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) 00082064 3 COMMITTEE NAME **OFFICE USE ONLY** Richardson Democrats Date Received **ELECTRONICALLY FILED** 10/07/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 411 W. Lookout Dr. Date Hand-delivered or Date Postmarked Change of Address Richardson, TX 75080 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Wendy NAME NICKNAME LAST **SUFFIX** Banul STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 411 W. Lookout Dr. STREET **ADDRESS** (Residence or Business) Richardson, TX 75080 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 411 W. Lookout Dr. MAILING **ADDRESS** Richardson, TX 75080 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (469) 438-7370 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) X **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff Year 10 PERIOD Month Day Year Day Month **COVERED THROUGH** 07/01/2024 09/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Richardson Democrats	3		00082064	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Mihaela Plesa State Represer	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	780.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZEI	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	5,541.59
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	4,601.67
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		<u>'</u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mrs. We	ndy Banul	
		Signature of Ca	mpaign Treasu	rer
AFFIX NOTAR	/ STAMP / SEAL ABOVE			
Sworn to and subscribed	d before me, by the said _	, ti	his the	day
		which, witness my hand and seal of office.		
Signature of officer a	dministaring oath	Printed name of officer administering oath	Title of offic	cer administering oath
Signature of officer at	animistering Udin	rinited fiame of officer administering odur	THE OF OHIC	ci auministemiy vatii

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 3 of 16

						1 ago o o: 10
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Richardson Democrats				00082064	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Sen. Roland Gutierrez State Se	nator	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		,	B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	George King State Board Of Ed	ucation	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		Occorde Ming State Board Of Ed	ucutori	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Sam Eppler Congressional Rep	resentative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC

PURPUSE						Page 4 of 16
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Richardson Democrats	-				00082064	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Averie Bishop	State Representa	itive	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
	friature of issue.)	B. Opposed				
	Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

				5 of 16
17 COI	MMITTE	E NAME	18 Filer ID	(Ethics Commission Filers)
Ric	hardso	n Democrats	00082064	,
19 SCI	HEDIII	E SUBTOTALS		
l	ME OF		SUBTOTAL AMOUNT	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 780.00
2.	П	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		 \$
	ш			<u> </u>
3.	П	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
	Ш			Ψ
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO)R	\$
, T.	Ш	ORGANIZATION		D
_		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	
5.	Ш	LABOR ORGANIZATION		\$
6.	Ш	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR		
7.		ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
9.	П	SCHEDULE E: LOANS		\$
				·
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 5,541.59
	<u> </u>			•
11.	П	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		
11.	Щ	CONEDULE 12: CIM AND INCOMMED OBLIGATIONS		Ψ
12.	П	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONE	Φ.
12.	Ш	SCHEDULE FS. FORCHASE OF INVESTIMENTS FROM FOLITICAL CONTRIBUTION	JNS	\$
13.	Ш	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	Ш	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
		COURDING IS INTEREST OPERITO CAING REFUNDS AND CONTRIBUTIONS	DETUDNED	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$
I				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 1/1 Rpt: 6/16	
2	FILER NAME Richardson I	Democrats		3	Filer ID (Ethics Commissio 00082064	n Filers)
4	Date 08/06/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$380.00
8	Principal occu Software De	Pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> ;)		
	Date 08/16/2024	Full name of contributor out-of-state PAC (ID#:_ Mackey, Mary Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00
	Principal occu	Richardson, TX 75082 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Date 08/15/2024	Full name of contributor out-of-state PAC (ID#:_ McNair, Elizabeth Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00
	Principal occu Retired	Richardson, TX 75080 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services SalariesM The Instruction Guide explains how to co	ages/Contract Labor nplete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 1/10 Rpt: 7/16	Richardson Democrats		00082064
4 Date	5 Payee name		
07/23/2024	Adobe		
6 Amount (\$)	7 Payee address; City; State; Zip Co	de	
\$32.46			
Expenditure from corporate funds	TX		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees	<u> </u>	side of Texas. Complete Schedule T.
		Graphics and fo	(, officeholder living expense
		Oraphics and ic	,
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ıht .	Office held
expenditure to benefit C/OI		Jiit	Office field
Date	Payee name		
08/23/2024	Adobe		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$32.46			
Expenditure from corporate funds	TX		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees	_ `	side of Texas. Complete Schedule T.
EXPENDITURE		ш	C, officeholder living expense
		Graphics	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	Jht	Office held
experialitire to beliefit C/Oi	'		
Date	Payee name		
09/23/2024	Adobe		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$32.46			
Expenditure from corporate funds	TX		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF	(a) Category (See Categories listed at the top of this schedule) Fees		side of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX	K, officeholder living expense
		Graphics and fo	orms
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıht	Office held
expenditure to benefit C/OI	1		

