## GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

# FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction	Guide explains how to complete this form.	1	Filer ID (Ethics Commission Filers) 00087838		2 Total pages filed: 28
3	COMMITTEE NAME					OFFICE USE ONLY
	Democratic Club o	f Polk County				Date Received
						ELECTRONICALLY FILED 01/08/2025
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CI	TY;	STATE; ZIP CC	DDE	
	ADDRESS	3626 US Hwy 190W				Date Hand-delivered or Date Postmarked
	Change of Address					
	Change of Address	Livingston, TX 77351				Receipt # Amount
						Date Processed
						Date Imaged
5	CAMPAIGN TREASURER	MS/MRS/MR FIRST				MI
	NAME	Ms. Tena R.				
		NICKNAME LAST				SUFFIX
		Oates				
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE; ZIP CODE
ľ	TREASURER	431 West Lake Shore		AFT/SOILE#,	CITT,	STATE, ZIF CODE
	STREET ADDRESS	451 West Lake Shore				
L	(Residence or Business)	Livingston, TX 77351				
7	CAMPAIGN TREASURER	STREET OR PO BOX;		APT / SUITE #;	CITY;	STATE; ZIP CODE
	MAILING	431 West Lake Shore				
	ADDRESS					
	Change of Address	Livingston, TX 77351				
8	CAMPAIGN	AREA CODE PHONE NUMBER	EX	TENSION		
	TREASURER PHONE	(281) 433-0325				
9	REPORT TYPE	X January 15	0th d	day before election		Dissolution (Attach PAC-DR)
			th da	ay before election	Х	10th day after campaign treasurer
		July 15	uno	<del>11</del>		termination
			uno	11		
10	PERIOD	Month Day Year		Month	Day	Year
	COVERED	07/01/2024 T	HR	DUGH 12/3	1/2024	
$ ^{11}$	ELECTION	ELECTION DATE Month Day Year	Prim	ELECTION TY	ΡE	Other
		11/05/2024				
			Gen	eral Special		
			т∽			
				PAGE 2		
Foi	rms provided by Tex	xas Ethics Commission www.e	thic	s.state.tx.us		Version V4.1.0.5dd2ace2

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Democratic Club of Polk	County		000878	838
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Democrat		
(Attach lists on plain paper to complete this report if necessary.)		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	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,735.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	23,574.55
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	6,371.11
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
			a R. Oates	-
		Signature of Ca	mpaign Tre	easulei
AFFIX NOTARY	STAMP / SEAL ABOVE			
		, tł	nis the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of	officer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

# FORM GPAC

Page 3 of 28

					5
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Democratic Club of Polk	County			00087838	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Democrat		
(Attach lists on plain paper to complete this report if necessary.)		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.)				
COMMITTEE	1. Candidates	A. Supported	Democrat		
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Demodrat		
(Attach lists on plain paper to complete this report if necessary.)		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.)				

# FORM GPAC COVER SHEET PG 3

4 of 28

17 COMMITTE	(Ethics Commission Filers)						
Democrat	Democratic Club of Polk County 00087838						
	19 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1. X	1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS						
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC ORGANIZATION	R	\$				
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$				
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$				
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	5	<b>\$</b> 23,574.55				
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$				
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
14. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	<b>\$</b> 9,447.42				
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$				

**SUBTOTALS - GPAC** 

The Ir	nstruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/11 Rpt: 5/28	
2 FILER	NAME			3	Filer ID (Ethics Commission	Filers)
		Club of Polk County			00087838	
4 Date		5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
12/06/	/2024	Bencomo, Ida				\$20.00
		6 Contributor address; City; State; Zip Code		"		
		Livingston, TX 77351				
8 Principa	al occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ıs)		
retired	kk		retired			
Date		Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
08/03/	/2024	Burr, Richard				\$25.00
		Contributor address; City; State; Zip Code				
		Leggett, TX 77350				
Principa	al occu	pation / Job title (See Instructions)	Employer (See Instruction	is)		
Retired	d		none			
Date		Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
09/03/	/2024	Burr, Richard				\$25.00
		Contributor address; City; State; Zip Code		···		
		Leggett, TX 77350				
Principa	al occu	pation / Job title (See Instructions)	Employer (See Instruction	ıs)		
Retired	d		none			
Date		Full name of contributor out-of-state PAC (ID#:_	)	T	Amount of Contribution (\$)	
10/03/	/2024	Burr, Richard				\$25.00
		Contributor address; City; State; Zip Code		"		
		Leggett, TX 77350				
		pation / Job title (See Instructions)	Employer (See Instruction	is)		
Retired	ed		none			
Date		Full name of contributor out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)	
11/03/	/2024	Burr, Richard				\$25.00
		Contributor address; City; State; Zip Code		"		
		Leggett, TX 77350				
Principa	al occu	pation / Job title (See Instructions)	Employer (See Instruction	ıs)		
Retired	d		none			

			1 Total pages Schedule A1:
The Instrue	ction Guide explains how to complete t	this form.	Sch: 2/11 Rpt: 6/28
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Democratic (	Club of Polk County		00087838
4 Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7 Amount of Contribution (\$)
12/03/2024	Burr, Richard		\$25.00
	6 Contributor address; City; State; Zip Code		1
	Largett TV 77950		
Principal occu	Leggett, TX 77350	Employer (See Instruction)	~
8 Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions none	5)
			1
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of Contribution (\$)
10/24/2024			\$75.00
	Contributor address; City; State; Zip Code		
	L, TX 77351		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Construction		Owner	- /
Date	Full name of contributor Out-of-state PAC	l	Amount of Contribution (\$)
07/08/2024	Compton, Barbara (Miss)	, (10),,	\$50.00
	Contributor address; City; State; Zip Code		·
	Livingston, TX 77351		
	pation / Job title (See Instructions)	Employer (See Instructions	s)
Retired		NA	
Date	Full name of contributor 🔲 out-of-state PAC	C (ID#:)	Amount of Contribution (\$)
08/08/2024	Compton, Barbara (Miss)		\$50.00
	Contributor address; City; State; Zip Code		
	Livingston, TX 77351		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	e)
Retired		NA	5)
Date	Full name of contributor Out-of-state PAC		Amount of Contribution (\$)
12/04/2024	Diderich, Ron	, (ID#)	\$100.00
12,0	Contributor address; City; State; Zip Code		
	Livingston, TX 77351		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
CPA		NA	

l			
The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 3/11 Rpt: 7/28
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	Club of Polk County		00087838
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/07/2024	Fuentes, Connie (Mrs.)		\$20.00
	6 Contributor address; City; State; Zip Code		
	Livin, TX 77351		
	pation / Job title (See Instructions)	9 Employer (See Instructions	5)
Welder		Self-emplyed	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
08/03/2024	Fuentes, Connie (Mrs.)		\$20.00
	Contributor address; City; State; Zip Code		
	Livin, TX 77351		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Welder		Self-emplyed	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
09/03/2024	Fuentes, Connie (Mrs.)		\$20.00
	Contributor address; City; State; Zip Code		•
	Livin, TX 77351		
-	pation / Job title (See Instructions)	Employer (See Instructions	5)
Welder		Self-emplyed	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/03/2024	Fuentes, Connie (Mrs.)		\$20.00
	Contributor address; City; State; Zip Code		•
	Livin, TX 77351		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Welder		Self-emplyed	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/03/2024	Fuentes, Connie (Mrs.)		\$20.00
	Contributor address; City; State; Zip Code		
	Livin, TX 77351		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Welder		Self-emplyed	

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 4/11 Rpt: 8/28
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
		Club of Polk County		00087838
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
	12/03/2024	Fuentes, Connie (Mrs.)		\$20.00
	1	6 Contributor address; City; State; Zip Code		1
	I			
	I			
		Livin, TX 77351		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)
	Welder		Self-emplyed	
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	09/16/2024	Garcia, Debra		\$50.00
	I	Contributor address; City; State; Zip Code		1
	l			
	l			
		Livingston, TX 77351		
		upation / Job title (See Instructions)	Employer (See Instructions	5)
	retired		retired	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	07/07/2024	Jones, Laura		\$10.00
	I	Contributor address; City; State; Zip Code		1
	I			
	l			
		Coldspring, TX 77331		
		upation / Job title (See Instructions)	Employer (See Instructions	s)
	Realtor		None	
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	08/07/2024	Jones, Laura		\$10.00
		Contributor address; City; State; Zip Code		1
	I			
	I			
		Coldspring, TX 77331		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
	Realtor		None	
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	09/07/2024	Jones, Laura		\$10.00
	1	Contributor address; City; State; Zip Code		1
	l			
	l			
		Coldspring, TX 77331		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)
	Realtor		None	
			1	

