

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

|   |  |  |                                   |
|---|--|--|-----------------------------------|
| <b>The GPAC Instruction Guide explains how to complete this form.</b>                         |  | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00083042  | <b>2</b> Total pages filed:<br>18 |
| <b>3</b> COMMITTEE NAME<br>Texas Democratic Women of Galveston County                         |  | <b>OFFICE USE ONLY</b>   |                                   |
|   |  | Date Received<br>ELECTRONICALLY FILED<br>10/28/2024  |                                   |
|   |  | Date Hand-delivered or Date Postmarked   |                                   |
|   |  | Receipt #  | Amount                            |
|   |  | Date Processed   |                                   |
|   |  | Date Imaged  |                                   |
| <b>4</b> COMMITTEE ADDRESS<br><br><input type="checkbox"/> Change of Address                  | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>1201 Newport Blvd.<br><br>League City, TX 77573  |  |                                   |
|   | <b>5</b> CAMPAIGN TREASURER NAME<br><br>MS / MRS / MR FIRST MI<br>Lauri<br><br>NICKNAME LAST SUFFIX<br>Dibrell   |  |                                   |
| <b>6</b> CAMPAIGN TREASURER STREET ADDRESS<br><br>(Residence or Business)                     | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>3010 Secret Lagoon Ln<br><br>Texas City, TX 77568   |  |                                   |
| <b>7</b> CAMPAIGN TREASURER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>3010 Secret Lagoon Ln<br><br>Texas City, TX 77568  |  |                                   |
| <b>8</b> CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br>(409) 599-4515   |  |                                   |
| <b>9</b> REPORT TYPE  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR)<br><input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination<br><input type="checkbox"/> Runoff |  |                                   |
| <b>10</b> PERIOD COVERED  | Month Day Year      THROUGH      Month Day Year<br>09/27/2024           10/26/2024   |  |                                   |
| <b>11</b> ELECTION  | ELECTION DATE<br>Month Day Year<br>11/05/2024  | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><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

|  |   |
|--|---|
| <b>12 COMMITTEE NAME</b><br>Texas Democratic Women of Galveston County | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00083042 |
|--|---|

|   |  |              |
|---|--|--------------|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported |
|   |  | B. Opposed   |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported |
|   |  | B. Opposed   |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |              |

|                               |   |             |
|-------------------------------|---|-------------|
| <b>15 CONTRIBUTION TOTALS</b> | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b><br><input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 0.00     |
|                               | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 1,895.00 |
| EXPENDITURE TOTALS            | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>   | \$ 0.00     |
|                               | <b>4. TOTAL POLITICAL EXPENDITURES</b>  | \$ 1,759.20 |
| CONTRIBUTION BALANCE          | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>   | \$ 4,031.53 |
| OUTSTANDING LOAN TOTALS       | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>  | \$ 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.

Lauri Dibrell  
\_\_\_\_\_  
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

