FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00015825 3 COMMITTEE NAME **OFFICE USE ONLY** Galveston County Democratic Party Date Received **ELECTRONICALLY FILED** 10/09/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 1071 Date Hand-delivered or Date Postmarked Change of Address La Marque, TX 77568-1071 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Tierrishia NAME NICKNAME LAST **SUFFIX** Gibson STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 113 N. Heritage Oaks Drive STREET **ADDRESS** (Residence or Business) Texas City, TX 77591 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 1071 MAILING **ADDRESS** La Marque, TX 77568 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (409) 789-9887 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/26/2024 02/24/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/05/2024 General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

			1		
L2 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)	
Galveston County De	emocratic Party		00015825		
4 COMMITTEE ACTIVITY	1. Candidates	A. Supported			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)	7. Capported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	1				
.5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00	
	2. TOTAL POLITICA		\$	308.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			
	4. TOTAL POLITICA	L EXPENDITURES	\$	377.48	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (CONTRIBUTIONS MAINTAINED AS OF THE LA G PERIOD	ST DAY \$	650.13	
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS C REPORTING PERIOD	OF THE \$	0.00	
6 AFFIDAVIT					
		I swear, or affirm, under penalty of true and correct and includes all in under Title 15, Election Code.			
		T :	ialaia Cilaaan		
			ishia Gibson Campaign Treası	ırer	
		Signature of	Campaign Treasi	ilei	
AFFIX NOTA	RY STAMP / SEAL ABOVE				
Sworn to and subscrib	ed 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 offi	cer administering oath	

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

				3 of 10
		EE NAME County Democratic Party	18 Filer ID 00015825	(Ethics Commission Filers)
19 SCH NAM	HEDULI ME OF :	SUBTOTAL AMOUNT		
1.	Х		\$ 308.00	
2.			\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$
5.		ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$ 377.48
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/4 Rpt: 4/10		
2	FILER NAME Galveston Co	ounty Democratic Party			3	Filer ID (Ethics Commission 00015825	ı Filers)
4	4 Date 02/11/2024 5 Full name of contributor out-of-state PAC (ID#:) 7 Blair, Lisa (Mrs.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$19.00		
8	Principal occu	Galveston, TX 77554-8002 pation / Job title (See Instructions)	9	Employer (See Instructions	 s)		
	Restaurateur			Self	•		
	Date Full name of contributor out-of-state PAC (ID#:) 02/11/2024 Bryan, Susan (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00		
		League City, TX 77573-3665			Ĺ		
	Principal occupation / Job title (See Instructions) Employer (See Instructions) Not employed None		6)				
	Date	Full name of contributor out-of-state PAC (ID#:		140110	Г	Amount of Contribution (\$)	
	02/11/2024 Denney, Pamela (Ms.) Contributor address; City; State; Zip Code				y anount of ostitubution (c)	\$25.00	
		Clifton, TX 76634-3291					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self	<u>l</u> s)		
	Date 02/11/2024	Full name of contributor out-of-state PAC (ID#: Dressler, Don (Mr.) Contributor address; City; State; Zip Code Galveston, TX 77550-4522)	•	Amount of Contribution (\$)	\$50.00
	Principal occu None	pation / Job title (See Instructions)		Employer (See Instructions None	<u>I</u> S)		
Date Full name of contributor out-of-state PAC (ID#:) 02/11/2024 Garza, Hector (The Honorable) Contributor address; City; State; Zip Code Tyler, TX 75705			Amount of Contribution (\$)	\$14.00			
	Principal occu Office	pation / Job title (See Instructions)		Employer (See Instructions Concrete Attractions	5)		
			<u> </u>				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE	A1	
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 2/4 Rpt: 5/10	
2	2 FILER NAME Galveston County Democratic Party		3	Filer ID (Ethics Commission 00015825	Filers)		
4	4 Date 01/28/2024 5 Full name of contributor out-of-state PAC (ID#:) 7 Hollaway, Carol 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10.00		
	Dringing oggu	Galveston, TX 77551	٦	Employer (See Instructions	<u>,,</u>		
8	Not employe	pation / Job title (See Instructions) d	9	Employer (See Instructions None	o)		
	Date 01/28/2024 Full name of contributor out-of-state PAC (ID#:) Jones, Scott (Mr.) Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$10.00		
		League City, TX 77573-3868			L		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Government Relations Galveston Bay Foundations							
	Date Full name of contributor out-of-state PAC (ID#:) 02/04/2024 LeMay, Rachel Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00		
		Friendswood, TX 77546	_				
	Principal occup attorney	pation / Job title (See Instructions)		Employer (See Instructions The LeMay Firm	s)		
	Date 01/28/2024	Full name of contributor out-of-state PAC (ID#:_Liles, Callie Contributor address; City; State; Zip Code Galveston, TX 77550)	•	Amount of Contribution (\$)	\$10.00
	Principal occup Not employe	pation / Job title (See Instructions)		Employer (See Instructions None	<u> </u> s)		
	Date 01/28/2024	Full name of contributor out-of-state PAC (ID#:_Montgomery, Mimi (Ms.) Contributor address; City; State; Zip Code League City, TX 77573-7778)		Amount of Contribution (\$)	\$20.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Gold Star Mortgage Fin		cial	
			<u> </u>				

