FORM SPAC SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00088891 3 COMMITTEE NAME **OFFICE USE ONLY Democrats for Trump** Date Received **ELECTRONICALLY FILED** 10/28/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 20004 Siesta Shores Drive Date Hand-delivered or Date Postmarked Change of Address Spicewood, TX 78669 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Jennifer NAME NICKNAME LAST **SUFFIX** Fleck STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 20004 Siesta Shores Drive STREET **ADDRESS** (Residence or Business) Spicewood, TX 78669 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** MAILING **ADDRESS** TX Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 543-7998 PHONE REPORT January 15 30th day before election Exceeded modified reporting limit **TYPE** Dissolution (Attach PAC-DR) 8th day before election July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Year Month Day Year Month Day COVERED **THROUGH** 10/26/2024 09/27/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Other Primary Runoff 11/05/2024 χ General Special

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

| 12 COMMITTEE NAME | | | 13 Filer ID | (Ethics Com | mission Filers) |
|---|------------------------|---|-----------------|--------------|-----------------|
| Democrats for Trump | | | 00088891 | | |
| 14 COMMITTEE | | CANDIDATE / OFFICEHOLDER NAME | | | |
| PURPOSE | | Donald Trump | | | |
| (Attach lists on plain paper to complete this | X Candidate | | | | |
| report if necessary.) | Officeholder | | | | |
| | | OFFICE SOUGHT (candidate) / OFFICE HEL President | , | | |
| | | | | | |
| X SUPPORT | | | | | |
| (Candidate or Measure) | | BALLOT IDENTIFICATION / # | ELECTI Month | ION DATE | Year |
| OPPOSE | | | WOTHT | Day | i cai |
| (Candidate or Measure) | l _— | | | | |
| ASSIST | Measure Measure | DESCRIPTION | | | |
| (Officeholder) | | | | | |
| | | | | | |
| | | | | | |
| 15 CONTRIBUTION TOTALS | | NTRIBUTIONS OF \$50 OR LESS (OTHER THAN EES OF LOANS, OR CONTRIBUTIONS MADE | I PLEDGES, | \$ | \$0.00 |
| | ELECTRONICALLY), U | | | | Ψ0.00 |
| | 2. TOTAL POLITICAL (| CONTRIBUTIONS | | | |
| | (OTHER THAN PLEDG | ES, LOANS, OR GUARANTEES OF LOANS) | | \$ | \$8,594.03 |
| | | | | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED P | OLITICAL EXPENDITURES | | \$ | \$0.00 |
| | | | | ľ | φ0.00 |
| | 4. TOTAL POLITICAL E | EXPENDITURES | | | |
| | | | | \$ | \$8,594.03 |
| | F TOTAL DOLUTION 001 | VEDICUTIONS AND TABLE AS OF THE LAST | DAY OF THE | <u> </u> | |
| CONTRIBUTION BALANCE | REPORTING PERIOD | NTRIBUTIONS MAINTAINED AS OF THE LAST | DAY OF THE | \$ | \$0.00 |
| | | | | ľ | Ψ0.00 |
| OUTSTANDING | | OUNT OF ALL OUTSTANDING LOANS AS OF 1 | THE LAST | | |
| LOAN TOTALS | DAY OF THE REPORTI | NG PERIOD | | \$ | \$0.00 |
| | | | | | |
| 16 AFFIDAVIT | | | | | |
| | | I swear, or affirm, under penalty of perj and correct and includes all informatior | | | |
| | | Title 15, Election Code. | • | , | |
| | | lennif | er Fleck | | |
| AFFIX NOTABY | CTAMP / CEAL ABOVE | Signature of Car | | er | |
| AFFIX NOTARY | STAMP / SEAL ABOVE | | | | |
| Sworn to and subscribed | before me, by the said | , tl | nis the | | day |
| of | , 20, to certify which | ch, witness my hand and seal of office. | | | |
| | | | | | |
| | | | | | |
| Signature of officer ad | ministering oath Pri | nted name of officer administering oath | Title of office | er administe | ring oath |
| | | | | | |