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

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: 2/10 Rpt: 8/16	Richardson Democrats 00082064
4 Date	5 Payee name
08/21/2024	Amazon
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$32.42	PO Box 80218
Expenditure from corporate funds	Seattle, WA 98108
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Marketing Items
	Marketing items
Complete CNII V if direct	Candidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	
Date	Payee name
09/03/2024	Amazon
Amount (\$)	Payee address; City; State; Zip Code
\$32.42	PO Box 80218
Expenditure from corporate funds	Seattle, WA 98108
PURPOSE	1
OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Paper for signs and nametags
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/03/2024	EDSI
Amount (\$)	Payee address; City; State; Zip Code
\$333.41	203 S. Beltline Rd
ψ555.41	200 O. Dollano IVa
Expenditure from	L : TV 75000
corporate funds	Irving, TX 75060
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Signs
	Signs
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
•	

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 3/10 Rpt: 9/16	Richardson Democrats	00082064
4 Date	5 Payee name	·
09/10/2024	EDSI	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$986.33	203 S. Beltline Rd	
Expenditure from corporate funds	Irving, TX 75060	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Signs for George King/Mihaela Plesa/Sam Eppler/
		Averie Bishop
9 Complete ONLY if direct	Candidate/Officeholder name Office sor	ught Office held
expenditure to benefit C/OI	H	
Date	Payee name	
09/26/2024	EDSI	
Amount (\$)	Payee address; City; State; Zip C	ode
\$729.61	203 S. Beltline Rd	
Expenditure from corporate funds	Irving, TX 75060	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Signs
Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held
expenditure to benefit C/OI		agnit Office Held
Data		
Date 07/19/2024	Payee name Four Bullets	
Amount (\$)	Payee address; City; State; Zip C	ode
\$200.00	640 N. Interurban St	
Expenditure from		
corporate funds	Richardson, TX 75080	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		RAD Happy Hour
Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held
expenditure to benefit C/OI		

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 4/10 Rpt: 10/16	Richardson Democrats 00082064
4 Date	5 Payee name
08/16/2024	Four Bullets
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 640 N. Interurban St
Expenditure from corporate funds	Richardson, TX 75080
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	RAD Happy Hour
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
09/11/2024	Four Bullets
Amount (\$)	Payee address; City; State; Zip Code
\$300.00	640 N. Interurban St
Expenditure from corporate funds	Richardson, TX 75080
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Debate Watch Event
	Depate watch Event
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/23/2024	Gutierrez, Roland
Amount (\$)	Payee address; City; State; Zip Code
\$200.00	
Expenditure from corporate funds	TX
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Donation to Roland Gutierrez campaign
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to o	comple	te this form.
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 5/10 Rpt: 11/16	Richardson Democrats		00082064
4 Date	5 Payee name		•
07/18/2024	La Casita		
6 Amount (\$)	7 Payee address; City; State; Zip C	Code	
\$200.00	580 W Arapaho Rd #154		
— Foresaditore from			
Expenditure from corporate funds	Richardson, TX 75080		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense RAD Community Day
			TV 15 Community Day
9 Complete ONLY if direct	Candidate/Officeholder name Office so	l ouaht	Office held
expenditure to benefit C/O		ougnt	Sinde noid
Date	Payee name		
09/23/2024	Shell		
Amount (\$)	Payee address; City; State; Zip C	nde.	
\$7.99	rayee address, City, State, Zip C	Joue	
Ψ1.55			
Expenditure from	тх		
corporate funds		10.	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Event Expense		Check if Austin, TX, officeholder living expense
			Water
Complete ONLY if direct	Candidate/Officeholder name Office so	ought	Office held
expenditure to benefit C/OI	1		
Date	Payee name		
08/12/2024	Slack		
Amount (\$)	Payee address; City; State; Zip C	Code	
\$83.95			
Evponditure from			
Expenditure from corporate funds	тх		
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.
LAI LABITORE			Check if Austin, TX, officeholder living expense
			Administrative Organization
Complete ONLY if direct	Candidate/Officeholder name Office so	ought	Office held
expenditure to benefit C/O		ougill	Office field