|  |   |   |
|--|---|---|
| <b>17 COMMITTEE NAME</b><br>Texas Democratic Women of Galveston County |   | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00083042 |
| <b>19 SCHEDULE SUBTOTALS</b>   |   | <b>SUBTOTAL AMOUNT</b>                                    |
|  | NAME OF SCHEDULE  |   |
| 1.   | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 | \$ 1,895.00   |
| 2.   | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                   | \$ 0.00   |
| 3.   | <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$ 0.00   |
| 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 checked="" type="checkbox"/> SCHEDULE E: LOANS   | \$ 0.00   |
| 10.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS              | \$ 1,759.20   |
| 11.  | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                      | \$ 0.00   |
| 12.  | <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS             | \$ 0.00   |
| 13.  | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                 | \$ 0.00   |
| 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**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>     |  | <b>1</b> Total pages Schedule A1:<br>Sch: 1/9 Rpt: 4/18  |
| <b>2</b> FILER NAME<br>Texas Democratic Women of Galveston County    |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083042 |
| <b>4</b> Date<br>10/01/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Anastas, Christine<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Santa Fe, TX 77510 | <b>7</b> Amount of Contribution (\$)<br><br>\$30.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>None |  | <b>9</b> Employer (See Instructions)<br>None             |
| Date<br>10/01/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Apple, James<br><hr/> Contributor address; City; State; Zip Code<br><br>KEMAH, TX 77565-2166                       | Amount of Contribution (\$)<br><br>\$12.00               |
| Principal occupation / Job title (See Instructions)<br>None          |  | Employer (See Instructions)<br>None                      |
| Date<br>10/01/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Apple, Terry<br><hr/> Contributor address; City; State; Zip Code<br><br>Kemah, TX 77565                            | Amount of Contribution (\$)<br><br>\$12.00               |
| Principal occupation / Job title (See Instructions)<br>Teacher       |  | Employer (See Instructions)<br>Pasadena ISD              |
| Date<br>10/16/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Childress, Christine<br><hr/> Contributor address; City; State; Zip Code<br><br>Galveston, TX 77550                | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)<br>None          |  | Employer (See Instructions)<br>None                      |
| Date<br>10/01/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Creamer, Margaret<br><hr/> Contributor address; City; State; Zip Code<br><br>League City, TX 77573                 | Amount of Contribution (\$)<br><br>\$12.00               |
| Principal occupation / Job title (See Instructions)<br>Not Employed  |  | Employer (See Instructions)<br>Not Employed              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>            |   | <b>1</b> Total pages Schedule A1:<br>Sch: 2/9 Rpt: 5/18      |
| <b>2</b> FILER NAME<br>Texas Democratic Women of Galveston County           |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083042     |
| <b>4</b> Date<br>10/16/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Criss, Susan | <b>7</b> Amount of Contribution (\$) \$200.00                |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>Salado, TX 76571 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Attorney    |   | <b>9</b> Employer (See Instructions)<br>Criss & Rousseau Law |
| Date<br>10/16/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Del Buono, Lori       | Amount of Contribution (\$) \$30.00                          |
| Contributor address; City; State; Zip Code<br><br>Friendswood, TX 77546     |   |  |
| Principal occupation / Job title (See Instructions)<br>Not Employed         |   | Employer (See Instructions)<br>Not Employed                  |
| Date<br>10/01/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Dibrell, Lauri        | Amount of Contribution (\$) \$25.00                          |
| Contributor address; City; State; Zip Code<br><br>Texas City, TX 77568      |   |  |
| Principal occupation / Job title (See Instructions)<br>Product Owner        |   | Employer (See Instructions)<br>ANICO                         |
| Date<br>10/16/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Dibrell, Lauri        | Amount of Contribution (\$) \$55.00                          |
| Contributor address; City; State; Zip Code<br><br>Texas city, TX 77591      |   |  |
| Principal occupation / Job title (See Instructions)<br>Product Development  |   | Employer (See Instructions)<br>Anico                         |
| Date<br>10/01/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Dicely, Shannon       | Amount of Contribution (\$) \$12.00                          |
| Contributor address; City; State; Zip Code<br><br>Friendswood, TX 77546     |   |  |
| Principal occupation / Job title (See Instructions)<br>Student              |   | Employer (See Instructions)<br>None                          |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>     |  | <b>1</b> Total pages Schedule A1:<br>Sch: 3/9 Rpt: 6/18  |
| <b>2</b> FILER NAME<br>Texas Democratic Women of Galveston County    |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083042 |
| <b>4</b> Date<br>10/16/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Edwards, Monica<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>League City, TX 77573 | <b>7</b> Amount of Contribution (\$)<br><br>\$20.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>None |  | <b>9</b> Employer (See Instructions)<br>None             |
| Date<br>10/16/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Flannigan, Roselyn<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77059                    | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)<br>Not Employed  |  | Employer (See Instructions)<br>Not Employed              |
| Date<br>10/01/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gordon, Heidi<br><hr/> Contributor address; City; State; Zip Code<br><br>League City, TX 77573                     | Amount of Contribution (\$)<br><br>\$250.00              |
| Principal occupation / Job title (See Instructions)<br>Not Employed  |  | Employer (See Instructions)<br>Not Employed              |
| Date<br>10/01/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gordon, Heidi<br><hr/> Contributor address; City; State; Zip Code<br><br>League City, TX 77573                     | Amount of Contribution (\$)<br><br>\$20.00               |