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 5/11 Rpt: 9/28	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	rs)
	- Club of Polk County		00087838	()
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
10/07/2024	-		\$1	10.00
	6 Contributor address; City; State; Zip Code			
	Coldspring, TX 77331			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	.)	
Realtor		None		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/07/2024	Jones, Laura			10.00
	Contributor address; City; State; Zip Code			ļ
				ļ
	Coldspring, TX 77331			ļ
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)	
Realtor		None		
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
12/07/2024				10.00
	Contributor address; City; State; Zip Code			ļ
	Coldspring, TX 77331			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	3)	
Realtor		None		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	<u> </u>
07/04/2024				25.00
•	Contributor address; City; State; Zip Code			20.
	Li, TX 77351			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	3)	
retired		retired	,	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
08/04/2024			.,	25.00
	Contributor address; City; State; Zip Code			20.2
	Collinuation address, City, State, Zip Code			
	Li, TX 77351			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u>.</u>	
retired		retired	)	
1				

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	The Instru	ction Guide explains how to complete this f	form.		Total pages Schedule A1: Sch: 6/11 Rpt: 10/28	
2	FILER NAME			_	Filer ID (Ethics Commission	ı Filers)
	Democratic	Club of Polk County			00087838	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	09/04/2024	Maxwell, Robbie				\$25.00
		6 Contributor address; City; State; Zip Code		1		
_		Li, TX 77351		Ĺ		
		upation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	retired		retired	<del></del>		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	±50.00
	11/08/2024					\$20.00
		Contributor address; City; State; Zip Code				
		Onalaska, TX 77360				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	L s)		
	retired	,	retired	-,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	<del>—</del>	Amount of Contribution (\$)	
	10/12/2024	Medlow, Lourene	/			\$10.00
		Contributor address; City; State; Zip Code		·		• -
		Onalaska, TX 77360				
		ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:_	)	T	Amount of Contribution (\$)	
	07/07/2024	Oates, Tena (Ms.)				\$25.00
		Contributor address; City; State; Zip Code		1		
		Livingston TV 77251				
┝	Principal occu	Livingston, TX 77351 upation / Job title (See Instructions)	Employer (See Instructions			
	Retired		Retired	5)		
		Full name of contributor Out-of-state PAC (ID#:		<del>—</del>	Amount of Contribution (\$)	
	Date 07/07/2024	Full name of contributor out-of-state PAC (ID#: Peake, Karen (Ms.)	)			\$50.00
	Ununee.	Contributor address; City; State; Zip Code		·		Ψ00.00
		Culturbulur duuless, City, State, Zip Code				
		Livingston, TX 77351				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<b></b> s)		
	Retired		NA			
			_1			

	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 7/11 Rpt: 11/28	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		Club of Polk County			00087838	
4	Date	5 Full name of contributor out-of-state PAC (ID	D#:)	7	Amount of Contribution (\$)	
	08/07/2024	Peake, Karen (Ms.)				\$50.00
		6 Contributor address; City; State; Zip Code		····		
Ļ	D 1 vizel eest	Livingston, TX 77351				
8	Principal occu Retired	upation / Job title (See Instructions)	9 Employer (See Instruction	ons)		
			NA			
	Date		D#:)		Amount of Contribution (\$)	÷=0.00
	09/07/2024					\$50.00
		Contributor address; City; State; Zip Code				
		Livingston, TX 77351				
	Princinal occu	upation / Job title (See Instructions)	Employer (See Instruction			
	Retired		NA	51137		
╞	Date	Full name of contributor Out-of-state PAC (IE		—	Amount of Contribution (\$)	
	10/07/2024	Full name of contributor out-of-state PAC (IE Peake, Karen (Ms.)	ע#:			\$50.00
	10/07/2024					φυυ.υυ
		Contributor address; City; State; Zip Code				
		Livingston, TX 77351				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instruction	ons)		
	Retired		NA			
	Date	Full name of contributor out-of-state PAC (IE	D#:)	$\top$	Amount of Contribution (\$)	
	11/07/2024	Peake, Karen (Ms.)				\$50.00
		Contributor address; City; State; Zip Code				
		Livingston, TX 77351	<del>- 1</del>	<u> </u>		
	•	upation / Job title (See Instructions)	Employer (See Instruction	ons)		
	Retired		NA			
	Date	Full name of contributor out-of-state PAC (IE	D#:)		Amount of Contribution (\$)	
	12/07/2024	Peake, Karen (Ms.)				\$50.00
		Contributor address; City; State; Zip Code				
		Livingston, TX 77351				
	Dringing occu		Employor (See Instructio			
	Retired	upation / Job title (See Instructions)	Employer (See Instruction NA	3115)		
	Reurea					

