 Employer (See Instructions) Oil and Gas
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tahir, Muhammad <hr/> Contributor address; City; State; Zip Code Richmond, TX 77407	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Advisor		Employer (See Instructions) Oil and Gas
Date 03/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tahir, Muhammad <hr/> Contributor address; City; State; Zip Code Richmond, TX 77407	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Advisor		Employer (See Instructions) Oil and Gas
Date 04/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tahir, Muhammad <hr/> Contributor address; City; State; Zip Code Richmond, TX 77407	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Advisor		Employer (See Instructions) Oil and Gas
Date 05/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tahir, Muhammad <hr/> Contributor address; City; State; Zip Code Richmond, TX 77407	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Advisor		Employer (See Instructions) Oil and Gas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/60 Rpt: 59/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 02/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tankard, Edward	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Richmond, TX 77469		
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 03/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tankard, Edward	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Richmond, TX 77469		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tankard, Ted	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Richmond, TX 77469		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tankard, Ted	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Richmond, TX 77469		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 05/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tankard, Ted	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Richmond, TX 77469		
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: 56/60 Rpt: 60/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 06/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tankard, Ted <hr/> 6 Contributor address; City; State; Zip Code Richmond, TX 77469	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 04/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Keuren, Thomas <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Saints Baseball Organization
Date 01/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasan, Ashwin <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77478	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 02/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasan, Ashwin <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77478	Amount of Contribution (\$) \$10.00
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#: _____) Vasan, Ashwin <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77478	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: 57/60 Rpt: 61/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 04/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasan, Ashwin <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77478	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) not employed		9 Employer (See Instructions) not employed
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasan, Ashwin <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77478	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasan, Ashwin <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77478	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vollers, Peter <hr/> Contributor address; City; State; Zip Code Richmond, TX 77406	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Pilot Valuation LLC
Date 04/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vollers, Peter <hr/> Contributor address; City; State; Zip Code Richmond, TX 77406	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Pilot Valuation LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/60 Rpt: 62/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 05/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vollers, Peter <hr/> 6 Contributor address; City; State; Zip Code Richmond, TX 77406	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Pilot Valuation LLC
Date 06/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vollers, Peter <hr/> Contributor address; City; State; Zip Code Richmond, TX 77406	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Pilot Valuation LLC
Date 05/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waldner, Patricia <hr/> Contributor address; City; State; Zip Code Richmond, TX 77406	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washington, Christine <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77489	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb, Linda <hr/> Contributor address; City; State; Zip Code Richmond, TX 77406	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: 59/60 Rpt: 63/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 02/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb, Linda <hr/> 6 Contributor address; City; State; Zip Code Richmond, TX 77406	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) not employed		9 Employer (See Instructions) not employed
Date 03/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb, Linda <hr/> Contributor address; City; State; Zip Code Richmond, TX 77406	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 04/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb, Linda <hr/> Contributor address; City; State; Zip Code Richmond, TX 77406	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 05/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb, Linda <hr/> Contributor address; City; State; Zip Code Richmond, TX 77406	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) not employed
Date 06/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb, Linda <hr/> Contributor address; City; State; Zip Code Richmond, TX 77406	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: 60/60 Rpt: 64/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 01/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zimmerer, Jerry	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Houston, TX 77077	
8 Principal occupation / Job title (See Instructions) Justice		9 Employer (See Instructions) State of Texas

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: 1/30 Rpt: 65/96	2 FILER NAME Fort Bend County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00056261