| Principal occupation / Job title (See Instructions)<br>Not Employed  |  | Employer (See Instructions)<br>Not Employed              |
| Date<br>10/08/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gordon, Heidi<br><hr/> Contributor address; City; State; Zip Code<br><br>League City, TX 77573                     | Amount of Contribution (\$)<br><br>\$50.00               |
| Principal occupation / Job title (See Instructions)<br>Not Employed  |  | Employer (See Instructions)<br>Not Employed              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>       |  | <b>1</b> Total pages Schedule A1:<br>Sch: 4/9 Rpt: 7/18  |
| <b>2</b> FILER NAME<br>Texas Democratic Women of Galveston County      |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083042 |
| <b>4</b> Date<br>10/01/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gregg, Brenda<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Galveston, TX 77551 | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>none   |  | <b>9</b> Employer (See Instructions)<br>none             |
| Date<br>10/01/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Griffin, Dede<br><hr/> Contributor address; City; State; Zip Code<br><br>Dickinson, TX 77539                   | Amount of Contribution (\$)<br><br>\$12.00               |
| Principal occupation / Job title (See Instructions)<br>None            |  | Employer (See Instructions)<br>None                      |
| Date<br>10/01/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Griffin, Dede<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77062                     | Amount of Contribution (\$)<br><br>\$20.00               |
| Principal occupation / Job title (See Instructions)<br>Revenue Analyst |  | Employer (See Instructions)<br>Parallon Business Systems |
| Date<br>10/01/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hart, Rhonda<br><hr/> Contributor address; City; State; Zip Code<br><br>Dickinson, TX 77539                    | Amount of Contribution (\$)<br><br>\$12.00               |
| Principal occupation / Job title (See Instructions)<br>None            |  | Employer (See Instructions)<br>None                      |
| Date<br>10/01/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Huston, Suzanne<br><hr/> Contributor address; City; State; Zip Code<br><br>League City, TX 77573               | Amount of Contribution (\$)<br><br>\$12.00               |
| Principal occupation / Job title (See Instructions)<br>None            |  | Employer (See Instructions)<br>none                      |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>            |  | <b>1</b> Total pages Schedule A1:<br>Sch: 5/9 Rpt: 8/18  |
| <b>2</b> FILER NAME<br>Texas Democratic Women of Galveston County           |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083042 |
| <b>4</b> Date<br>10/01/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Huston, Suzanne<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>League City, TX 77573 | <b>7</b> Amount of Contribution (\$)<br><br>\$30.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>None        |  | <b>9</b> Employer (See Instructions)<br>None             |
| Date<br>10/08/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Katcher, Mariah<br><hr/> Contributor address; City; State; Zip Code<br><br>League City, TX 77573                   | Amount of Contribution (\$)<br><br>\$20.00               |
| Principal occupation / Job title (See Instructions)<br>Image processor      |  | Employer (See Instructions)<br>American National         |
| Date<br>10/16/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Katcher, Mariah<br><hr/> Contributor address; City; State; Zip Code<br><br>League City, TX 77573                   | Amount of Contribution (\$)<br><br>\$75.00               |
| Principal occupation / Job title (See Instructions)<br>Image processor      |  | Employer (See Instructions)<br>American National         |
| Date<br>10/16/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Markowitz, Forreste<br><hr/> Contributor address; City; State; Zip Code<br><br>League City, TX 77573               | Amount of Contribution (\$)<br><br>\$55.00               |
| Principal occupation / Job title (See Instructions)<br>Office Administrator |  | Employer (See Instructions)<br>Markowitz Law Firm        |
| Date<br>10/01/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>McAfee, Vanessa<br><hr/> Contributor address; City; State; Zip Code<br><br>Texas City, TX 77599                    | Amount of Contribution (\$)<br><br>\$20.00               |
| Principal occupation / Job title (See Instructions)<br>Agent                |  | Employer (See Instructions)<br>Insurance Agency          |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                                |   | <b>1</b> Total pages Schedule A1:<br>Sch: 6/9 Rpt: 9/18  |
| <b>2</b> FILER NAME<br>Texas Democratic Women of Galveston County                               |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083042 |
| <b>4</b> Date<br>10/16/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>McAfee, Vanessa<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Texas City, TX 77599 | <b>7</b> Amount of Contribution (\$)<br><br>\$20.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Agent                           |   | <b>9</b> Employer (See Instructions)<br>Insurance Agency |
| Date<br>10/08/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Meador, Lori<br><hr/> Contributor address; City; State; Zip Code<br><br>Lorena, TX 76655                          | Amount of Contribution (\$)<br><br>\$55.00               |
| Principal occupation / Job title (See Instructions)<br>None                                     |   | Employer (See Instructions)<br>None                      |
| Date<br>10/16/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Meehan, danielle<br><hr/> Contributor address; City; State; Zip Code<br><br>DEER PARK, TX 77536                   | Amount of Contribution (\$)<br><br>\$25.00               |
| Principal occupation / Job title (See Instructions)<br>None                                     |   | Employer (See Instructions)<br>None                      |
| Date<br>10/08/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Moller, Malinda<br><hr/> Contributor address; City; State; Zip Code<br><br>League City, TX 77573                  | Amount of Contribution (\$)<br><br>\$20.00               |
| Principal occupation / Job title (See Instructions)<br>Reqts Integrator/Sr. Natural Scientist a |   | Employer (See Instructions)<br>University of Houston     |
| Date<br>10/16/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Moller, Malinda<br><hr/> Contributor address; City; State; Zip Code<br><br>League City, TX 77573                  | Amount of Contribution (\$)<br><br>\$25.00               |