The Instruction Guide explains how to complete this form.       1 Tord pages Schedule A1: Sch: 8/11 Rpt: 12/28         2       FLER NAME Democratic Club of Polk County       3 Filerio (Ethic Commission Filers) 000/37838         4       Date Date       5 Find name of contributor Contributor address; Chy, State: Zip Code       7 Amount of Contribution (S)         6       Contributor address; Chy, State: Zip Code       2         1       Livingston. TX 77351       Principal accupation / Job tife (See Instructions) owner       Amount of Contributor (S)         0246       O7/02/2024       Full name of contributor Livingston, TX 77351       Employer (See Instructions) NA       Amount of Contribution (S)         Principal accupation / Job tife (See Instructions) Contributor address; Chy, State: Zip Code       Amount of Contribution (S)       S50.00         Principal accupation / Job tife (See Instructions) Retired       Employer (See Instructions) NA       Amount of Contribution (S)       S50.00         Date       Full name of contributor Livingston, TX 77351       Employer (See Instructions) NA       Amount of Contribution (S)       S50.00         Principal accupation / Job tife (See Instructions) Retired       Full name of contributor       out-of-state PAC (DB       Amount of Contribution (S)       S50.00         Oute       Full name of contributor       out-of-state PAC (DB       Amount of Contribution (S)       S50.00							
Democratic Club of Polk County       00087838         4 Date       5 Full name of contributor	т	he Instru	ction Guide explains how to complete	e this form.	1		
Democratic Club of Polk County       00087838         4 Date       5 Full name of contribution	<b>2</b> FI	ILER NAME			3	-	n Filers)
07/02/2024       Scott, J.Scott       S80.00         6       Contributor address; City; State; Zip Code       S80.00         7/02/2024       Full name of contributor       out-of-state PAC (IDII:	D	emocratic (	Club of Polk County				-
6       Contributor address: City; State: Zip Code         Livingston, TX 77351       9         8       Principal occupation / Job title (See Instructions)       owner         Date       Full name of contributor       ownerstate PAC (Der	4 D	ate	5 Full name of contributor out-of-state P	AC (ID#:	) 7	7 Amount of Contribution (\$)	
Image: Second	0.	7/02/2024	Scott, J.Scott				\$80.00
8       Principal occupation / Job title (See Instructions) realtor       9       Employer (See Instructions) owner         Date       Full name of contributor       out-of-state PAC (De/)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (De/)       Amount of Contribution (\$)         07/05/2024       Full name of contributor       out-of-state PAC (De/)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) NA       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (De/)       Amount of Contribution (\$)         08/05/2024       Full name of contributor       out-of-state PAC (De/)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) NA       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (De/)       Amount of Contribution (\$)         09/05/2024       Full name of contributor       out-of-state PAC (De/)       Amount of Contribution (\$)         9/05/2024       Full name of contributor       out-of-state PAC (De/)       Amount of Contribution (\$)         10/05/2024       Full name of contributor       out-of-state PAC (De/)       Amount			6 Contributor address; City; State; Zip Code				
8       Principal occupation / Job title (See Instructions) realtor       9       Employer (See Instructions) owner         Date 07/05/2024       Full name of contributor       out-of-state PAC (Dirf)       Amount of Contribution (\$) \$50.00         Date 07/05/2024       Full name of contributor       out-of-state PAC (Dirf)       Amount of Contribution (\$) \$50.00         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) NA       Amount of Contribution (\$) \$50.00         Date 08/05/2024       Full name of contributor       out-of-state PAC (Dirf) NA       Amount of Contribution (\$) \$50.00         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) NA       Amount of Contribution (\$) \$50.00         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) NA       Amount of Contribution (\$) \$50.00         Date 09/05/2024       Full name of contributor       out-of-state PAC (Dirf) NA       Amount of Contribution (\$) \$50.00         Pate 09/05/2024       Full name of contributor       out-of-state PAC (Dirf) NA       Amount of Contribution (\$) \$50.00         Pate 10/05/2024       Full name of contributor       out-of-state PAC (Dirf) NA       Amount of Contribution (\$) \$50.00         Date 10/05/2024       Full name of contributor       out-of-state PAC (Dirf) NA       Amount of Contribution							
8       Principal occupation / Job title (See Instructions) realtor       9       Employer (See Instructions) owner         Date 07/05/2024       Full name of contributor       out-of-state PAC (DoF							
realtor       owner         Date       Full name of contributor       out-of-state PAC (ID#;	<b>0</b> D		-	<b>o</b> Employor (Sool			
Date       Full name of contributor       out-of-state PAC (DE)       Amount of Contribution (\$)         07/05/2024       Thomas, Jackie       \$\$50.00         Contributor address; City; State; Zip Code       Ivingston, TX 77351       Imployer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (DE)       Amount of Contribution (\$)         08/05/2024       Thomas, Jackie       S50.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Date       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Retired       Full name of contributor       out-of-state PAC (IDE			pation / Job lille (See instructions)		nstructions		
07/05/2024 Thomas, Jackie						Amount of Contribution (#)	
Contributor address; City; State; Zip Code       Intrinsition Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Retired       Full name of contributor       out-of-state PAC (DF:				AC (ID#:		Amount of Contribution (\$)	ቀደብ በበ
Livingston, TX 77351       Employer (See Instructions) NA         Date       Full name of contributor of contributor of contributor of contributor of contributor address; City; State; Zip Code       Amount of Contribution (\$) S50.00         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) NA       Amount of Contribution (\$) S50.00         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) NA       Amount of Contribution (\$) S50.00         Date 09/05/2024       Full name of contributor of out-of-state PAC (ID#:) Thomas, Jackie       Amount of Contribution (\$) S50.00         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) NA       Amount of Contribution (\$) S50.00         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) NA       Amount of Contribution (\$) S50.00         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) NA       Amount of Contribution (\$) S50.00         Date 10/05/2024       Full name of contributor of out-of-state PAC (ID#:) NA       Amount of Contribution (\$) S50.00         Contributor address; City; State; Zip Code Livingston, TX 77351       Employer (See Instructions) Retired       Amount of Contribution (\$) S50.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       S50.00         Contributor address; City; Sta		110312024					Φ00.00
Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) NA         Date       Full name of contributor       out-of-state PAC (D#:       Amount of Contribution (\$)         08/05/2024       Thomas, Jackie       \$50.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) NA       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (D#:			Contributor address; City, State, Zip Code				
Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) NA         Date       Full name of contributor       out-of-state PAC (ID#:							
Retired       NA         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/05/2024       Thomas, Jackie			Livingston, TX 77351				
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/05/2024       Thomas, Jackie       \$50.00         Contributor address; City; State; Zip Code       Livingston, TX 77351       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         09/05/2024       Thomas, Jackie       Amount of Contribution (\$)       \$50.00         Usingston, TX 77351       Employer (See Instructions)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$50.00         Obj/05/2024       Thomas, Jackie       Amount of Contribution (\$)       \$50.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Retired       NA       Amount of Contribution (\$)       \$50.00         Date       Full name of contributor       out-of-state PAC (ID#:	Pi	rincipal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)		
08/05/2024       Thomas, Jackie       \$50.00         Contributor address; City; State; Zip Code	R	etired		NA			
Contributor address; City; State; Zip Code         Livingston, TX 77351         Principal occupation / Job title (See Instructions)         Retired         Date         09/05/2024         Thomas, Jackie         Contributor address; City; State; Zip Code         Livingston, TX 77351         Principal occupation / Job title (See Instructions)         Retired         Principal occupation / Job title (See Instructions)         Retired         Principal occupation / Job title (See Instructions)         Retired         Date         Full name of contributor         Interving to n, TX 77351         Employer (See Instructions)         Retired         Date         Full name of contributor         Interving to n, TX 77351         Principal occupation / Job title (See Instructions)         Retired         Date         Full name of contributor         Interving to n, TX 77351         Amount of Contribution (\$)         Livingston, TX 77351         Principal occupation / Job title (See Instructions)         Retired         Date         Full name of contributor         Contributor address; City; State; Zip Code	D	ate	Full name of contributor out-of-state P	AC (ID#:	)	Amount of Contribution (\$)	
Livingston, TX 77351       Employer (See Instructions) NA         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) NA         Date       Full name of contributor       out-of-state PAC (ID#:) Thomas, Jackie       Amount of Contribution (\$) \$50.00         09/05/2024       Thomas, Jackie       \$50.00         Contributor address; City, State; Zip Code       Livingston, TX 77351         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) NA         Date       Full name of contributor       out-of-state PAC (ID#:) NA         Date       Full name of contributor       out-of-state PAC (ID#:) NA         Date       Full name of contributor       out-of-state PAC (ID#:) NA         Date       Full name of contributor       out-of-state PAC (ID#:) NA       Amount of Contribution (\$) \$50.00         10/05/2024       Full name of contributor       out-of-state PAC (ID#:) Livingston, TX 77351       Amount of Contribution (\$) \$50.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$50.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$50.00	0	8/05/2024	Thomas, Jackie				\$50.00
Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) NA         Date       Full name of contributor       out-of-state PAC (ID#:) Thomas, Jackie       Amount of Contribution (\$)         09/05/2024       Thomas, Jackie       \$50.00         Contributor address; City; State; Zip Code       Employer (See Instructions)       \$50.00         Livingston, TX 77351       Employer (See Instructions)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$50.00         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$50.00         10/05/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$50.00         Contributor address; City; State; Zip Code			Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) NA         Date       Full name of contributor       out-of-state PAC (ID#:) Thomas, Jackie       Amount of Contribution (\$)         09/05/2024       Thomas, Jackie       \$50.00         Contributor address; City; State; Zip Code       Employer (See Instructions) Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) NA       Amount of Contribution (\$)         Date       Full name of contributor out-of-state PAC (ID#:) Thomas, Jackie       Amount of Contribution (\$)         10/05/2024       Full name of contributor out-of-state PAC (ID#:) Thomas, Jackie       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Livingston, TX 77351       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)							
Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) NA         Date       Full name of contributor       out-of-state PAC (ID#:) Thomas, Jackie       Amount of Contribution (\$)         09/05/2024       Thomas, Jackie       \$50.00         Contributor address; City; State; Zip Code       Employer (See Instructions) Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) NA       Amount of Contribution (\$)         Date       Full name of contributor out-of-state PAC (ID#:) Thomas, Jackie       Amount of Contribution (\$)         10/05/2024       Full name of contributor out-of-state PAC (ID#:) Thomas, Jackie       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Livingston, TX 77351       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)			Livingston TV 772E1				
Retired       NA         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         09/05/2024       Thomas, Jackie       \$50.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       \$50.00         Livingston, TX 77351       Employer (See Instructions)       Retired         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/05/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Utingston, TX 77351       Employer (See Instructions)       \$50.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)			-	Employer (See			
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         09/05/2024       Thomas, Jackie       \$50.00         Contributor address; City; State; Zip Code       Livingston, TX 77351         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Retired       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         10/05/2024       Thomas, Jackie       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Livingston, TX 77351       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)					nstructions		
09/05/2024       Thomas, Jackie       \$50.00         Contributor address; City; State; Zip Code       Livingston, TX 77351         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Retired       Full name of contributor         Date       Full name of contributor         10/05/2024       Thomas, Jackie         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         10/05/2024       Full name of contributor         Option (S)       Contributor address; City; State; Zip Code         Livingston, TX 77351       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)						Amount of Contribution (¢)	
Contributor address; City; State; Zip Code         Livingston, TX 77351         Principal occupation / Job title (See Instructions)         Retired         Date         Full name of contributor				AC (ID#:	)		ቁናብ በበ
Livingston, TX 77351         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) NA         Date       Full name of contributor       out-of-state PAC (ID#:)         10/05/2024       Thomas, Jackie       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Livingston, TX 77351       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)	0.	910312027					ψυυ.υυ
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Retired       NA         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/05/2024       Thomas, Jackie       \$50.00         Contributor address; City; State; Zip Code       Livingston, TX 77351         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)			Contributor address, City, State, Zip Code				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Retired       NA         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/05/2024       Thomas, Jackie       \$50.00         Contributor address; City; State; Zip Code       Livingston, TX 77351         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)							
Retired     NA       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       10/05/2024     Thomas, Jackie     \$50.00       Contributor address; City; State; Zip Code     Livingston, TX 77351     Employer (See Instructions)			Livingston, TX 77351				
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/05/2024       Thomas, Jackie       \$50.00         Contributor address; City; State; Zip Code       \$50.00         Livingston, TX 77351       Employer (See Instructions)	Pi	rincipal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)		
10/05/2024       Thomas, Jackie       \$50.00         Contributor address; City; State; Zip Code       \$50.00         Livingston, TX 77351       Employer (See Instructions)	R	tired		NA			
Contributor address; City; State; Zip Code Livingston, TX 77351 Principal occupation / Job title (See Instructions) Employer (See Instructions)	D	ate	Full name of contributor out-of-state P	AC (ID#:	)	Amount of Contribution (\$)	
Livingston, TX 77351       Principal occupation / Job title (See Instructions)       Employer (See Instructions)	10	0/05/2024	Thomas, Jackie				\$50.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
Principal occupation / Job title (See Instructions) Employer (See Instructions)			Livingston TV 772E1				
			-	Employer (Soo			
			pation / Job title (See instructions)		nstructions)		