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4 Date 01/07/2024	5 Payee name ActBlue Texas
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6 Amount (\$) \$18.84	7 Payee address; City; State; Zip Code 366 Summer St. Somerville, MA 02144
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8 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 Act Blue
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/14/2024	Payee name ActBlue Texas
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Amount (\$) \$57.31	Payee address; City; State; Zip Code 366 Summer St. Somerville, MA 02144
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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 ActBlue
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/21/2024	Payee name ActBlue Texas
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Amount (\$) \$12.87	Payee address; City; State; Zip Code 366 Summer St. Somerville, MA 02144
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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 Act Blue
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Complete ONLY 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: 2/30 Rpt: 66/96	2 FILER NAME Fort Bend County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00056261
4 Date 01/28/2024	5 Payee name ActBlue Texas	
6 Amount (\$) \$349.83	7 Payee address; City; State; Zip Code 366 Summer St. Somerville, MA 02144	
8 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 Act Blue
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/28/2024	Payee name ActBlue Texas	
Amount (\$) \$349.83	Payee address; City; State; Zip Code 366 Summer St. Somerville, MA 02144	
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 Act Blue
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/04/2024	Payee name ActBlue Texas	
Amount (\$) \$14.29	Payee address; City; State; Zip Code 366 Summer St. Somerville, MA 02144	
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 Act Blue
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: 3/30 Rpt: 67/96	2 FILER NAME Fort Bend County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00056261
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4 Date 02/11/2024	5 Payee name ActBlue Texas
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6 Amount (\$) \$10.31	7 Payee address; City; State; Zip Code 366 Summer St. Somerville, MA 02144
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8 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 Act Blue
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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 02/18/2024	Payee name ActBlue Texas
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Amount (\$) \$6.34	Payee address; City; State; Zip Code 366 Summer St. Somerville, MA 02144
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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 Act Blue
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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 02/25/2024	Payee name ActBlue Texas
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Amount (\$) \$19.79	Payee address; City; State; Zip Code 366 Summer St. Somerville, MA 02144
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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 Act Blue
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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: 4/30 Rpt: 68/96	2 FILER NAME Fort Bend County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00056261
4 Date 03/03/2024	5 Payee name ActBlue Texas	
6 Amount (\$) \$8.56	7 Payee address; City; State; Zip Code 366 Summer St. Somerville, MA 02144	
8 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 Act Blue
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/10/2024	Payee name ActBlue Texas	
Amount (\$) \$41.92	Payee address; City; State; Zip Code 366 Summer St. Somerville, MA 02144	
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 Act Blue
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/17/2024	Payee name ActBlue Texas	
Amount (\$) \$7.14	Payee address; City; State; Zip Code 366 Summer St. Somerville, MA 02144	
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 Act Blue
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: 5/30 Rpt: 69/96	2 FILER NAME Fort Bend County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00056261
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4 Date 03/24/2024	5 Payee name ActBlue Texas
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6 Amount (\$) \$28.07	7 Payee address; City; State; Zip Code 366 Summer St. Somerville, MA 02144
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8 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 Act Blue
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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 03/31/2024	Payee name ActBlue Texas
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Amount (\$) \$5.16	Payee address; City; State; Zip Code 366 Summer St. Somerville, MA 02144
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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 Act Blue
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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 04/07/2024	Payee name ActBlue Texas
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Amount (\$) \$13.31	Payee address; City; State; Zip Code 366 Summer St. Somerville, MA 02144
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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 Act Blue
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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: 6/30 Rpt: 70/96	2 FILER NAME Fort Bend County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00056261
4 Date 04/14/2024	5 Payee name ActBlue Texas	
6 Amount (\$) \$12.67	7 Payee address; City; State; Zip Code 366 Summer St. Somerville, MA 02144	
8 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 Act Blue
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/21/2024	Payee name ActBlue Texas	
Amount (\$) \$8.72	Payee address; City; State; Zip Code 366 Summer St. Somerville, MA 02144	
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 Act Blue
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/28/2024	Payee name ActBlue Texas	
Amount (\$) \$13.46	Payee address; City; State; Zip Code 366 Summer St. Somerville, MA 02144	