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S 		SCHEDULI	■ A1
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 3/4 Rpt: 6/10		
2	FILER NAME Galveston C	ounty Democratic Party				3	Filer ID (Ethics Commission 00015825	ı Filers)
4	Date 01/28/2024 5 Full name of contributor out-of-state PAC (ID#:) Ramirez, Elias 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5.00			
		Galveston, TX 77590						
8		pation / Job title (See Instructions opment Specialist	s) <u> </u>	9	Employer (See Instructions Boys & Girls Club of Gro		er Houston	
Date Full name of contributor out-of-state PAC (ID#:) 02/18/2024 Rivers, Constance (Ms.) Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$20.00				
	Principal occu Retired	Galveston, TX 77554-291 pation / Job title (See Instructions			Employer (See Instructions Not employed	<u> </u> S)		
	Date 02/11/2024	Full name of contributor Sonstein, Frances Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	Galveston, TX 77551 pation / Job title (See Instructions	s)		Employer (See Instructions	 s)		
	Not employe	d			None			
	Date 01/28/2024	Full name of contributor Spain, Charles Contributor address; City; S Houston, TX 77006-5018	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$15.00
	Principal occu Justice	pation / Job title (See Instructions	5)		Employer (See Instructions 14th District Court of Ap		als, Tx	
Date O1/28/2024 White, Gregory Contributor address; City; State; Zip Code Dickinson, TX 77539		•	Amount of Contribution (\$)	\$25.00				
	Principal occu Not employe	pation / Job title (See Instructions	(3)		Employer (See Instructions None	s)		

	MONET	TARY POLITICAL CONTRIBUTION	AC	NS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 4/4 Rpt: 7/10		
2	FILER NAME Galveston County Democratic Party				3	Filer ID (Ethics Commission Filers) 00015825
4	Date 01/28/2024 5 Full name of contributor out-of-state PAC (ID#:) White, Gregory 6 Contributor address; City; State; Zip Code				7	Amount of Contribution (\$) \$20.00
8	Principal occu	Dickinson, TX 77539 upation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>	
	Not employe			None	,,	

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/3 Rpt: 8/10	Galveston County Democratic Party 00015825
4 Date	5 Payee name
01/28/2024	ActBlue Texas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4.57	PO Box 441146
Expenditure from corporate funds	Somerville, MA 02144-0031
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	AB fees
	7.5 1000
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/04/2024	ActBlue Texas
	11 11 11 11
Amount (\$)	Payee address; City; State; Zip Code
\$0.20	PO Box 441146
Expenditure from	
corporate funds	Somerville, MA 02144-0031
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
_/	Check if Austin, TX, officeholder living expense
	AB fees
Commission ONII V if dispose	Condidate/Officeholder name Office sought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/18/2024	ActBlue Texas
Amount (\$)	Payee address; City; State; Zip Code
\$0.79	PO Box 441146
Expenditure from	
corporate funds	Somerville, MA 02144-0031
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	AB fees
Commission Chill V II alling	Condidate/Officeholder name Office county
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	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 Mad Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/3 Rpt: 9/10	Galveston County Democratic Party 00015825
4 Date	5 Payee name
02/11/2024	ActBlue Texas
6 Amount (\$) \$6.67	7 Payee address; City; State; Zip Code PO Box 441146
Ψ0.01	1 0 20% 441140
Expenditure from corporate funds	Somerville, MA 02144-0031
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense AB fees
	AD ICCS
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/04/2024	Alma One Stop
Amount (\$)	Payee address; City; State; Zip Code
\$25.00	102 NW Interstate 45 Svc Rd
Expenditure from corporate funds	Alma, TX 75119
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense County Chair travel-TDCCA meeting fuel
	County Chair travel-1000A meeting ruer
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/08/2024	H-E-B #662
Amount (\$)	Payee address; City; State; Zip Code
\$21.66	3502 Palmer Highway
Expenditure from corporate funds	Texas City, TX 77590-6548
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	County Monthly meeting snacks/water
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/3 Rpt: 10/10	Galveston County Democratic Party 00015825
4 Date	5 Payee name
02/04/2024	Motel 6- Waxahachie
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$110.39	200 S Interstate 35 East Svc Rd
Expenditure from corporate funds	Waxahachie, TX 75165
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense County Chair travel- TDCCA meeting- lodging
	County Chair traver- 1DCCA meeting-louging
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/13/2024	Public Storage
Amount (\$)	Payee address; City; State; Zip Code
\$208.20	5009 FM 1764 Rd
Expenditure from corporate funds	La Marque, TX 77568-2465
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Storage space monthly fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H