			1 Total pages Calesdula A1.
The Instru	ction Guide explains how to comple	ete this form.	1 Total pages Schedule A1: Sch: 9/11 Rpt: 13/28
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Democratic	Club of Polk County		00087838
4 Date	5 Full name of contributor 🔲 out-of-state	e PAC (ID#:)	7 Amount of Contribution (\$)
11/05/2024	Thomas, Jackie		\$50.00
	6 Contributor address; City; State; Zip Code		
	Livingston, TX 77351		
-	pation / Job title (See Instructions)	9 Employer (See Instruction	ns)
Retired		NA	
Date	Full name of contributor 🔲 out-of-state	e PAC (ID#:)	Amount of Contribution (\$)
12/05/2024	Thomas, Jackie		\$50.00
	Contributor address; City; State; Zip Code		
	Livingston, TX 77351		
-	pation / Job title (See Instructions)	Employer (See Instruction	15)
Retired		NA	
Date		e PAC (ID#:)	Amount of Contribution (\$)
12/07/2024	Turney, Ernie (Mr.)		\$5.00
	Contributor address; City; State; Zip Code		
	Livingston, TX 77351		
Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructior	22)
Retired		NA	15)
Date		e PAC (ID#:)	Amount of Contribution (\$)
07/02/2024	Turney, Ernie (Mr.)		\$40.00
	Contributor address; City; State; Zip Code		
	Livingston, TX 77351		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	l ns)
Retired	, , , , , , , , , , , , , , , , , , ,	NA	
Date	Full name of contributor out-of-state		Amount of Contribution (\$)
07/02/2024	VanBemmelen, Robert	/ PAC (ID#/	\$80.00
	Contributor address; City; State; Zip Code		
	Livingston, TX 77351		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ן ואס (1997) ואס (1997)
retired		retired	
		I	

The Instru	ction Guide explains hov	w to complete this f	orm	1	Total pages Schedule A1:	
	-		onn.		Sch: 10/11 Rpt: 14/28	
2 FILER NAME					Filer ID (Ethics Commission	I Filers)
	Club of Polk County				00087838	
4 Date 07/06/2024	5 Full name of contributor White, Willie	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	\$25.00
	6 Contributor address; City; S	itate; Zip Code		1		
	Livingston, TX 77351					
	upation / Job title (See Instruction	s)	9 Employer (See Instructions	s)		
Business Ov	wner		City Tires			
Date	Full name of contributor	out-of-state PAC (ID#:_	)	Ī	Amount of Contribution (\$)	
08/06/2024	White, Willie					\$25.00
	Contributor address; City; S			1		
Dringing Loopu	Livingston, TX 77351	<u> </u>		Ĺ		
Principal occu Business Ov	<pre>upation / Job title (See Instructions wher</pre>	S)	Employer (See Instructions City Tires	S)		
	-			1		
Date	Full name of contributor	out-of-state PAC (ID#:_	)	·	Amount of Contribution (\$)	<u>ቀን</u> ር 00
09/06/2024	White, Willie	<u> </u>				\$25.00
	Contributor address; City; S	tate; Zip Code				
	Livingston, TX 77351					
Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u>		
Business Ov		, ,	City Tires			
Date	Full name of contributor	out-of-state PAC (ID#:_	·)		Amount of Contribution (\$)	
10/06/2024	White, Willie					\$25.00
	Contributor address; City; S	itate; Zip Code		-		
		-				
	Livingston, TX 77351					
	upation / Job title (See Instruction	s)	Employer (See Instructions	s)		
Business Ov	-		City Tires	-		
Date	Full name of contributor	out-of-state PAC (ID#:_	)	-	Amount of Contribution (\$)	
11/06/2024	White, Willie					\$25.00
	Contributor address; City; S	tate; Zip Code				
	Livingston, TX 77351					
Princinal occur	upation / Job title (See Instructions	<u></u>	Employer (See Instructions	) 		
Business Ov		5)	City Tires	5)		

	MONET	ARY POLITICAL CONTRIBUTION	S		SCHEDULE A1
	The Instru	ction Guide explains how to complete this form	ı.		Total pages Schedule A1: Sch: 11/11 Rpt: 15/28
2	FILER NAME Democratic (	Club of Polk County			Filer ID (Ethics Commission Filers) 00087838
4	Date 12/06/2024	<ul> <li>5 Full name of contributor out-of-state PAC (ID#:</li></ul>	)	7	Amount of Contribution (\$) \$25.00
8	Principal occu	Livingston, TX 77351 pation / Job title (See Instructions) 9	Employer (See Instructions	 s)	
	Business Ov		City Tires		

	EXPENDITURE CATEGORIES FOR	R BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Exp - Gift/Awards/Memorials Expense Printing Exp	opense         Travel Out of District           /ages/Contract Labor         OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/5 Rpt: 16/28	Democratic Club of Polk County	00087838
4 Date	5 Payee name	
10/31/2024	Bischoff, Carolyn	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$101.55	PO Box 1276	
	3626 Hwy 190W	
Expenditure from corporate funds	Livingston, TX 77351	
8 PURPOSE	-	(b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Event Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Tacos for Open House for 2024 election
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sou	ght Office held
Date	Payee name	
09/11/2024	Bruning, Tom	
Amount (\$)	Payee address; City; State; Zip Co	de
\$200.00	315 Jackson Street	
Expenditure from corporate funds	Livingston, TX 77351	
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 Larger Meeting Venue for Club
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sour	ght Office held
Date	Payee name	
08/30/2024	Democratic Party of Polk County	
Amount (\$)	Payee address; City; State; Zip Co	de
\$5,000.00	3628 US HWY 190 W	
Expenditure from corporate funds	Livingston, TX 77351	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Donation from club to county party for election	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation made for Party Expenses during upcoming election
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sou	ght Office held