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 Act Blue
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: 7/30 Rpt: 71/96	2 FILER NAME Fort Bend County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00056261
4	Date 05/05/2024	5 Payee name ActBlue Texas	
6	Amount (\$) \$16.06	7 Payee address; City; State; Zip Code 366 Summer St. Somerville, MA 02144	
8	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 Act Blue
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 05/12/2024		Candidate/Officeholder name Office sought Office held	
Payee name ActBlue Texas			
Amount (\$) \$10.31		Payee address; City; State; Zip Code 366 Summer St. Somerville, MA 02144	
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 Act Blue
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 05/19/2024		Candidate/Officeholder name Office sought Office held	
Payee name ActBlue Texas			
Amount (\$) \$6.93		Payee address; City; State; Zip Code 366 Summer St. Somerville, MA 02144	
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 Act Blue
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			

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: 8/30 Rpt: 72/96	2 FILER NAME Fort Bend County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00056261
4 Date 05/26/2024	5 Payee name ActBlue Texas	
6 Amount (\$) \$15.24	7 Payee address; City; State; Zip Code 366 Summer St. Somerville, MA 02144	
8 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 Act Blue
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/02/2024	Payee name ActBlue Texas	
Amount (\$) \$4.37	Payee address; City; State; Zip Code 366 Summer St. Somerville, MA 02144	
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 Act Blue
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/09/2024	Payee name ActBlue Texas	
Amount (\$) \$15.69	Payee address; City; State; Zip Code 366 Summer St. Somerville, MA 02144	
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 Act Blue
Complete <u>ONLY</u> 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: 9/30 Rpt: 73/96	2 FILER NAME Fort Bend County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00056261
4 Date 06/16/2024	5 Payee name ActBlue Texas	
6 Amount (\$) \$15.24	7 Payee address; City; State; Zip Code 366 Summer St. Somerville, MA 02144	
8 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 Act Blue
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/23/2024	Payee name ActBlue Texas	
Amount (\$) \$17.80	Payee address; City; State; Zip Code 366 Summer St. Somerville, MA 02144	
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 Act Blue
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/30/2024	Payee name ActBlue Texas	
Amount (\$) \$1.60	Payee address; City; State; Zip Code 366 Summer St. Somerville, MA 02144	
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 Act Blue
Complete <u>ONLY</u> 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: 10/30 Rpt: 74/96	2 FILER NAME Fort Bend County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00056261
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4 Date 01/31/2024	5 Payee name Amegy Bank
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6 Amount (\$) \$2.00	7 Payee address; City; State; Zip Code P. O. Box 27459 Houston, TX 77227
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8 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 statement fee
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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 02/29/2024	Payee name Amegy Bank
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Amount (\$) \$2.00	Payee address; City; State; Zip Code P. O. Box 27459 Houston, TX 77227
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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 Statement fee
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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 03/29/2024	Payee name Amegy Bank
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Amount (\$) \$2.00	Payee address; City; State; Zip Code P. O. Box 27459 Houston, TX 77227
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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 Statement fee
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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: 11/30 Rpt: 75/96	2 FILER NAME Fort Bend County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00056261
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4 Date 04/30/2024	5 Payee name Amegy Bank
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6 Amount (\$) \$2.00	7 Payee address; City; State; Zip Code P. O. Box 27459 Houston, TX 77227
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8 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 statement
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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 05/31/2024	Payee name Amegy Bank
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Amount (\$) \$2.00	Payee address; City; State; Zip Code P. O. Box 27459 Houston, TX 77227
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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 statement fee
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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 06/28/2024	Payee name Amegy Bank
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Amount (\$) \$2.00	Payee address; City; State; Zip Code P. O. Box 27459 Houston, TX 77227
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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 paper statement fee
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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: 12/30 Rpt: 76/96	2 FILER NAME Fort Bend County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00056261
4 Date 04/23/2024	5 Payee name Blackmon, Larry	
6 Amount (\$) \$60.00	7 Payee address; City; State; Zip Code 6167 Ludington Dr. Suite 896 Houston, TX 77036	
8 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 Zydeco Vendor Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/23/2024	Payee name Chevron	
Amount (\$) \$53.36	Payee address; City; State; Zip Code 11836 Hwy 6 Sugar Land, TX 77498	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gas
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/29/2024	Payee name Comcast	
Amount (\$) \$158.78	Payee address; City; State; Zip Code PO Box 60533 City of Industry, CA 91716-0533	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Headquarters wi-fi
