

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00070512	2 Total pages filed: 20
3 COMMITTEE NAME Democratic Non-Urban Caucus		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/07/2025	
		Date Hand-delivered or Date Postmarked	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5656 N. Central Expressway, Unit 302 Dallas, TX 75206	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Ms.	Judy L.	
	NICKNAME	LAST	SUFFIX
		Baker	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	1500 E Marshall Ave Apt 30 Longview, TX 75601		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	1500E Marshall Ave Apt 30 Longview, TX 75601		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(575)	640-7942	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution (Attach PAC-DR)
	<input type="checkbox"/> July 15	<input 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
	07/01/2024		12/31/2024
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> Other
	11/05/2024	<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

12 COMMITTEE NAME Democratic Non-Urban Caucus	13 Filer ID (Ethics Commission Filers) 00070512
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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
		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.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	<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)	\$ 1,025.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 520.88
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,434.97
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.

Ms. Judy L. Baker

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**FORM GPAC**
COVER SHEET PG 3
3 of 20

17 COMMITTEE NAME Democratic Non-Urban Caucus		18 Filer ID 00070512	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	1,025.00
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	\$	520.88
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: 1/11 Rpt: 4/20
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 07/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Karen (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78749	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) none
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, John (Mr.) <hr/> Contributor address; City; State; Zip Code Huntsville, TX 77331	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, John (Mr.) <hr/> Contributor address; City; State; Zip Code Huntsville, TX 77331	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, John (Mr.) <hr/> Contributor address; City; State; Zip Code Huntsville, TX 77331	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Georgulas, George (Mr.) <hr/> Contributor address; City; State; Zip Code Spicewood, TX 78669	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/11 Rpt: 5/20
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Carl (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Spicewood, TX 78669	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) none
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Carl (Mr.) <hr/> Contributor address; City; State; Zip Code Spicewood, TX 78669	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) none
Date 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Carl (Mr.) <hr/> Contributor address; City; State; Zip Code Spicewood, TX 78669	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) none
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Carl (Mr.) <hr/> Contributor address; City; State; Zip Code Spicewood, TX 78669	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) none
Date 11/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Carl (Mr.) <hr/> Contributor address; City; State; Zip Code Spicewood, TX 78669	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/11 Rpt: 6/20
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 07/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuhn, James (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78731	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Librarian		9 Employer (See Instructions) University of Texas
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LePak, Michael (Mr.) <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76907	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Security		Employer (See Instructions) Allied Universal
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lockhart, Mary Bell (Ms.) <hr/> Contributor address; City; State; Zip Code Alpine, TX 79830	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lockhart, Mary Bell (Ms.) <hr/> Contributor address; City; State; Zip Code Alpine, TX 79830	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lockhart, Mary Bell (Ms.) <hr/> Contributor address; City; State; Zip Code Alpine, TX 79830	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/11 Rpt: 7/20
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 09/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lockhart, Mary Bell (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Alpine, TX 79830	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) none		9 Employer (See Instructions) none
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lockhart, Mary Bell (Ms.) <hr/> Contributor address; City; State; Zip Code Alpine, TX 79830	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lockhart, Mary Bell (Ms.) <hr/> Contributor address; City; State; Zip Code Alpine, TX 79830	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 07/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moughon, Esward (Mr.) <hr/> Contributor address; City; State; Zip Code Big Spring, TX 79720	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Nancy (Ms.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75706	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) Firelight Books

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/11 Rpt: 8/20
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 07/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pumfrey, William (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78736	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) none
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schenker, Rebecca (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Weave Architecture LLC
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schenker, Rebecca (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Weave Architecture LLC
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schenker, Rebecca (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Weave Architecture LLC
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schenker, Rebecca (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Weave Architecture LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/11 Rpt: 9/20
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 10/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schenker, Rebecca (Ms.)	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code La Grange, TX 78945	
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions) Weave Architecture LLC
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schenker, Rebecca (Ms.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Weave Architecture LLC
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spain, Diana (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78751	
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spain, Diana (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78751	
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 09/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spain, Diana (Ms.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78751	
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/11 Rpt: 10/20
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 10/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spain, Diana (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78751	
8 Principal occupation / Job title (See Instructions) none		9 Employer (See Instructions) none
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spain, Diana (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78751	
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tonnesen, Alan (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Spicewood, TX 78669	
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Clayton (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Lampasas, TX 76550	
Principal occupation / Job title (See Instructions) Statewide Coordinator		Employer (See Instructions) Our Revolution Texas
Date 07/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Clayton (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Lampasas, TX 76550	
Principal occupation / Job title (See Instructions) Statewide Coordinator		Employer (See Instructions) Our Revolution Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/11 Rpt: 11/20
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 08/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Clayton (Mr.)	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Lampasas, TX 76550	
8 Principal occupation / Job title (See Instructions) Statewide Coordinator		9 Employer (See Instructions) Our Revolution Texas
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Clayton (Mr.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Lampasas, TX 76550	
Principal occupation / Job title (See Instructions) Statewide Coordinator		Employer (See Instructions) Our Revolution Texas
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Clayton (Mr.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Lampasas, TX 76550	
Principal occupation / Job title (See Instructions) Statewide Coordinator		Employer (See Instructions) Our Revolution Texas
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Clayton (Mr.)	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Lampasas, TX 76550	
Principal occupation / Job title (See Instructions) Statewide Coordinator		Employer (See Instructions) Our Revolution Texas
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson, D. Karen (Ms.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Tyler, TX 75711	
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/11 Rpt: 12/20
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 07/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson, D. Karen (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75711	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) none		9 Employer (See Instructions) none
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson, D. Karen (Ms.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75711	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson, D. Karen (Ms.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75711	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 10/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson, D. Karen (Ms.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75711	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 11/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson, D. Karen (Ms.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75711	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/11 Rpt: 13/20
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 07/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yancy, Max (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78722	
8 Principal occupation / Job title (See Instructions) Event Coordinator		9 Employer (See Instructions) Koop radio
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yancy, Max (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78722	
Principal occupation / Job title (See Instructions) Event Coordinator		Employer (See Instructions) Koop radio
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yancy, Max (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78722	
Principal occupation / Job title (See Instructions) Event Coordinator		Employer (See Instructions) Koop radio
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yancy, Max (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78722	
Principal occupation / Job title (See Instructions) Event Coordinator		Employer (See Instructions) Koop radio
Date 10/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yancy, Max (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78722	
Principal occupation / Job title (See Instructions) Event Coordinator		Employer (See Instructions) Koop radio