	EXPENDITURE CATEGORIES FOR	BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repa Fees Office Over Food/Beverage Expense Polling Exp / - Gift/Awards/Memorials Expense Printing Exp	yment/Reinbursement         Solicitation/Fundraising Expense           head/Rental Expense         Transportation Equipment & Related Expense           ense         Travel in District           ges/Contract Labor         OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/5 Rpt: 17/28	Democratic Club of Polk County	00087838
4 Date	5 Payee name	·
11/18/2024	McDonald, Ann	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	le
\$972.50	PO Box 1276	
	3626 Hwy 190W	
Expenditure from corporate funds	Livingston, TX 77351	
	-	
8 PURPOSE OF		(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
		Newspaper ads for 2024 election
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	I Candidate/Officeholder name Office soug H	ht Office held
Date	Payee name	
10/16/2024	Oates, Tena	
Amount (\$)	Payee address; City; State; Zip Coo	le
\$898.50	431 W. Lake Shore Dr	-
φ000.00		
Expenditure from	Livingston, Texas 77351	
corporate funds	Livingston, TX 77351	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense newspaper ads
Complete <u>ONLY</u> if direct expenditure to benefit C/O	I Candidate/Officeholder name Office souç H	ht Office held
Date	Payee name	
08/29/2024	Thomas, Jackie	
Amount (\$)	Payee address; City; State; Zip Cod	le
\$3,335.00	PO Box 1276	
φ3,333.00		
Expenditure from	3626 Hwy 190W	
corporate funds	Livingston, TX 77351	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Billboards
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug H	ht Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/5 Rpt: 18/28	Democratic Club of Polk County 00087838
4 Date	5 Payee name
07/03/2024	Turney, Ann
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3,350.00	1272
	Old Woodville Rd
Expenditure from corporate funds	Livingston, TX 77351
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Categories listed at the top of this schedule)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/01/2024	White, Willie
Amount (\$)	Payee address; City; State; Zip Code
\$1,340.00	3626 US Hwy 190
Expenditure from corporate funds	Livingston, TX 77351
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Event Expense</li> <li>(b) Description</li> <li>Check if tavel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Printing for June Celebration</li> </ul>
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/23/2024	White, Willie
Amount (\$)	Payee address; City; State; Zip Code
\$2,433.00	3626 US Hwy 190
Expenditure from corporate funds	Livingston, TX 77351
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Printing Expense</li> <li>(b) Description</li> <li>Check if ravel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Billboards</li> </ul>
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/5 Rpt: 19/28	Democratic Club of Polk County 00087838
4 Date	5 Payee name
09/09/2024	White, Willie
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$840.00	3626 US Hwy 190
Expenditure from corporate funds	Livingston, TX 77351
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Newspaper Ads for 2024 Election
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/30/2024	White, Willie
Amount (\$)	Payee address; City; State; Zip Code
\$1,858.00	3626 US Hwy 190
Expenditure from corporate funds	Livingston, TX 77351
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Printing Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Newspaper ads for 2024 Election</li> </ul>
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/21/2024	White, Willie
Amount (\$)	Payee address; City; State; Zip Code
\$1,164.00	3626 US Hwy 190
Expenditure from corporate funds	Livingston, TX 77351
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Printing Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Political ads for 2024 election</li> </ul>
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	
1 Total pages Schedule F1: Sch: 5/5 Rpt: 20/28	2     FILER NAME     3     Filer ID     (Ethics Commission Filers)       Democratic Club of Polk County     00087838
4 Date 11/08/2024	5 Payee name White, Willie
6 Amount (\$) \$2,082.00	7 Payee address;     City;     State;     Zip Code       3626 US Hwy 190
Expenditure from corporate funds	Livingston, TX 77351
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense newspaper ads for 2024 election
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