Complete <u>ONLY</u> 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: 13/30 Rpt: 77/96	2 FILER NAME Fort Bend County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00056261
4 Date 02/28/2024	5 Payee name Comcast	
6 Amount (\$) \$158.78	7 Payee address; City; State; Zip Code PO Box 60533 City of Industry, CA 91716-0533	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Wi-fi Headquarters
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 03/28/2024	Payee name Comcast	
Amount (\$) \$158.78	Payee address; City; State; Zip Code PO Box 60533 City of Industry, CA 91716-0533	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Wi-Fi Headquarters
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 04/29/2024	Payee name Comcast	
Amount (\$) \$158.78	Payee address; City; State; Zip Code PO Box 60533 City of Industry, CA 91716-0533	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 wi-fi HQ
	9 Complete <u>ONLY</u> 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: 14/30 Rpt: 78/96	2 FILER NAME Fort Bend County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00056261
4 Date 05/28/2024	5 Payee name Comcast	
6 Amount (\$) \$158.70	7 Payee address; City; State; Zip Code PO Box 60533 City of Industry, CA 91716-0533	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 HQ wi-fi
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/28/2024	Payee name Comcast	
Amount (\$) \$158.78	Payee address; City; State; Zip Code PO Box 60533 City of Industry, CA 91716-0533	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 wi-fi headquarters
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/02/2024	Payee name Constant Contact	
Amount (\$) \$132.00	Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451	
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 Event sign up
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: 15/30 Rpt: 79/96	2 FILER NAME Fort Bend County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00056261
4 Date 01/30/2024	5 Payee name Constant Contact	
6 Amount (\$) \$85.70	7 Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451	
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 event sign up
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/01/2024	Payee name Constant Contact	
Amount (\$) \$85.70	Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451	
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 Event sign up
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/01/2024	Payee name Constant Contact	
Amount (\$) \$85.70	Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451	
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 Event sign up
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: 16/30 Rpt: 80/96	2 FILER NAME Fort Bend County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00056261
4 Date 04/29/2024	5 Payee name Constant Contact	
6 Amount (\$) \$85.70	7 Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451	
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 event sign up
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/30/2024	Payee name Constant Contact	
Amount (\$) \$85.70	Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451	
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 Event sign up
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/02/2024	Payee name Cotton Hill LTD	
Amount (\$) \$1,800.00	Payee address; City; State; Zip Code 106 Eton Green Victoria, TX 77904	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Headquarter's Lease
Complete <u>ONLY</u> 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: 17/30 Rpt: 81/96	2 FILER NAME Fort Bend County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00056261
4 Date 02/01/2024	5 Payee name Cotton Hill LTD	
6 Amount (\$) \$1,800.00	7 Payee address; City; State; Zip Code 106 Eton Green Victoria, TX 77904	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 HQ Lease
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/01/2024	Payee name Cotton Hill LTD	
Amount (\$) \$1,800.00	Payee address; City; State; Zip Code 106 Eton Green Victoria, TX 77904	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Headquarters rent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/01/2024	Payee name Cotton Hill LTD	
Amount (\$) \$1,800.00	Payee address; City; State; Zip Code 106 Eton Green Victoria, TX 77904	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 HQ lease
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: 18/30 Rpt: 82/96	2 FILER NAME Fort Bend County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00056261
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4 Date 05/01/2024	5 Payee name Cotton Hill LTD
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6 Amount (\$) \$1,800.00	7 Payee address; City; State; Zip Code 106 Eton Green Victoria, TX 77904
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 HQ lease
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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 06/03/2024	Payee name Cotton Hill LTD
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Amount (\$) \$1,800.00	Payee address; City; State; Zip Code 106 Eton Green Victoria, TX 77904
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 HQ Lease
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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 02/07/2024	Payee name Exxon
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Amount (\$) \$35.00	Payee address; City; State; Zip Code 15550 W. Airport Blvd. Sugar Land, TX 77498
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gas
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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: 19/30 Rpt: 83/96	2 FILER NAME Fort Bend County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00056261
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4 Date 03/25/2024	5 Payee name FORTY PLUS MODELS
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6 Amount (\$) \$750.00	7 Payee address; City; State; Zip Code 9404 Sunlake Dr PEARLAND, TX 77584
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Annual Scholarship
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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 01/02/2024	Payee name FedEx Office
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Amount (\$) \$9.25	Payee address; City; State; Zip Code 14056 Southwest Sugar Land, TX 77478