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to con	mplete this	form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 6/10 Rpt: 12/16	Richardson Democrats			00082064	
4 Date	5 Payee name				
09/09/2024	Slack				
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de			
\$83.95					
Expenditure from					
corporate funds	TX				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descri	iption		
OF EXPENDITURE	Fees				plete Schedule T.
				officeholder living) expense
				9	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght		Office he	eld
expenditure to benefit C/OI	-1				
Date	Payee name				
07/11/2024	Squarespace				
Amount (\$)	Payee address; City; State; Zip Coo	de			
\$6.50	8 Clarkson St				
Expenditure from corporate funds	Manhattan, NY 10014				
PURPOSE OF	, (************************************	(b) Descri			
EXPENDITURE	Fees			officeholder living	plete Schedule T. 1 expense
		Ш Webs		·	•
Complete ONLY if direct	Candidate/Officeholder name Office soug	ght		Office he	eld
expenditure to benefit C/OI	1				
Date	Payee name				
07/19/2024	Squarespace				
Amount (\$)	Payee address; City; State; Zip Coo	de			
\$70.15	8 Clarkson St				
Expenditure from					
corporate funds	Manhattan, NY 10014				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Descri			
OF EXPENDITURE	Fees	므			plete Schedule T.
		Ш ^{спе} Webs		officeholder living	J expense
Complete ONLY if direct	Candidate/Officeholder name Office soug	ght		Office he	eld
expenditure to benefit C/OI	4				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenolder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/10 Rpt: 13/16	Richardson Democrats 00082064
4 Date	5 Payee name
07/22/2024	Squarespace
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$35.18	8 Clarkson St
Expenditure from corporate funds	Manhattan, NY 10014
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 Website
	Website
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
oxportantaro to sorione or o	
Date	Payee name
08/12/2024	Squarespace
Amount (\$)	Payee address; City; State; Zip Code
\$10.06	8 Clarkson St
Expenditure from corporate funds	Manhattan, NY 10014
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
	Website
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to belieff of of	'
Date	Payee name
08/15/2024	Squarespace
Amount (\$)	Payee address; City; State; Zip Code
\$128.00	8 Clarkson St
,	
Expenditure from corporate funds	Manhattan, NY 10014
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Website
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

eimbursement Solicitation/Fundraising Expense
rntal Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 8/10 Rpt: 14/16	Richardson Democrats	00082064
4 Date	5 Payee name	•
08/19/2024	Squarespace	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$109.12	8 Clarkson St	
Expenditure from		
corporate funds	Manhattan, NY 10014	
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 Website
		Website
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		Cilide Held
Date	Davisa nama	
08/21/2024	Payee name Squarespace	
Amount (\$)	Payee address; City; State; Zip Code	
\$35.18	8 Clarkson St	
Ψ55.10	o ciarson st	
Expenditure from corporate funds	Manhattan, NY 10014	
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
		Website
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	1	
Date	Payee name	
09/11/2024	Squarespace	
Amount (\$)	Payee address; City; State; Zip Code	
\$6.50	8 Clarkson St	
- "		
Expenditure from corporate funds	Manhattan, NY 10014	
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
		Website
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		Office Held

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 9/10 Rpt: 15/16	Richardson Democrats	00082064	
4 Date	5 Payee name		
09/19/2024	Squarespace		
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	
\$62.35	8 Clarkson St		
Expenditure from corporate funds	Manhattan, NY 10014		
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	
		Website	
9 Complete ONLY if direct	Candidate/Officeholder name Office so	lught Office held	
expenditure to benefit C/OI		San Cino Hou	
Data			
Date	Payee name		
09/23/2024	Squarespace		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$38.38	8 Clarkson St		
Expenditure from			
corporate funds	Manhattan, NY 10014		
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 Website	
		VVCDSILC	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office so	Light Office held	
expenditure to benefit C/OI		dince neid	
_			
Date	Payee name		
09/23/2024	Staples		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$94.17			
Expenditure from			
corporate funds	TX		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.	
LA LIBITORE		Check if Austin, TX, officeholder living expense	
		Sign holders	
Complete ONU VIII	Condidate/Officeholders	only Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soil	ught Office held	
•			

SCHEDULE F1

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 fo

EXPENDITURE CATEGORIES FOR BOX 8(a)

	ine instruction Guide explains now to co	implete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 10/10 Rpt: 16/16 4 Date	Richardson Democrats 5 Payee name	00082064
08/19/2024	USPS	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$1,000.00	433 Belle Grove	
Expenditure from corporate funds	Richardson, TX 75080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Cancelled Stamps
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sou	ght Office held
Date	Payee name	
07/29/2024	Vistaprint	
Amount (\$) \$338.54	Payee address; City; State; Zip Co	ode
Expenditure from corporate funds	TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Marketing	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Post Cards
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ight Office held
Date	Payee name	
08/02/2024	canva	
Amount (\$) \$120.00	Payee address; City; State; Zip Co	ode
Expenditure from corporate funds	тх	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Marketing	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Graphics
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ight Office held