SCHEDULE I

Sch: 108 Rpt:     Democratic Club of Polk County     00087838       Date     5 Payee name     00013/2024     Boyce, Katie       Amount (\$)     7 Payee Address;     City; State; Zip       So0.00     3626 Hwy 190W       Largenditure from     3626 Hwy 190W       Largenditure from     3626 Hwy 190W       Largenditure from     (a) Category/Ge minutations to somples of acceptable categories)     (b) Description     (Gee instructors regarding type of information required Scholarship       Date     Payee name     City; State; Zip     So0.00       Expenditure from     Livingston, TX 77351     Expenditure from       Date     Payee name     City; State; Zip       S00.00     PO Box 1276       3626 Hwy 190W     Livingston, TX 77351       PURPOSE     (a) Category/Genemiscience for complex of acceptable categories)       Obditure from     Correga, Mary       Amount (\$)     Payee Address;       S00.00     3626 Howy 190W       Expenditure from     Livingston, TX 77351       PURPOSE     (a) Category/Genemiscience for complex of acceptable categories)       S00.00     Fepediture from       S00.00     S626 190W       Expenditure from     Livingston, TX 77351       PURPOSE     (a) Category/Genemiscience for complex of acceptable categories)       S00.00	Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers
08/13/2024     Boyce, Katle       Amount (\$)     7     Payee Address; City; State; Zip 3626 190W       Sob.000     3626 190W       PURPOSE OF EXPENDITURE     (a) Category (See instructions for examples of acceptable categories) (b) Description Scholarship     (b) Description Scholarship     (See instructions regarding type of information required Scholarship       Date     Payee name     (c) Category (See instructions for examples of acceptable categories)     (b) Description Scholarship     (See instructions regarding type of information required Scholarship       Date     Payee Address; Sob.000     Payee Address; Scholarship     City; State; Zip       Sob.000     PO Box 1276 3626 Hwy 190W Livingston, TX 77351     (See instructions regarding type of information required Scholarship       PuRPOSE Expenditure from B0/07/2024     (a) Category (See instructions for examples of acceptable categories)     (b) Description Scholarship     (See instructions regarding type of information required Scholarship       Date     Payee Address; Sob.00     City; State; Zip Sob.00     (See instructions regarding type of information required Scholarship       PURPOSE Expenditure from B0/20/2024     (a) Category (See instructions for examples of acceptable categories)     (b) Description Scholarship     (See instructions regarding type of information required Scholarship       Date     Payee Address; Sob.00     City; State; Zip PO Box 1276 Sob.00     (See instructions regarding type of information required Scholarship       Date<	Sch: 1/8 Rpt:	Democratic Club of Polk County		00087838	
Amount (\$)       7       Payee Address;       City; State; Zip         500.00       3626 190W       3626 190W         Scopportat funds       Livingston, TX 77351         PURPOSE       Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information required of acceptable categories)         Date       Payee name       Chitty, Anastasia         Amount (\$)       Payee Address;       City; State; Zip         500.00       PO Box 1276       3626 14wy 190W         Livingston, TX 77351       PuRPOSE       (b) Description         OF       Gategory (See instructions for examples of acceptable categories)       (b) Description         Date       OF       Gategory (See instructions for examples of acceptable categories)       (b) Description         Expenditure from       Livingston, TX 77351       (b) Description       (See instructions regarding type of information required of acceptable categories)         Date       Payee name       Correga, Mary       (b) Description       (See instructions regarding type of information required of acceptable categories)       (b) Description       Scholarship         PURPOSE       Gategory (See instructions for examples of acceptable categories)       (b) Description       Scholarship         Date       Payee name       Livings		-			
500.00     3626 190W       1     3626 190W       3626 1490W     3626 1490 (Bit Section 1, TX 77351)       PURPOSE     Category (Sec instructions for examples of acceptable categories)     (b) Description       Date     Payee name       08/22/2024     Chitty, Anastasia       Amount (\$)     Payee Address;     City; State; Zip       Socooporate tunds     Livingston, TX 77351       PURPOSE     Gitt/Awards/Memorials Expense     (b) Description       Socooporate tunds     Livingston, TX 77351       PURPOSE     Gitt/Awards/Memorials Expense     (b) Description       Socooporate tunds     Category (Sec instructions for examples of acceptable categories)     (b) Description       Socooporate tunds     Category (Sec instructions for examples of acceptable categories)     (b) Description       Category (Sec instructions for examples of acceptable categories)     (b) Description     (Sec instructions regarding type of information required       Date     Payee name     Gitt/Awards/Memorials Expense     (b) Description     (Sec instructions regarding type of information required       Correga, Mary     Livingston, TX 77351     (Sec instructions regarding type of information required       Date     Payee name     (b) Description     (See instructions regarding type of information required       Correga, Mary     Gitt/Awards/Memorials Expense     (b) Descriptio	08/13/2024	-			
SU0.00 Leoporate funds     3626 Hwy 190W Livingston, TX 77351       PURPOSE OF EXPENDITURE     (a) Category (See instructions for examples of acceptable categories) OF EXPENDITURE     (b) Description Scholarship     (See instructions regarding type of information required Scholarship       Date     Payee Address; City; State; Zip 500.00     PO Box 1276 3626 Hwy 190W Livingston, TX 77351       PURPOSE EXPENDITURE     (a) Category (See instructions for examples of acceptable categories) Git/Awards/Memorials Expense     (b) Description Scholarship     (See instructions regarding type of information required Scholarship       Date     Payee Address; City; State; Zip 500.00     (b) Description Scholarship     (See instructions regarding type of information required Scholarship       Date     Payee name Of/2/2024     Correga, Mary     (See instructions regarding type of information required Scholarship       Date     Payee name Of/2/2024     Correga, Mary     (b) Description Scholarship     (See instructions regarding type of information required Scholarship       Date     Payee Address; City; State; Zip 500.00     (b) Description Scholarship     (See instructions regarding type of information required Scholarship       Date     Payee name Of/2/2024     Correga, Mary     (See instructions regarding type of information required Scholarship       Date     Payee name Of/2/2024     City; State; Zip Scholarship     (See instructions regarding type of information required Scholarship       Date     Payee name Of Do Box 1276 Scholarshi	Amount (\$)				
Lapendiate india       Livingston, TX 77351         PURPOSE OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense       (b) Description Scholarship       (See instructions regarding type of information required Scholarship         Date 08/22/2024       Payee name Chitty, Anastasia       (D) Description 3626 Hwy 190W Livingston, TX 77351       (See instructions regarding type of information required Gift/Awards/Memorials Expense         PURPOSE OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense       (b) Description Scholarship       (See instructions regarding type of information required Gift/Awards/Memorials Expense         Date Of EXPENDITURE       Payee name Correga, Mary       (b) Description Scholarship       (See instructions regarding type of information required Gift/Awards/Memorials Expense         Date Of EXPENDITURE       Payee Address; Gift/Awards/Memorials Expense       (b) Description Scholarship       (See instructions regarding type of information required Gift/Awards/Memorials Expense         Date Of EXPENDITURE       Payee name Gift/Awards/Memorials Expense       (b) Description Scholarship       (See instructions regarding type of information required Scholarship         Date Of EXPENDITURE       Payee name Gift/Awards/Memorials Expense       (b) Description Scholarship       (See instructions regarding type of information required Scholarship         Date Of EXPENDITURE       Payee Address; Scholarship       (	500.00				
PURPOSE GF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) Git/Awards/MemorialS Expense       (b) Description Scholarship       (See instructions regarding type of information required Scholarship         Date       Payee name       Payee name       Scholarship       Scholarship         08/22/2024       Chitty, Anastasia       Amount (S)       Payee Address;       City; State; Zip         500.00       PO Box 1276       3626 Hwy 190W       Scholarship       See instructions regarding type of information required         OF       Git/Awards/MemorialS Expense       (b) Description       (See instructions regarding type of information required         08/07/2024       Correga, Mary       Gorega, Mary       Scholarship       (See instructions regarding type of information required         08/07/2024       Correga, Mary       Livingston, TX 77351       PURPOSE       (See instructions regarding type of information required         04/20/2024       Git/Awards/MemorialS Expense       (b) Description       (See instructions regarding type of information required         05/20/2024       Git/Awards/MemorialS Expense       (b) Description       (See instructions regarding type of information required         04/20/2024       Duff, Mary       Scholarship       (See instructions regarding type of information required         05/20/2024       Duff, Mary       PO Box 1276 <td></td> <td>-</td> <td></td> <td></td> <td></td>		-			
OF       Gift/Awards/Memorials Expense       Scholarship         Date       Payee name       Chitty, Anastasia         Amount (\$)       Payee Address;       City; State; Zip         500.00       POB Dox 1276         3626 Hwy 190W       Livingston, TX 77351         PURPOSE       (a) Category (See instructions for examples of acceptable categories)       (b) Description         Chitty, Amaunt (\$)       Payee name         Odf/07/2024       Correga, Mary         Amount (\$)       Payee Address;       City; State; Zip         500.00       3626 190W       Scholarship         Stopporate funds       Livingston, TX 77351       (b) Description         Category (See instructions for examples of acceptable categories)       (b) Description         Scholarship       Scholarship       Scholarship         Date       Payee Address;       City; State; Zip         500.00       3626 190W       Scholarship         Expenditure from       Livingston, TX 77351       (b) Description         PuRPOSE       (a) Category (See instructions for examples of acceptable categories)       (b) Description         Scholarship       Scholarship       Scholarship         Date       Payee name       Scholarship         08/20/2024 <td< td=""><td></td><td></td><td>a</td><td></td><td></td></td<>			a		
08/22/2024     Chitty, Anastasia       Amount (\$)     Payee Address;     City; State; Zip       500.00     PO Box 1276     3626 Hwy 190W       Expenditure from     Livingston, TX 77351       PURPOSE     (a) Category (see instructions for examples of acceptable categories)     (b) Description     (See instructions regarding type of information required       Date     Payee name     Correga, Mary       Amount (\$)     Payee Address;     City; State; Zip       500.00     3626 190W     3626 190W       Expenditure from     Livingston, TX 77351       PURPOSE     (a) Category (see instructions for examples of acceptable categories)     (b) Description       Son.00     3626 190W       Expenditure from     Livingston, TX 77351       PURPOSE     (a) Category (see instructions for examples of acceptable categories)     (b) Description       Scholarship     Scholarship	OF			(See instructions regard	ling type of information required.
Amount (\$)       Payee Address;       City; State; Zip         500.00       So0.00       So26 Hwy 190W         Livingston, TX 77351       Livingston, TX 77351         PURPOSE OF EXPENDITURE       (a) Category (see instructions for examples of acceptable categories) Of EXPENDITURE       (b) Description Scholarship       (see instructions regarding type of information required Scholarship         Date       Payee name       Correga, Mary         Amount (\$)       Payee Address;       City; State; Zip         500.00       3626 190W       Scholarship         Isoporate funds       Livingston, TX 77351         PURPOSE OF EXPENDITURE       (a) Category (see instructions for examples of acceptable categories) Gift/Awards/Memorials Expense       (b) Description Scholarship       (see instructions regarding type of information required Scholarship         Date       Payee name       Gift/Awards/Memorials Expense       (b) Description Scholarship       (see instructions regarding type of information required Scholarship         Date       Payee name       Scholarship       (see instructions regarding type of information required Scholarship         S00.00       Expenditure from Livingston, TX 77351       (b) Description       (see instructions regarding type of information required Scholarship         PURPOSE       60       OE instructions for examples of acceptable categories       (b) Description Scholarship <td>Date</td> <td>Payee name</td> <td>I</td> <td></td> <td></td>	Date	Payee name	I		
500.00     PO Box 1276 3626 Hwy 190W Livingston, TX 77351       PURPOSE expenditure from OF expenditure     (a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense     (b) Description Scholarship     (See instructions regarding type of information required Scholarship       Date 08/07/2024     Payee name Correga, Mary     Scholarship     Scholarship       Amount (\$)     Payee Address; 500.00     City; State; Zip 3626 190W     (b) Description Scholarship     (See instructions regarding type of information required Gift/Awards/Memorials Expense       PURPOSE OF expenditure from Corporate funds     (a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense     (b) Description Scholarship     (See instructions regarding type of information required Scholarship       Date     Payee name Gift/Awards/Memorials Expense     (b) Description Scholarship     (See instructions regarding type of information required Scholarship       Date     Payee name O8/20/2024     Duff, Mary     Po Box 1276 3626 Hwy 190W Livingston, TX 77351     (b) Description (See instructions regarding type of information required Gift/Awards/Memorials Expense       PUROSE OF     (a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense     (b) Description (See instructions regarding type of information required Scholarship	08/22/2024	Chitty, Anastasia			
S00.00     3626 Hwy 190W       Livingston, TX 77351       PURPOSE       OF       Corporate funds       (a) Category (See instructions for examples of acceptable categories)       OB       OF       PURPOSE       OF       Category (See instructions for examples of acceptable categories)       OB       OB <t< td=""><td>Amount (\$)</td><td>Payee Address; City; State; Zip</td><td></td><td></td><td></td></t<>	Amount (\$)	Payee Address; City; State; Zip			
Expenditure from Corporate funds       3626 Hwy 190W LiVingston, TX 77351         PURPOSE OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense       (b) Description Scholarship       (See instructions regarding type of information required Scholarship         Date       Payee name       Oscilarship       Scholarship         08/07/2024       Correga, Mary       Amount (\$)       Payee Address; Scholarship       City; State; Zip 3626 190W         Expenditure from Corporate funds       Livingston, TX 77351       (b) Description Scholarship       (See instructions regarding type of information required Scholarship         PURPOSE OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense       (b) Description Scholarship       (See instructions regarding type of information required Scholarship         Date       Payee name       Oscilarship       Scholarship       See instructions regarding type of information required Scholarship         Date       Payee name       Oscilarship       Scholarship       Scholarship         Monunt (\$)       Payee Address; Dift (Awards/Memorials Expense       (b) Description (See instructions regarding type of information required Scholarship         FURPOSE       (a) Category (See instructions for examples of acceptable categories) OF       (b) Description (See instructions regarding type of information required Scholarship	500.00				
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OF EXPENDITURE     Gift/Awards/Memorials Expense     Scholarship       Date     Payee name       08/07/2024     Correga, Mary       Amount (\$)     Payee Address; City; State; Zip       500.00     3626 190W       Expenditure from corporate funds     Livingston, TX 77351       PURPOSE EXPENDITURE     (a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense     (b) Description     (See instructions regarding type of information required Scholarship       Date     Payee name     Gift/Awards/Memorials Expense     Scholarship       08/20/2024     Duff, Mary     Image: City; State; Zip     Scholarship       Amount (\$)     Payee Address; City; State; Zip     FO Box 1276       500.00     3626 Hwy 190W     Jivingston, TX 77351     Image: City; State; Zip       PURPOSE     (a) Category (See instructions for examples of acceptable categories)     (b) Description     (See instructions regarding type of information required Scholarship       PURPOSE     (a) Category (See instructions for examples of acceptable categories)     (b) Description     (See instructions regarding type of information required Scholarship	corporate funds	-			
EXPENDITURE     Convertise     Scholarship       Date     Payee name       08/07/2024     Correga, Mary       Amount (\$)     Payee Address; City; State; Zip       500.00     3626 190W       Expenditure from     Livingston, TX 77351       PURPOSE     Gift/Awards/Memorials Expense       0F     Payee name       08/20/2024     Duff, Mary       Amount (\$)     Payee name       08/20/2024     Duff, Mary       Amount (\$)     Payee name       08/20/2024     Duff, Mary       Amount (\$)     Payee Address; City; State; Zip       500.00     Po Box 1276       3626 Hwy 190W     Livingston, TX 77351       PURPOSE     (a) Category (See instructions for examples of acceptable categories)       0F     (b) Description       Scholarship     Scholarship				(See instructions regard	ling type of information required.
08/07/2024       Correga, Mary         Amount (\$)       Payee Address; City; State; Zip         500.00       3626 190W         Expenditure from corporate funds       Livingston, TX 77351         PURPOSE OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) OF EXPENDITURE       (b) Description Scholarship       (See instructions regarding type of information required Scholarship         Date 08/20/2024       Payee name Duff, Mary       Scholarship       Scholarship         Amount (\$)       Payee Address; City; State; Zip 500.00       Pol Box 1276 3626 Hwy 190W Livingston, TX 77351       (b) Description (See instructions regarding type of information required Scholarship         PURPOSE OF       (a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense       (b) Description (See instructions regarding type of information required Scholarship	-		Scholarship		
08/07/2024       Correga, Mary         Amount (\$)       Payee Address; City; State; Zip         500.00       3626 190W         Expenditure from corporate funds       Livingston, TX 77351         PURPOSE OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) OF EXPENDITURE       (b) Description Scholarship       (See instructions regarding type of information required Scholarship         Date 08/20/2024       Payee name Duff, Mary       Scholarship       Scholarship         Amount (\$)       Payee Address; City; State; Zip 500.00       Pol Box 1276 3626 Hwy 190W Livingston, TX 77351       (b) Description (See instructions regarding type of information required Scholarship         PURPOSE OF       (a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense       (b) Description (See instructions regarding type of information required Scholarship	Date	Payee name			
Amount (\$)       Payee Address;       City; State; Zip         500.00       3626 190W         Expenditure from corporate funds       Livingston, TX 77351         PURPOSE OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) OF EXPENDITURE       (b) Description Scholarship       (See instructions regarding type of information required Scholarship         Date 08/20/2024       Payee name Duff, Mary       Scholarship       Scholarship         Amount (\$)       Payee Address; 500.00       City; State; Zip PO Box 1276 3626 Hwy 190W Livingston, TX 77351       Pole Scholarship         PURPOSE OF       (a) Category (See instructions for examples of acceptable categories) OF       (b) Description (See instructions regarding type of information required Scholarship					
500.00     3626 190W       Expenditure from corporate funds     Livingston, TX 77351       PURPOSE OF EXPENDITURE     (a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense     (b) Description Scholarship     (See instructions regarding type of information required Scholarship       Date 08/20/2024     Payee name Duff, Mary     Juff, Mary       Amount (\$)     Payee Address; 500.00     City; State; Zip PO Box 1276 3626 Hwy 190W Livingston, TX 77351       PURPOSE OF OF     (a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense					
S00.00       Expenditure from corporate funds       Livingston, TX 77351         PURPOSE OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) OF EXPENDITURE       (b) Description Scholarship       (See instructions regarding type of information required Scholarship         Date       Payee name       Scholarship       Scholarship         08/20/2024       Duff, Mary       Juff, Mary         Amount (\$)       Payee Address; 500.00       City; State; Zip         Function from corporate funds       Scholarship       Polescription (See instructions regarding type of information required 3626 Hwy 190W         PURPOSE OF       (a) Category (See instructions for examples of acceptable categories) (b) Description       (See instructions regarding type of information required Scholarship					
J corporate funds       Livingston, TX 77351         PURPOSE OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense       (b) Description Scholarship       (See instructions regarding type of information required Scholarship         Date 08/20/2024       Payee name Duff, Mary       Payee Address; City; State; Zip       Vertex (See instructions regarding type of information required 3626 Hwy 190W Livingston, TX 77351         Purpose OF       (a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense       (b) Description Scholarship       (See instructions regarding type of information required Scholarship					
OF EXPENDITURE       Gift/Awards/Memorials Expense       Scholarship         Date       Payee name       Scholarship         08/20/2024       Duff, Mary       Juff, Mary         Amount (\$)       Payee Address; City; State; Zip       PO Box 1276         500.00       3626 Hwy 190W       Livingston, TX 77351         PURPOSE OF       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information required Scholarship)		Livingston, TX 77351			
EXPENDITURE     Date     Payee name       Date     Payee name       08/20/2024     Duff, Mary       Amount (\$)     Payee Address; City; State; Zip       500.00     PO Box 1276       500.00     3626 Hwy 190W       Livingston, TX 77351       PURPOSE     (a) Category (See instructions for examples of acceptable categories)     (b) Description     (See instructions regarding type of information required Scholarship)	PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description	(See instructions regard	ling type of information required.
Date     Payee name       08/20/2024     Duff, Mary       Amount (\$)     Payee Address; City; State; Zip       500.00     PO Box 1276       500.00     3626 Hwy 190W       Livingston, TX 77351       PURPOSE     (a) Category (See instructions for examples of acceptable categories)     (b) Description     (See instructions regarding type of information required Scholarship		Gift/Awards/Memorials Expense	Scholarship		
08/20/2024     Duff, Mary       Amount (\$)     Payee Address; City; State; Zip       500.00     PO Box 1276       500.00     3626 Hwy 190W       Expenditure from corporate funds     Livingston, TX 77351       PURPOSE OF     (a) Category (See instructions for examples of acceptable categories)     (b) Description     (See instructions regarding type of information required Scholarship					
Amount (\$)       Payee Address;       City; State; Zip         500.00       PO Box 1276         500.00       3626 Hwy 190W         Livingston, TX 77351         PURPOSE       (a) Category (See instructions for examples of acceptable categories)         OF       Gift/Awards/Memorials Expense	Date	Payee name			
500.00     PO Box 1276       Expenditure from corporate funds     3626 Hwy 190W       Livingston, TX 77351       PURPOSE OF     (a) Category (See instructions for examples of acceptable categories)     (b) Description     (See instructions regarding type of information required Scholarship	08/20/2024	Duff, Mary			
S00.00     3626 Hwy 190W       Expenditure from corporate funds     Livingston, TX 77351       PURPOSE OF     (a) Category (See instructions for examples of acceptable categories)     (b) Description     (See instructions regarding type of information required Scholarship	Amount (\$)	Payee Address; City; State; Zip			
Expenditure from corporate funds       3626 Hwy 190W         Livingston, TX 77351         PURPOSE OF       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information required Scholarship	500.00				
corporate funds     Livingston, TX 77351       PURPOSE OF     (a) Category (See instructions for examples of acceptable categories)     (b) Description     (See instructions regarding type of information required Scholarship		-			
OF Gift/Awards/Memorials Expense Scholarship					
				(See instructions regard	ling type of information required.
		Gift/Awards/Memorials Expense	Scholarship		

Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers
Sch: 2/8 Rpt:	Democratic Club of Polk County	00087838
Date	5 Payee name	
08/20/2024	Duff, Mary	
Amount (\$)	7 Payee Address; City; State; Zip	
500.00	PO Box 1276	
Expenditure from	3626 Hwy 190W	
corporate funds	Livingston, TX 77351	
B PURPOSE OF EXPENDITURE		Description (See instructions regarding type of information required. Scholarship
Date	Payee name	
07/16/2024	Eastex Telephone	
Amount (\$)	Payee Address; City; State; Zip	
117.00	PO Box 150	
	Livingston, TX 77351	
corporate funds		December 2000 instructions regarding time of information required
PURPOSE OF		Description (See instructions regarding type of information required. Telephone - Monthy
EXPENDITURE		
Date	Payee name	
08/19/2024	Eastex Telephone	
Amount (\$)	Payee Address; City; State; Zip	
117.00	PO Box 150	
Expenditure from		
corporate funds	Livingston, TX 77351	
PURPOSE		Description (See instructions regarding type of information required.
OF EXPENDITURE	Office Overhead/Rental Expense	Telephone and Internet - HQ
Date	Payee name	
11/18/2024	Eastex Telephone Co	
Amount (\$)	Payee Address; City; State; Zip	
	PO Box 150	
45.00		
45.00 Expenditure from corporate funds	Livingston, TX 77351	
Expenditure from	Livingston, TX 77351 (a) Category (See instructions for examples of acceptable categories) (b)	Description (See instructions regarding type of information required.
Expenditure from corporate funds	(a) Category (See instructions for examples of acceptable categories) (b)	Description (See instructions regarding type of information required. HQ - Telephone