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/11 Rpt: 14/20
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 11/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yancy, Max (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78722	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Event Coordinator		9 Employer (See Instructions) Koop radio

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.

1 Total pages Schedule F1: Sch: 1/6 Rpt: 15/20	2 FILER NAME Democratic Non-Urban Caucus	3 Filer ID (Ethics Commission Filers) 00070512
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4 Date 07/01/2024	5 Payee name Act Blue Texas
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6 Amount (\$) \$6.15 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box441146 Sommerville, MA 02144
---	--

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

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 07/24/2024	Payee name Act Blue Texas
--------------------	------------------------------

Amount (\$) \$2.58 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box441146 Sommerville, MA 02144
--	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage cost
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/24/2024	Payee name Act Blue Texas
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Amount (\$) \$4.17 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box441146 Sommerville, MA 02144
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage cost
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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
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.

1	Total pages Schedule F1: Sch: 2/6 Rpt: 16/20	2	FILER NAME Democratic Non-Urban Caucus	3	Filer ID (Ethics Commission Filers) 00070512
4	Date 08/31/2024	5	Payee name Act Blue Texas		
6	Amount (\$) \$1.60 <input type="checkbox"/> Expenditure from corporate funds	7	Payee address; City; State; Zip Code P.O. Box441146 Sommerville, MA 02144		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage charge		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
	Date 09/24/2024		Payee name Act Blue Texas		
	Amount (\$) \$4.38 <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code P.O. Box441146 Sommerville, MA 02144		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense charges for usage		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held			
	Date 10/19/2024		Payee name Act Blue Texas		
	Amount (\$) \$5.76 <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code P.O. Box441146 Sommerville, MA 02144		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service charge for usuage		
		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.

1 Total pages Schedule F1: Sch: 3/6 Rpt: 17/20	2 FILER NAME Democratic Non-Urban Caucus	3 Filer ID (Ethics Commission Filers) 00070512
4 Date 10/14/2024	5 Payee name Act Blue Texas	
6 Amount (\$) \$0.60 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box441146 Sommerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage charges
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/27/2024	Candidate/Officeholder name Act Blue Texas	
Amount (\$) \$2.58 <input type="checkbox"/> Expenditure from corporate funds	Office sought P.O. Box441146 Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Usage charge
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/10/2024	Candidate/Officeholder name Act Blue Texas	
Amount (\$) \$2.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought P.O. Box441146 Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage charge
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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.

1 Total pages Schedule F1: Sch: 4/6 Rpt: 18/20	2 FILER NAME Democratic Non-Urban Caucus	3 Filer ID (Ethics Commission Filers) 00070512
4 Date 11/27/2024	5 Payee name Act Blue Texas	
6 Amount (\$) \$3.57 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box441146 Sommerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage charge 0298 5673 6657
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/22/2024	Payee name Nation Builder	
Amount (\$) \$110.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6515 W Sunset Blvd Ste 440 Los Angeles, CA 90028	
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 monthly fee for data use
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/22/2024	Payee name Nation Builder	
Amount (\$) \$55.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6515 W Sunset Blvd Ste 440 Los Angeles, CA 90028	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly charge for data base
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.

1 Total pages Schedule F1: Sch: 5/6 Rpt: 19/20	2 FILER NAME Democratic Non-Urban Caucus	3 Filer ID (Ethics Commission Filers) 00070512
4 Date 11/22/2024	5 Payee name Nation Builder	
6 Amount (\$) \$55.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 6515 W Sunset Blvd Ste 440 Los Angeles, CA 90028	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly charge for usage
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/22/2024	Payee name Nation Builder	
Amount (\$) \$55.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6515 W Sunset Blvd Ste 440 Los Angeles, CA 90028	
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 monthly charge for data
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/22/2024	Payee name Nation Builder	
Amount (\$) \$55.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6515 W Sunset Blvd Ste 440 Los Angeles, CA 90028	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Computer and internet	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Computer monthly expense
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.

1 Total pages Schedule F1: Sch: 6/6 Rpt: 20/20	2 FILER NAME Democratic Non-Urban Caucus	3 Filer ID (Ethics Commission Filers) 00070512
4 Date 09/16/2024	5 Payee name Office Depot	
6 Amount (\$) \$157.49 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code Loop 281 Longview, TX 75601	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office supplies	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ink cartridges for printer
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held