| Principal occupation / Job title (See Instructions)<br>Reqts Integrator/Sr. Natural Scientist a |   | Employer (See Instructions)<br>University of Houston     |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |   |
|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>             |   | <b>1</b> Total pages Schedule A1:<br>Sch: 7/9 Rpt: 10/18            |
| <b>2</b> FILER NAME<br>Texas Democratic Women of Galveston County            |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083042            |
| <b>4</b> Date<br>10/16/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Montgomery, Mimi<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>League City, TX 77573 | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00                |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Loan officer |   | <b>9</b> Employer (See Instructions)<br>Goldstar Mortgage Financial |
| Date<br>10/01/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Rowell, Kristi<br><hr/> Contributor address; City; State; Zip Code<br><br>League City, TX 77573                     | Amount of Contribution (\$)<br><br>\$12.00                          |
| Principal occupation / Job title (See Instructions)<br>None                  |   | Employer (See Instructions)<br>None                                 |
| Date<br>10/01/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Salinas, Mark<br><hr/> Contributor address; City; State; Zip Code<br><br>Texas City, TX 77568-6659                  | Amount of Contribution (\$)<br><br>\$25.00                          |
| Principal occupation / Job title (See Instructions)<br>Law enforcement       |   | Employer (See Instructions)<br>Harris Co                            |
| Date<br>10/16/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Shea, Marcia<br><hr/> Contributor address; City; State; Zip Code<br><br>Friendswood, TX 77546                       | Amount of Contribution (\$)<br><br>\$30.00                          |
| Principal occupation / Job title (See Instructions)<br>Not Employed          |   | Employer (See Instructions)<br>Not Employed                         |
| Date<br>10/01/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Smith-Castro, Jennifer<br><hr/> Contributor address; City; State; Zip Code<br><br>League City, TX 77573             | Amount of Contribution (\$)<br><br>\$12.00                          |
| Principal occupation / Job title (See Instructions)<br>Biologist             |   | Employer (See Instructions)<br>Government                           |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |   | <b>1</b> Total pages Schedule A1:<br>Sch: 8/9 Rpt: 11/18 |
| <b>2</b> FILER NAME<br>Texas Democratic Women of Galveston County         |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083042 |
| <b>4</b> Date<br>10/01/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Smith-Castro, Jennifer<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>League City, TX 77573 | <b>7</b> Amount of Contribution (\$)<br><br>\$20.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Biologist |   | <b>9</b> Employer (See Instructions)<br>Government       |
| Date<br>10/16/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Smith-Castro, Jennifer<br><hr/> Contributor address; City; State; Zip Code<br><br>League City, TX 77573                   | Amount of Contribution (\$)<br><br>\$20.00               |
| Principal occupation / Job title (See Instructions)<br>Biologist          |   | Employer (See Instructions)<br>Government                |
| Date<br>10/01/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Steans, Tracie<br><hr/> Contributor address; City; State; Zip Code<br><br>Texas City, TX 77591                            | Amount of Contribution (\$)<br><br>\$12.00               |
| Principal occupation / Job title (See Instructions)<br>Owner              |   | Employer (See Instructions)<br>Smaller events            |
| Date<br>10/16/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Sustala, Shelby<br><hr/> Contributor address; City; State; Zip Code<br><br>League City, TX 77574                          | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)<br>None               |   | Employer (See Instructions)<br>None                      |
| Date<br>10/16/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Talbert, Jennifer<br><hr/> Contributor address; City; State; Zip Code<br><br>League City, TX 77573                        | Amount of Contribution (\$)<br><br>\$20.00               |
| Principal occupation / Job title (See Instructions)<br>Not Employed       |   | Employer (See Instructions)<br>Not Employed              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |   |
|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>       |   | <b>1</b> Total pages Schedule A1:<br>Sch: 9/9 Rpt: 12/18        |
| <b>2</b> FILER NAME<br>Texas Democratic Women of Galveston County      |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083042        |
| <b>4</b> Date<br>10/08/2024  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Van Fleet, Allan<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77081 | <b>7</b> Amount of Contribution (\$)<br><br>\$20.00             |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Lawyer |   | <b>9</b> Employer (See Instructions)<br>G. Allan Van Fleet P.C. |
| Date<br>10/16/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Van Fleet, Allan<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77081                   | Amount of Contribution (\$)<br><br>\$20.00                      |
| Principal occupation / Job title (See Instructions)<br>Lawyer          |   | Employer (See Instructions)<br>McDermott Will & Emery           |
| Date<br>10/08/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Williams, Mikal<br><hr/> Contributor address; City; State; Zip Code<br><br>Kemah, TX 77565                      | Amount of Contribution (\$)<br><br>\$25.00                      |
| Principal occupation / Job title (See Instructions)<br>Attorney        |   | Employer (See Instructions)<br>Attorney                         |
| Date<br>10/16/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>carroll, michelle<br><hr/> Contributor address; City; State; Zip Code<br><br>Friendswood, TX 77546              | Amount of Contribution (\$)<br><br>\$80.00                      |
| Principal occupation / Job title (See Instructions)<br>None            |   | Employer (See Instructions)<br>None                             |
| Date<br>10/08/2024   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>potter, kenna<br><hr/> Contributor address; City; State; Zip Code<br><br>Friendswood, TX 77546                  | Amount of Contribution (\$)<br><br>\$60.00                      |
| Principal occupation / Job title (See Instructions)<br>None            |   | Employer (See Instructions)<br>None                             |

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule B:  
Sch: 1/1 Rpt: 13/18

**2** FILER NAME  
Texas Democratic Women of Galveston County

**3** Filer ID (Ethics Commission Filers)  
00083042

**4** TOTAL OF UNITEMIZED PLEDGES

**\$** 0.00

**5** Date

**6** Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

**8** Amount of  
pledge (\$)

**9** In-kind description  
(If applicable)

**7** Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

**10** Principal occupation / Job title (See Instructions)

**11** Employer (See Instructions)

# LOANS

# SCHEDULE E

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>           |  | <b>1</b> Total pages Schedule E:<br>Sch: 1/1 Rpt: 14/18  |
| <b>2</b> FILER NAME<br>Texas Democratic Women of Galveston County          |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083042   |
| <b>4</b> TOTAL OF UNITEMIZED LOANS   |  | <b>\$</b> 0.00   |
| <b>5</b> Date of loan  | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | <b>9</b> Loan Amount (\$)  |
| <b>6</b> Is lender a financial institution?                                | <b>8</b> Lender address; City; State; Zip Code                                 | <b>10</b> Interest Rate  |
|  |  | <b>11</b> Maturity Date  |
| <b>12</b> Principal occupation / Job title (See Instructions)              |  | <b>13</b> Employer (See Instructions)  |
| <b>14</b> Description of Collateral<br><input type="checkbox"/> None       |  | <b>15</b> Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| <b>16</b> GUARANTOR INFORMATION<br><input type="checkbox"/> not applicable | <b>17</b> Name of guarantor  | <b>19</b> Amount Guaranteed (\$)   |
|  | <b>18</b> Guarantor address; City; State; Zip Code                             |  |
| <b>20</b> Principal occupation   |  | <b>21</b> Employer (See Instructions)  |