Total pages Schedule I:	2 FILER NAME 3 Filer ID (Ethics Commission File
Sch: 3/8 Rpt:	Democratic Club of Polk County 00087838
Date	5 Payee name
12/16/2024	Eastex Telephone Co
Amount (\$)	7 Payee Address; City; State; Zip
117.18	PO Box 150
Expenditure from corporate funds	Livingston, TX 77351
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)(b) Description(See instructions regarding type of information requireOffice Overhead/Rental ExpenseHQ - Telephone and Internet
Date	Payee name
12/02/2024	Gellar, Faith
Amount (\$)	Payee Address; City; State; Zip
500.00	PO Box 1276
Expenditure from	3626 Hwy 190W Livingston, TX 77351
corporate funds	(a) Category (see instructions for examples of acceptable categories) (b) Description (see instructions regarding type of information require
PURPOSE OF	Gift/Awards/Memorials Expense Scholarship
EXPENDITURE	
Date	Payee name
08/20/2024	Gonzalez, Bryan
Amount (\$)	Payee Address; City; State; Zip
500.00	3626 190W
Expenditure from	Livingston, TX 77351
_ corporate funds	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information require
PURPOSE OF	Gift/Awards/Memorials Expense Scholarship
EXPENDITURE	
Date	Payee name
08/02/2024	Gunnels, Chekea
Amount (\$)	Payee Address; City; State; Zip
500.00	3626 190 W
Expenditure from	
corporate funds	Livingston, TX 77351
PURPOSE	(a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information require         Gift/Awards/Memorials Expense       Scholarship
UF	Scholaiship
OF EXPENDITURE	

Total pages Schedule I:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/8 Rpt:	Democratic Club of Polk County 00087838
Date 08/05/2024	5 Payee name Jack White Enterprises
Amount (\$) 750.00 Expenditure from	7 Payee Address;     City; State; Zip       252 Jo Ann Trail
corporate funds	Livingston, TX 77351
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information required.)         Office Overhead/Rental Expense       HQ rental
Date 09/06/2024	Payee name Morgan, Latrina
Amount (\$) 500.00 Expenditure from corporate funds	Payee Address;City; State; ZipPO Box 12763626 Hwy 190WLivingston, TX 77351
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information required.)         Gift/Awards/Memorials Expense       Scholarship
Date	Payee name
10/11/2024	Oates, Tena
Amount (\$) 168.00 Expenditure from corporate funds	Payee Address;City; State; Zip431 W. Lake Shore DrLivingston, Texas 77351Livingston, TX 77351
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information required.)         Office Overhead/Rental Expense       Zoom Meeting license
Date 10/18/2024	Payee name Polk County Chamber of Commerce
Amount (\$) 145.00	Payee Address;     City; State; Zip       1001 US 59 Loop N
Expenditure from corporate funds	Livingston, TX 77351
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information required.)         Event Expense       Hometown Christmas

Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers
Sch: 5/8 Rpt:	Democratic Club of Polk County	00087838
Date	5 Payee name	
07/24/2024	Sam Houston Electric Coop	
Amount (\$)	7 Payee Address; City; State; Zip	
42.00	PO Box 426	
Expenditure from corporate funds	Livingston, TX 77351	
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b)	Description (See instructions regarding type of information required.
OF EXPENDITURE	Office Overhead/Rental Expense	Electricity for HQ
EXPENDITORE		
2		
Date 08/20/2024	Payee name	
	Sam Houston Electric Coop	
Amount (\$)	Payee Address; City; State; Zip PO Box 426	
46.87	FO B0X 420	
Expenditure from corporate funds	Livingston, TX 77351	
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b)	Description (See instructions regarding type of information required.
OF EXPENDITURE	Office Overhead/Rental Expense	HQ-Electricity
EXPENDITORE		
Data	Device neme	
Date 09/18/2024	Payee name	
Amount (\$)	Payee Address; City; State; Zip PO Box 426	
53.89		
Expenditure from corporate funds	Livingston, TX 77351	
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b)	Description (See instructions regarding type of information required.
OF EXPENDITURE	Office Overhead/Rental Expense	HQ Electricitu
Date	Payee name	
10/16/2024	Sam Houston Electric Coop	
Amount (\$)	Payee Address; City; State; Zip	
48.77	PO Box 426	
40.77		
- Expenditure from	Livingston, TX 77351	
Expenditure from corporate funds		
corporate funds PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b)	•
corporate funds	(a) Category (See instructions for examples of acceptable categories) (b)	Description (See instructions regarding type of information required. HQ - Electricity

SCHEDULE I

	Total pages Schedule I: Sch: 6/8 Rpt:	2 FILER NAME Democratic Club of Polk County	3 Filer ID (Ethics Commission Filers 00087838
	Date 11/14/2024	5 Payee name Sam Houston Electric Coop	
	Amount (\$) 45.00	7 Payee Address; City; State; Zip PO Box 426	
	Expenditure from corporate funds	Livingston, TX 77351	
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) ( Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required. HQ - Electricity
	Date 12/13/2024	Payee name Sam Houston Electric Coop	
	Amount (\$) 38.00	Payee Address; City; State; Zip PO Box 426	
	Expenditure from corporate funds	Livingston, TX 77351	
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) ( Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required. HQ-Electricity
	Date	Payee name	
08/13/2024 Saucier, Kelli			
	Amount (\$) 500.00	Payee Address; City; State; Zip 3626 190W	
	Expenditure from corporate funds	Livingston, TX 77351	
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) ( Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required. Scholarship
	Date	Payee name	
	09/09/2024	Saunders, Katlynn	
	Amount (\$) 500.00 Expenditure from corporate funds	Payee Address; City; State; Zip PO Box 1276 3626 Hwy 190W Livingston, TX 77351	
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) ( Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required. Scholarship

Total pages Schedule I:	2 FILER NAME	<b>B</b> Filer ID (Ethics Commission Filers)
Sch: 7/8 Rpt:	Democratic Club of Polk County	00087838
Date	5 Payee name	
08/30/2024	Thompson, Cornyn	
Amount (\$)	7 Payee Address; City; State; Zip	
500.00	PO Box 1276	
Expenditure from	3626 Hwy 190W	
corporate funds	Livingston, TX 77351	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)       (b) Description       (See Scholarship)         Gift/Awards/Memorials Expense       Scholarship	ee instructions regarding type of information required.)
Date	Payee name	
09/16/2024	Ward, Jacob	
Amount (\$)	Payee Address; City; State; Zip	
500.00	PO Box 1276	
- Expenditure from	3626 Hwy 190W	
corporate funds	Livingston, TX 77351	
PURPOSE OF		ee instructions regarding type of information required.)
EXPENDITURE	Gift/Awards/Memorials Expense Scholarship	
Date	Payee name	
12/23/2024 White, Willie		
Amount (\$)	Payee Address; City; State; Zip	
70.00	3626 US Hwy 190	
Expenditure from	Livingston TV 77051	
corporate funds	Livingston, TX 77351	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)       (b) Description       (See Christmas Fest         Event Expense       Christmas Fest	ee instructions regarding type of information required.)
Date	Payee name	
	White, Willie	
12/13/2024		
12/13/2024 Amount (\$)	Payee Address; City; State; Zip	
Amount (\$)		
Amount (\$) 643.71	Payee Address;     City; State; Zip       3626 US Hwy 190	
Amount (\$)	Payee Address;       City; State; Zip         3626 US Hwy 190         Livingston, TX 77351	
Amount (\$) 643.71 Expenditure from	Payee Address;       City; State; Zip         3626 US Hwy 190       Livingston, TX 77351	ee instructions regarding type of information required.)

The Instruction Guide explains how to complete this form.				
Total pages Schedule I: Sch: 8/8 Rpt:	2 FILER NAME Democratic Club of Polk County	3 Filer ID (Ethics Commission Filer 00087838		
Date 09/12/2024	5 Payee name Wooten, Natalie	· · · · · · · · · · · · · · · · · · ·		
Amount (\$) 500.00 Expenditure from corporate funds	7 Payee Address; City; State; Zip PO Box 1276 3626 Hwy 190W Livingston, TX 77351			
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories of acceptable categories of acceptable categories of the second se	bries) (b) Description (See instructions regarding type of information required Scholarshipo		