FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00088912 3 COMMITTEE NAME **OFFICE USE ONLY** Blue Montgomery - Democrats for Change Date Received **ELECTRONICALLY FILED** 11/04/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 3813 Walden Estates Dr Change of Address Montgomery, TX 77356 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Ms. Kathleen NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Ringwald CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 3813 Walden Estates Drive STREET **ADDRESS** (Residence or Business) Montgomery, TX 77356 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 3813 Walden Estates Drive MAILING **ADDRESS** Change of Address Montgomery, TX 77356 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (415) 656-9745 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 09/26/2024 10/25/2024

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

				_		
L2 COMMITTEE NAME				13 Filer		(Ethics Commission Filers)
Blue Montgomery - Der	mocrats for Change			0008	8912	
4 COMMITTEE ACTIVITY	1. Candidates	A. Supported				
ACTIVITY	(Identify by name or, if applicable, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
5 CONTRIBUTION	1	D POLITICAL CONT	FDIDITIONS (OTHER THAN	1		
TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	OR GUARANTEES ADE ELECTRONIC	CALLY)	:	\$	0.00
	2. TOTAL POLITICA	L CONTRIBUTION	DNS		\$	0.00
	(OTHER THAN PLEI	DGES, LOANS, OR	GUARANTEES OF LOANS)		Ť	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPE	NDITURES	!	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURI	ES	:	\$	438.15
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		ST DAY	\$	0.00	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL A LAST DAY OF THE I		DUTSTANDING LOANS AS O		\$	0.00
6 AFFIDAVIT	1					
		true a	ear, or affirm, under penalty of and correct and includes all in r Title 15, Election Code.	perjury, tha formation re	t the ac equired t	companying report is to be reported by me
			Ms. Kath	nleen Ring	wald	
			Signature of 0	Campaign T	reasure	er
AFFIX NOTARY	STAMP / SEAL ABOVE					
Sworn to and subscribed	hefore me by the said			this the		day
	_, 20, to certify \			_,		
Signature of officer ad	ministering oath	Printed name of off	icer administering oath	Title	of office	er administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

				3 of 5
17 COMM Blue M		EE NAME gomery - Democrats for Change	18 Filer ID 00088912	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			\$
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$	
6.	6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 438.15
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising Expense Event Expense Loan Repayment/Reimbu

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

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 comple	ete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/2 Rpt: 4/5	Blue Montgomery - Democrats for Change	00088912
4 Date	5 Payee name	
09/30/2024	Frost Bank	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$10.00	2200 N. Frazier St.	
Expenditure from	Suite 100	
corporate funds	Conroe, TX 77303	
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 Bank Fee - Monthly Service Charge
		banki co monany corner charge
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		
Date	Payee name	
09/30/2024	Frost Bank	
Amount (\$)	Payee address; City; State; Zip Code	
\$5.00	2200 N. Frazier St.	
-	Suite 100	
Expenditure from corporate funds	Conroe, TX 77303	
PURPOSE	(5) 6	Description
OF	(a) Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	rees	Check if Austin, TX, officeholder living expense
		Online Banking Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
experialitate to beliefit 5,5.	'	
Date	Payee name	
10/18/2024	Frost Bank	
Amount (\$)	Payee address; City; State; Zip Code	
\$35.00	2200 N. Frazier St	
Expenditure from	Suite 100	
corporate funds	Conroe, TX 77303	
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 Overdraft Banking Fee
		Overtain Balliang 1 cc
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	9	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (expense a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 2/2 Rpt: 5/5	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Blue Montgomery - Democrats for Change 00088912
4 Date 10/18/2024	5 Payee name Google Workspace
6 Amount (\$) \$138.15	7 Payee address; City; State; Zip Code The Landmark Building 1 Market St.
Expenditure from corporate funds	San Francisco, CA 94105
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Software Subscription
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 09/30/2024 Amount (\$)	Payee name Trosvig, Judy (Ms.) Payee address; City; State; Zip Code
\$250.00	55 Rollinghills W
Expenditure from corporate funds	Conroe, TX 77304
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refund of Donation (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Refund of Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held