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

3 of 9

| | | | | 3 of 9 | | | |
|-------------|--|--------------|--------------|-----------------|--|--|--|
| 17 COMMITTI | EE NAME | 18 Filer ID | (Ethics Comm | nission Filers) | | | |
| Democrat | s for Trump | 00088891 | | | | | |
| | 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | | | | |
| 1. X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 8,594.03 | | | |
| 2. X | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | 0.00 | | | |
| 3. X | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | 0.00 | | | |
| 4. | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION | DR | \$ | | | | |
| 5. | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION | ATION OR | \$ | | | | |
| 6. | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR | ORGANIZATION | \$ | | | | |
| 7. X | SCHEDULE E: LOANS | | \$ | 0.00 | | | |
| 8. X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | S | \$ | 8,594.03 | | | |
| 9. X | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | 0.00 | | | |
| 10. X | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI | ONS | \$ | 0.00 | | | |
| 11. X | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | 0.00 | | | |
| 12. | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH | \$ | | | | |
| 13. | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ | | | | |
| 14. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED | \$ | | | | |
| | | | | | | | |

| ETARY POLITICAL CONTRIB | JTIONS SCHEDULE A1 |
|--|--|
| truction Guide explains how to complete | this form. 1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/9 |
| ME ts for Trump | 3 Filer ID (Ethics Commission Filers) 00088891 |
| Full name of contributor out-of-state PA We the People Lake Travis Contributor address; City; State; Zip Code | C (ID#:) 7 Amount of Contribution (\$) \$8,594.03 |
| Spicewood, TX 78669 | |
| ccupation / Job title (See Instructions) | 9 Employer (See Instructions) |
| | |
| t t | ts for Trump 5 Full name of contributor out-of-state PA We the People Lake Travis 6 Contributor address; City; State; Zip Code Spicewood, TX 78669 |

| PLE | OGED CONTRIBU | TIONS | | | SCHEDULE B | | |
|---|------------------------------------|---------------------|----------------------|----------|--|--|--|
| Т | he Instruction Guide exp | plains how to compl | ete this form. | 1 | Total pages Schedule B: Sch: 1/1 Rpt: 5/9 | | |
| 2 FILER NAME Democrats for Trump | | | | 3 | 3 Filer ID (Ethics Commission Filers) 00088891 | | |
| <u></u> | OF UNITEMIZED PLED | GES | | | \$ 0. | | |
| 5 Date 6 Full name of pledgorout-of-state PAC (ID#: | | | | 8 | Amount of pledge (\$) 9 In-kind description (If applicable) | | |
| 10 Principal | occupation / Job title (See Instru | uctions) | 11 Employer (Coo In | | Check if travel outside of Texas. Complete Schedu | | |
| 10 Рипсіраї | occupation / 300 title (3ee instit | ictions) | 11 Employer (See In: | Structio | uns) | | |
| | | | | | | | |
| | | | | | | | |

| | LOANS | | | | | | SCHED | OULE E |
|----|------------------------------------|-----------------------------------|-----------------|------------------------|--------------|-----------------|-------------------------------|------------|
| | The Instruction | on Guide explains how to co | omplete this f | orm. | 1 | | ges Schedule E: 1 Rpt: 6/9 | |
| 2 | FILER NAME Democrats for T | rump | | | 3 | Filer ID 000888 | (Ethics Commissi | on Filers) |
| 4 | TOTAL OF UN | IITEMIZED LOANS | | | L | | \$ | 0.00 |
| 5 | Date of loan | 7 Name of lender | out-of-state PA | C (ID#: | |) | 9 Loan Amount (| (\$) |
| 6 | Is lender a financial institution? | 8 Lender address; City; | State; | Zip Code | | | 10 Interest Rate | |
| | | | | | | | 11 Maturity Date | |
| 12 | Principal occupation | on / Job title (See Instructions) | | 13 Employer (See Ins | tructions) | | | |
| 14 | Description of Coll | ateral | | 15 Check if personal f | funds were o | deposited | into political accou | |
| 16 | GUARANTOR INFORMATION | 17 Name of guarantor | | | | | 19 Amount Guara | nteed (\$) |
| | not applicable | 18 Guarantor address; City; | State; | Zip Code | | | | |
| | | | | | | | | |
| 20 | Principal occupation | on | | 21 Employer (See Ins | tructions) | | | |
| | | | | | | | | |
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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

