

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

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|---|--|--|----------------------------------|
| The GPAC Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00084366 | 2 Total pages filed: 7 |
| 3 COMMITTEE NAME Baytown Area Democrats | | OFFICE USE ONLY | |
| | | Date Received ELECTRONICALLY FILED 10/28/2024 | |
| | | 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 P.O. Box 2158 Baytown, TX 77522 | | |
| | 5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Mr. Charles R. NICKNAME LAST SUFFIX Chuck Crews | | |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8307 Caraway Cir. Baytown, TX 77521 | | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 8307 Caraway Cir. Baytown, TX 77521 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (832) 262-2507 | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input checked="" 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 09/27/2024 10/26/2024 | | |
| 11 ELECTION | ELECTION DATE Month Day Year 11/05/2024 | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

| | |
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| 12 COMMITTEE NAME Baytown Area Democrats | 13 Filer ID (Ethics Commission Filers) 00084366 |
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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.) | |
| | | |

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| 15 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 20.00 |
| | <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 490.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 20.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 193.33 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 7,350.00 |
| 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.

Mr. Charles R. Crews

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 - GPAC

| | | |
|--|---|---|
| 17 COMMITTEE NAME Baytown Area Democrats | | 18 Filer ID (Ethics Commission Filers) 00084366 |
| 19 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT |
| | NAME OF SCHEDULE | |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 490.00 |
| 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 C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 5. | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 6. | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 7. | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 8. | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 9. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 10. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 193.33 |
| 11. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 13. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 14. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 15. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/7 |
| 2 FILER NAME Baytown Area Democrats | | 3 Filer ID (Ethics Commission Filers) 00084366 |
| 4 Date 10/09/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CREWS, CHARLES <hr/> 6 Contributor address; City; State; Zip Code BAYTOWN, TX 77521 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) none | | 9 Employer (See Instructions) none |
| Date 10/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Currie, Jaime <hr/> Contributor address; City; State; Zip Code Baytown, TX 77520 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 10/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobberstein, Rhett <hr/> Contributor address; City; State; Zip Code Baytown, TX 77521 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) It consultant | | Employer (See Instructions) Self |
| Date 10/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobberstein, Rhett <hr/> Contributor address; City; State; Zip Code Baytown, TX 77521 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) It consultant | | Employer (See Instructions) Self |
| Date 10/03/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haffelfinger, Laurie <hr/> Contributor address; City; State; Zip Code Baytown, TX 77521 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Teacher | | Employer (See Instructions) Crosby ISD |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/7 |
| 2 FILER NAME Baytown Area Democrats | | 3 Filer ID (Ethics Commission Filers) 00084366 |
| 4 Date 09/29/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Angela | 7 Amount of Contribution (\$) \$10.00 |
| | 6 Contributor address; City; State; Zip Code Houston, TX 77002 | |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) Self |
| Date 10/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Michelle | Amount of Contribution (\$) \$15.00 |
| | Contributor address; City; State; Zip Code Highland, TX 77562 | |
| Principal occupation / Job title (See Instructions) RN | | Employer (See Instructions) Memorial Hermann |
| Date 10/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kilgore, Ricky | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code League City, TX 77573 | |
| Principal occupation / Job title (See Instructions) Logistics Coordinator | | Employer (See Instructions) Chem Coast |
| Date 10/23/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Rhonda | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code Baytown, TX 77521 | |
| Principal occupation / Job title (See Instructions) Provider Relations Mgr | | Employer (See Instructions) Texas Children's Hospital |
| Date 10/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohlman, Donna | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code Baytown, TX 77520 | |
| 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: 3/3 Rpt: 6/7 |
| 2 FILER NAME Baytown Area Democrats | | 3 Filer ID (Ethics Commission Filers) 00084366 |
| 4 Date 10/12/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Deanna <hr/> 6 Contributor address; City; State; Zip Code Baytown, TX 77521 | 7 Amount of Contribution (\$) \$120.00 |
| 8 Principal occupation / Job title (See Instructions) Nurse | | 9 Employer (See Instructions) Houston Methodist |
| Date 09/28/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, John <hr/> Contributor address; City; State; Zip Code Houston, TX 77002 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) Administrative Assistant | | Employer (See Instructions) Harris County |
| Date 10/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villegas, Alejandro <hr/> Contributor address; City; State; Zip Code Houston, TX 77096 | Amount of Contribution (\$) \$35.00 |
| Principal occupation / Job title (See Instructions) BD Manager | | Employer (See Instructions) GTJ LLC |

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.**

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| 1 Total pages Schedule F1: Sch: 1/1 Rpt: 7/7 | 2 FILER NAME Baytown Area Democrats | 3 Filer ID (Ethics Commission Filers) 00084366 |
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| | |
|-----------------------------|-------------------------------|
| 4 Date 10/24/2024 | 5 Payee name Kroger |
|-----------------------------|-------------------------------|

| | |
|---|---|
| 6 Amount (\$) \$10.83 | 7 Payee address; City; State; Zip Code 6315 Garth Rd Baytown, TX 77521 |
| <input type="checkbox"/> Expenditure from corporate funds | |

| | | |
|---------------------------------|---|---|
| 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 Snacks |
|---------------------------------|---|---|

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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 10/15/2024 | Payee name USPS |
|--------------------|--------------------|

| | |
|---|--|
| Amount (\$) \$162.50 | Payee address; City; State; Zip Code 601 W Baker Baytown, TX 77521 |
| <input type="checkbox"/> Expenditure from corporate funds | |

| | | |
|------------------------|---|---|
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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