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) 00082127 3 COMMITTEE NAME **OFFICE USE ONLY Bayou Blue Democrats** Date Received **ELECTRONICALLY FILED** 11/27/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 2111 Welch Street Unit B312 Change of Address Houston, TX 77019 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Ms. Yvonne NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Myles CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 2111 Welch Street STREET **ADDRESS** Unit B312 (Residence or Business) Houston, TX 77019 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 2111 Welch Street MAILING **ADDRESS APT B312** Change of Address Houston, TX 77019 AREA CODE **CAMPAIGN** PHONE NUMBER **EXTENSION TREASURER PHONE** (832) 250-8392 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** 10/26/2024 11/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

				1	
2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Bayou Blue Democrat	S			000821	27
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.)				
		B. Opposed			
	Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	O POLITICAL CONTRIBU OR GUARANTEES OF LO IADE ELECTRONICALLY qualifies for the higher itemiz	OANS, ÒR ')	\$	0.00
		L CONTRIBUTIONS		s	
	(OTHER THAN PLE	OGES, LOANS, OR GUAF	RANTEES OF LOANS)	φ	184.68
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	337.49
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		DAY \$	2,212.69	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		THE \$	0.00	
6 AFFIDAVIT				<u> </u>	
		true and co	affirm, under penalty of pe orrect and includes all info 15, Election Code.		ne accompanying report is ired to be reported by me
			Ms Vvo	onne Myles	
			Signature of Ca		asurer
AFFIXAIOTAD	V OTAMB / OFAL ABOVE		3		
AFFIX NOTAR	Y STAMP / SEAL ABOVE				
	d before me, by the said			this the	day
of	, 20, to certify	which, witness my hand a	nd seal of office.		
Signature of officer a	dministering oath	Printed name of officer ac	dministering oath	Title of c	officer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

3 of 5					
17 COMMITTEE NAME 18 Filer ID				(Ethics Commission Filers)	
Bayo	ou Blu	,			
19 SCH	EDULE	SUBTOTALS			
NAM	E OF	SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			\$ 184.68	
		SOMEDOLE / 12. MONE I/ INT I SEMIONE SOME MONE HONS		5 104.00	
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS			\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			\$	
5.	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 (ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 337.49	
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 TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/5	
2	FILER NAME Bayou Blue	FILER NAME Bayou Blue Democrats			Filer ID (Ethics Commission 00082127	n Filers)
4	Date 11/03/2024	Full name of contributor)	7	Amount of Contribution (\$)	\$57.63
		Somerville, MA 02144	<u></u>			
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s) 		
	Date 11/17/2024	Full name of contributor out-of-state PAC (ID#:_ACTBLUE TEXAS Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$96.05
		Somerville, MA 02144				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 11/18/2024	Contributor address; City; State; Zip Code)	-	Amount of Contribution (\$)	\$31.00
	Principal occu	Houston, TX 77019 upation / Job title (See Instructions)	Employer (See Instructions	 s)		

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 (enter a category not listed above)

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: 1/1 Rpt: 5/5	Bayou Blue Democrats 00082127
4 Date	5 Payee name
11/12/2024	Jason's Deli
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$97.49	2611 S Shepherd DR
Expenditure from corporate funds	Houston, TX 77098
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Food/Beverage Expense Complete Schedule T. Control of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Meeting refreshments
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/11/2024	St. Stephens Episcopal Church
Amount (\$)	Payee address; City; State; Zip Code
\$240.00	1805 W Alabama
Expenditure from corporate funds	Houston, TX 77019
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 Rental for club meeting space
	Rental for clab meeting space
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	