# 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.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/4 Rpt: 15/18 | <b>2</b> FILER NAME<br>Texas Democratic Women of Galveston County | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083042 |
|--|---|--|

|                             |                                 |
|-----------------------------|---------------------------------|
| <b>4</b> Date<br>10/01/2024 | <b>5</b> Payee name<br>Act Blue |
|-----------------------------|---------------------------------|

|  |   |
|--|---|
| <b>6</b> Amount (\$)<br>\$22.60<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 441146<br><br>Somerville, MA 02114-0031 |
|--|---|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>merchant fees |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                        |
|--------------------|------------------------|
| Date<br>10/08/2024 | Payee name<br>Act Blue |
|--------------------|------------------------|

|  |  |
|--|--|
| Amount (\$)<br>\$9.89<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>P.O. Box 441146<br><br>Somerville, MA 02114-0031 |
|--|--|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Fees | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>merchant fees |
|------------------------|--|--|

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

|                    |                        |
|--------------------|------------------------|
| Date<br>10/16/2024 | Payee name<br>Act Blue |
|--------------------|------------------------|

|   |  |
|---|--|
| Amount (\$)<br>\$12.26<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>P.O. Box 441146<br><br>Somerville, MA 02114-0031 |
|---|--|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Fees | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>merchant fees |
|------------------------|--|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| 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.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/4 Rpt: 16/18   | <b>2</b> FILER NAME<br>Texas Democratic Women of Galveston County                                 | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083042  |
| <b>4</b> Date<br>10/22/2024  | <b>5</b> Payee name<br>Act Blue   |   |
| <b>6</b> Amount (\$)<br>\$30.24<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 441146<br><br>Somerville, MA 02114-0031 |   |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>merchant fees |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH                                     | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>10/12/2024   | Payee name<br>Chef Mary Bass  |   |
| Amount (\$)<br>\$386.97<br><br><input type="checkbox"/> Expenditure from corporate funds         | Payee address; City; State; Zip Code<br>1506 39th St<br><br>Galveston, TX 77551                   |   |
| PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Event Expense |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>10/04/2024   | Payee name<br>H Signature Floral  |   |
| Amount (\$)<br>\$162.38<br><br><input type="checkbox"/> Expenditure from corporate funds         | Payee address; City; State; Zip Code<br>1811 Trammel-Fresno Rd<br><br>Fresno, TX 77545            |   |
| PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Flowers       |
| 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.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/4 Rpt: 17/18 | <b>2</b> FILER NAME<br>Texas Democratic Women of Galveston County | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083042 |
|--|---|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>10/23/2024 | <b>5</b> Payee name<br>Smith-Castro, Jennifer |
|-----------------------------|---|

|                                  |  |
|----------------------------------|--|
| <b>6</b> Amount (\$)<br>\$148.77 | <b>7</b> Payee address; City; State; Zip Code<br>2620 Jeb Stuart Dr<br><br>League City, TX 77573 |
|----------------------------------|--|

Expenditure from corporate funds

|                                 |   |  |
|---------------------------------|---|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Loan Repayment/Reimbursement | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Reimbursement for Supplies |
|---------------------------------|---|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                                      |
|--------------------|--------------------------------------|
| Date<br>10/23/2024 | Payee name<br>Smith-Castro, Jennifer |
|--------------------|--------------------------------------|

|                         |   |
|-------------------------|---|
| Amount (\$)<br>\$616.00 | Payee address; City; State; Zip Code<br>2620 Jeb Stuart Dr<br><br>League City, TX 77573 |
|-------------------------|---|

Expenditure from corporate funds

|                               |   |  |
|-------------------------------|---|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Loan Repayment/Reimbursement | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Reimbursement for Supplies |
|-------------------------------|---|--|

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

|                    |  |
|--------------------|--|
| Date<br>10/22/2024 | Payee name<br>United States Postal Service |
|--------------------|--|

|                         |   |
|-------------------------|---|
| Amount (\$)<br>\$336.00 | Payee address; City; State; Zip Code<br>240 W. Galveston<br><br>League City, TX 77573 |
|-------------------------|---|

Expenditure from corporate funds

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Administrative Supplies |
|-------------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| 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.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 4/4 Rpt: 18/18   | <b>2</b> FILER NAME<br>Texas Democratic Women of Galveston County   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083042   |
| <b>4</b> Date<br>10/01/2024  | <b>5</b> Payee name<br>Zoom   |  |
| <b>6</b> Amount (\$)<br>\$34.09<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>55 Almaden Blvd<br>6th Floor<br>San Jose, CA 95113       |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Virtual Meeting Platform |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                              | Candidate/Officeholder name   | Office sought                      Office held   |