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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 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 05/09/2024	Payee name Fielder, Charlotte
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Amount (\$) \$50.00	Payee address; City; State; Zip Code 306 Compton Arcola, TX 77583
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sneakers, Socks and Souls
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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: 20/30 Rpt: 84/96	2 FILER NAME Fort Bend County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00056261
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4 Date 04/29/2024	5 Payee name Ft. Bend Chamber of Commerce
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6 Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 445 Commerce Green Blvd. Sugar Land, TX 77478
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8 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 Registration for State of ther County
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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 02/02/2024	Payee name Innovative Solutions
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Amount (\$) \$27,742.00	Payee address; City; State; Zip Code 10862 Redstone Court Missouri City, TX 77459
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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 composite card print/mail
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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 02/06/2024	Payee name Kendleton Floral Club
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Amount (\$) \$300.00	Payee address; City; State; Zip Code 2601 FM 2919 Kendleton, TX 77451
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Scholarship dinner
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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: 21/30 Rpt: 85/96	2 FILER NAME Fort Bend County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00056261
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4 Date 01/08/2024	5 Payee name Kroger Fuel
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6 Amount (\$) \$45.00	7 Payee address; City; State; Zip Code 18901 University Blvd Sugar Land, TX 77479
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gas
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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 02/16/2024	Payee name Kroger Fuel
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Amount (\$) \$40.00	Payee address; City; State; Zip Code 18901 University Blvd Sugar Land, TX 77479
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gas
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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 01/29/2024	Payee name Kroger Fuel
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Amount (\$) \$50.00	Payee address; City; State; Zip Code 18901 University Blvd Sugar Land, TX 77479
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gas
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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: 22/30 Rpt: 86/96	2 FILER NAME Fort Bend County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00056261
4 Date 03/06/2024	5 Payee name Kroger Fuel	
6 Amount (\$) \$46.70	7 Payee address; City; State; Zip Code 18901 University Blvd Sugar Land, TX 77479	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gas
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/29/2024	Payee name Kroger Fuel	
Amount (\$) \$49.15	Payee address; City; State; Zip Code 18901 University Blvd Sugar Land, TX 77479	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gas
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/18/2024	Payee name Kroger Fuel	
Amount (\$) \$46.39	Payee address; City; State; Zip Code 18901 University Blvd Sugar Land, TX 77479	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gas
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: 23/30 Rpt: 87/96	2 FILER NAME Fort Bend County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00056261
4 Date 04/09/2024	5 Payee name Kroger Fuel	
6 Amount (\$) \$51.90	7 Payee address; City; State; Zip Code 18901 University Blvd Sugar Land, TX 77479	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gas
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/23/2024	Payee name Kroger Fuel	
Amount (\$) \$55.98	Payee address; City; State; Zip Code 18901 University Blvd Sugar Land, TX 77479	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gas
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/10/2024	Payee name Kroger Fuel	
Amount (\$) \$49.27	Payee address; City; State; Zip Code 18901 University Blvd Sugar Land, TX 77479	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gas
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: 24/30 Rpt: 88/96	2 FILER NAME Fort Bend County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00056261
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4 Date 05/21/2024	5 Payee name Kroger Fuel
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6 Amount (\$) \$49.37	7 Payee address; City; State; Zip Code 18901 University Blvd Sugar Land, TX 77479
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gas
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/31/2024	Payee name Kroger Fuel
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Amount (\$) \$45.80	Payee address; City; State; Zip Code 18901 University Blvd Sugar Land, TX 77479
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gas
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/17/2024	Payee name Kroger Fuel
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Amount (\$) \$45.83	Payee address; City; State; Zip Code 18901 University Blvd Sugar Land, TX 77479
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense gas
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Complete ONLY 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: 25/30 Rpt: 89/96	2 FILER NAME Fort Bend County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00056261
4 Date 02/08/2024	5 Payee name Marcantel, Jonathon	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 11618 Brook Meadows Lane Meadows Place, TX 77477-1835	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website maintenance
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/14/2024	Payee name Marcantel, Jonathon	
Amount (\$) \$82.00	Payee address; City; State; Zip Code 11618 Brook Meadows Lane Meadows Place, TX 77477-1835	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 website maintenance
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/17/2024	Payee name Marcantel, Jonathon	
Amount (\$) \$363.00	Payee address; City; State; Zip Code 11618 Brook Meadows Lane Meadows Place, TX 77477-1835	
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 website maintenance
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: 26/30 Rpt: 90/96	2 FILER NAME Fort Bend County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00056261
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4 Date 01/09/2024	5 Payee name Munched By G Jonesy
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6 Amount (\$) \$1,237.50	7 Payee address; City; State; Zip Code 7306 Quiet Glen Dr Sugar Land, TX 77479
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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 Lunch for TDP quarterly meeting
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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 01/16/2024	Payee name Munched By G Jonesy
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Amount (\$) \$1,237.50	Payee address; City; State; Zip Code 7306 Quiet Glen Dr Sugar Land, TX 77479
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Lunch for TDP Quarterly meeting
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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 01/03/2024	Payee name OFFICE DEPOT
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Amount (\$) \$25.97	Payee address; City; State; Zip Code 15375 Southwest Fwy SUGAR LAND, TX 77478
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Office supplies
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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: 27/30 Rpt: 91/96	2 FILER NAME Fort Bend County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00056261
4 Date 01/22/2024	5 Payee name Panera Bread	
6 Amount (\$) \$862.23	7 Payee address; City; State; Zip Code 1928 Highway 6 Sugar Land, TX 77478	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Light breakfast for TDP Quarterly meeting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/19/2024	Payee name Sam's Club	
Amount (\$) \$52.15	Payee address; City; State; Zip Code 351 Hwy 6 Sugar Land, TX 77478	
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 Supplies for TDP quarterly meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/22/2024	Payee name Sam's Club	
Amount (\$) \$94.53	Payee address; City; State; Zip Code 351 Hwy 6 Sugar Land, TX 77478	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Convention snacks
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: 28/30 Rpt: 92/96	2 FILER NAME Fort Bend County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00056261
4 Date 06/20/2024	5 Payee name Site Mender LLC	
6 Amount (\$) \$1,353.13	7 Payee address; City; State; Zip Code PO Box 926164 Houston, TX 77292	
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 website construction
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/18/2024	Payee name Sugar's Cajun Cuisine & Bar	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 3424 FM 1092 Rd. STE 290 Missouri City, TX 77459	
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 Taylor's Chairman Reception Catering
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/13/2024	Payee name Sweetwater Country Club	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 4400 Palm Royale Blvd. Sugar Land, TX 77479	
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 Gala downpayment
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: 29/30 Rpt: 93/96	2 FILER NAME Fort Bend County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00056261
4 Date 05/15/2024	5 Payee name TGM Printing	
6 Amount (\$) \$2,700.00	7 Payee address; City; State; Zip Code 13910 Murphy Rd. Stafford, TX 77477	
8 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 GOTV flyers
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/07/2024	Payee name The Roof on the Lake	
Amount (\$) \$2,507.78	Payee address; City; State; Zip Code 1531 Hwy 6 #300 Sugar Land, TX 77478	
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 Election Watch Party
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/26/2024	Payee name USPS	
Amount (\$) \$68.00	Payee address; City; State; Zip Code 9711 S. Mason Rd. #125 Richmond, TX 77407	
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 stamps
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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 30/30 Rpt: 94/96	2 FILER NAME Fort Bend County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00056261
4 Date 04/15/2024	5 Payee name USPS	
6 Amount (\$) \$9.49	7 Payee address; City; State; Zip Code 9711 S. Mason Rd. #125 Richmond, TX 77407	
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 postage
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME Fort Bend County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00056261
4 Date 01/26/2024	5 Payee name Go Fund Me	
6 Amount (\$) 105.00	7 Payee Address; City; State; Zip PO Box 121270 San Diego, CA 92101	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) Ashley Stevens Memorial

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 96/96
2 FILER NAME Fort Bend County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00056261
4 Date 01/08/2024	5 Name of person from whom amount is received Kroger Fuel	8 Amount (\$) \$0.92
	6 Address of person from whom amount is received; City; State; Zip Code Sugar Land, TX 77498	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer refund for overpayment	
Date 02/20/2024	Name of person from whom amount is received Kroger Fuel	Amount (\$) \$5.41
	Address of person from whom amount is received; City; State; Zip Code Sugar Land, TX 77498	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer refund for overpayment	
Date 02/20/2024	Name of person from whom amount is received Kroger Fuel	Amount (\$) \$5.40
	Address of person from whom amount is received; City; State; Zip Code Sugar Land, TX 77498	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer refund for overpayment	
Date 01/29/2024	Name of person from whom amount is received Kroger Fuel	Amount (\$) \$9.37
	Address of person from whom amount is received; City; State; Zip Code Sugar Land, TX 77498	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer refund for overpayment	