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)

| | Credit Card Payment | The Instruction Guide explains how to comp | elete this form. |
|---|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 1/3 Rpt: 7/9 | Democrats for Trump | 00088891 |
| 4 | Date | 5 Payee name | |
| | 09/27/2024 | Stokes Sign Company | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$1,437.38 | 1909 Ranch Road 620 South | |
| | | | |
| | | Lakeway, TX 78746 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) |) Description |
| | OF EXPENDITURE | Printing Expense | Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITORE | | Check if Austin, TX, officeholder living expense |
| | | | signage |
| Ļ | 0 1 0 0 1 1 1 1 1 | | 0" 11 |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sough | t Office held |
| | · | | |
| | Date | Payee name | |
| | 09/27/2024 | Stokes Sign Company | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$2,551.68 | 1909 Ranch Road 620 South | |
| | | | |
| | | Lakeway, TX 78746 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) |) Description |
| | OF EXPENDITURE | Printing Expense | Check if travel outside of Texas. Complete Schedule T. |
| | | | Check if Austin, TX, officeholder living expense |
| | | | signage |
| | Complete ONLY if direct | Candidate/Officeholder name Office sough | t Office held |
| | expenditure to benefit C/O | | Cince held |
| _ | Date | Davis | |
| | 10/02/2024 | Payee name Stokes Sign Company | |
| | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$1,384.71 | 1909 Ranch Road 620 South | |
| | | | |
| | | Lakeway, TX 78746 | |
| | PURPOSE | , |) Description |
| | OF EXPENDITURE | Printing Expense | Check if travel outside of Texas. Complete Schedule T. |
| | | | Check if Austin, TX, officeholder living expense Signage |
| | | | |
| _ | | | |
| ı | Complete ONLY if direct | Candidate/Officeholder name Office sough | t Office held |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sough | t Office held |
| | | | t Office held |
| | | | t Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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: 2/3 Rpt: 8/9 | Democrats for Trump 00088891 |
| 4 | Date | 5 Payee name |
| | 10/14/2024 | Stokes Sign Company |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$839.03 | 1909 Ranch Road 620 South |
| | | |
| | | Lakeway, TX 78746 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Printing Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Signage |
| | | Jig, lago |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/O | |
| _ | | |
| | Date | Payee name |
| | 10/15/2024 | Stokes Sign Company |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$363.72 | 1909 Ranch Road 620 South |
| | | |
| | | Lakeway, TX 78746 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Signage |
| | | olg.hage |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | - · · · · · · · · · · · · · · · · · · · |
| - | Data | David and the second se |
| | Date 10/16/2024 | Payee name Stokes Sign Company |
| | | Stokes Sign Company |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$933.94 | 1909 Ranch Road 620 South |
| | | |
| | | Lakeway, TX 78746 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Printing Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | signage |
| L | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | Complete ONLY if direct expenditure to benefit C/O | |
| | • | |
| | | |
| | | |

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | / - al Committee | Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | Polling Exp e Printing Ex | rnead/Rental Expense bense pense ages/Contract Labor | Travel in Distri Travel Out of I | |
|---|---|---------------------------------|--|------------------------------|---|--|----------------------------|
| | Credit Card Payment | | The Instruction Guide ex | plains how to co | mplete this form. | | |
| 1 | Total pages Schedule F1: Sch: 3/3 Rpt: 9/9 | 2 FILER NAME Democrats | | | | 3 Filer ID 00088891 | (Ethics Commission Filers) |
| _ | <u> </u> | | | | | 00000091 | |
| 4 | Date 10/21/2024 | 5 Payee name | Company | | | | |
| | | Stokes Sigr | | | | | |
| 5 | Amount (\$) \$1,083.57 | | n Road 620 South | State; Zip Co | de | | |
| | | Lakeway, T | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (s Printing Exp | ee Categories listed at the top of DENSE | f this schedule) | = | el outside of Texas. Cc in, TX, officeholder livi | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | | ceholder name | Office sou | ght | Office | neld |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |