

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00070512	2 Total pages filed: 52	
3 COMMITTEE NAME Democratic Non-Urban Caucus			OFFICE USE ONLY	
			Date Received ELECTRONICALLY FILED 07/02/2025	
			Date Hand-delivered or Date Postmarked	
			Receipt #	Amount
			Date Processed	
4 COMMITTEE ADDRESS			ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5656 N. Central Expressway, Unit 302 Dallas, TX 75206	
5 CAMPAIGN TREASURER NAME			MS / MRS / MR FIRST MI Ms. Judy L. NICKNAME LAST SUFFIX Baker	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)			STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1133 E Hawkins Pkwy Apt 112 Longview, TX 75605	
7 CAMPAIGN TREASURER MAILING ADDRESS			STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1500E Marshall Ave Apt 30 Longview, TX 75601	
8 CAMPAIGN TREASURER PHONE			AREA CODE PHONE NUMBER EXTENSION (575) 640-7942	
9 REPORT TYPE			<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff	
10 PERIOD COVERED			Month Day Year 01/01/2025 THROUGH Month Day Year 06/30/2025	
11 ELECTION			ELECTION DATE Month Day Year ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Democratic Non-Urban Caucus		13 Filer ID (Ethics Commission Filers) 00070512
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
	15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,171.37
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 552.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 9,010.81
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ms. Judy L. Baker

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
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17 COMMITTEE NAME Democratic Non-Urban Caucus		18 Filer ID (Ethics Commission Filers) 00070512
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,171.37
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 552.50
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/38 Rpt: 4/52
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 01/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Alice (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78737	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) none		9 Employer (See Instructions) none
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Alice (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78737	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 04/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Gloria (Ms.) <hr/> Contributor address; City; State; Zip Code Beckerville, TX 75631	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 03/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmed, Koby (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78756	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 03/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alcala, Monique (Ms.) <hr/> Contributor address; City; State; Zip Code Austin , TX 78704	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) The People

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/38 Rpt: 5/52
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 01/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arbuckle, Linda (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Summerville, TX 77879	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) none
Date 02/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Judy (Ms.) <hr/> Contributor address; City; State; Zip Code Longview, TX 75601	Amount of Contribution (\$) \$4.37
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 03/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Judy (Ms.) <hr/> Contributor address; City; State; Zip Code Longview, TX 75601	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrick, Susan (Ms.) <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79413	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 04/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrington, Heather (Ms.) <hr/> Contributor address; City; State; Zip Code Copperas, TX 75622	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/38 Rpt: 6/52
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 02/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barugh, Tami (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Grapeland, TX 75844	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) none		9 Employer (See Instructions) retired
Date 04/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baxley, Mathew (Mr.) <hr/> Contributor address; City; State; Zip Code Canton, TX 75103	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Sharon (Ms.) <hr/> Contributor address; City; State; Zip Code Lovelady, TX 75851	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birkenfeld, Sean (Mr.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79124	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Tyson Foods Inc
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackburn, Kelly (Ms.) <hr/> Contributor address; City; State; Zip Code Waxahachie, TX 75165	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/38 Rpt: 7/52
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 03/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Botello, Eusebio (Mr.) 6 Contributor address; City; State; Zip Code Bullard, TX 75757	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Fashion Stylist		9 Employer (See Instructions) Self
Date 03/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley, David (Mr.) Contributor address; City; State; Zip Code Irving, TX 75062	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Collection Supervisor		Employer (See Instructions) Dallas County Texas
Date 03/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley, David (Mr.) Contributor address; City; State; Zip Code Irving, TX 75062	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Collection Supervisor		Employer (See Instructions) Dallas County District Court
Date 04/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brannon, Vali (Mrs.) Contributor address; City; State; Zip Code Sulphur Springs, TX 75482	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 03/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruckwicki, Joan (Ms.) Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/38 Rpt: 8/52
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 03/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chambers, Sheila (Ms.) <hr/> 6 Contributor address; City; State; Zip Code San Angelo, TX 76903	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) none		9 Employer (See Instructions) none
Date 03/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christian, Manuel (Rep.) <hr/> Contributor address; City; State; Zip Code Port Arthur, TX 77642	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) State Representative		Employer (See Instructions) State of Texas
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Abbey (Ms.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Administrative Asst		Employer (See Instructions) Freight Books
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clotiaux, Terry (Ms.) <hr/> Contributor address; City; State; Zip Code Henderson, TX 75654	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 03/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Jessica (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78741	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Network Engineer		Employer (See Instructions) Aspirus Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/38 Rpt: 9/52
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Susan (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Driftwood, TX 78619	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) none		9 Employer (See Instructions) none
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Criss, Susan (Ms.) <hr/> Contributor address; City; State; Zip Code Salado, TX 76548	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Criss&Rousseau Law Firm LLP
Date 02/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Currie, David (Mr.) <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76902	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) self
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Larry (Mr.) <hr/> Contributor address; City; State; Zip Code Greenville, TX 75401	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 05/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devine, Lauren (Ms.) <hr/> Contributor address; City; State; Zip Code Conre, TX 77385	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Ourtreach		Employer (See Instructions) Keith Coleman Campaign

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/38 Rpt: 10/52
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 03/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dickson, Ben (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Diana, TX 75640	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Insurance		9 Employer (See Instructions) Dickson Insurance
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dozauer, Maria (Ms.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75706	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) non
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duman, Jo Ann (Ms.) <hr/> Contributor address; City; State; Zip Code Texarkana, TX 75503	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan, Becky (Ms.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Durante, Al (Mr.) <hr/> Contributor address; City; State; Zip Code Longview, TX 75601	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/38 Rpt: 11/52
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 02/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Durante, Al (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Longview, TX 75601	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) none		9 Employer (See Instructions) none
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Bonnie (Ms.) <hr/> Contributor address; City; State; Zip Code Whitehouse, TX 75791	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 03/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enriquez, Otilia (Ms.) <hr/> Contributor address; City; State; Zip Code Burleson, TX 76028	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ewald, Bart (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 77871	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fladmark, Michael (Mr.) <hr/> Contributor address; City; State; Zip Code Tool, TX 75134	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Solar Consultant		Employer (See Instructions) MJ Fladmark Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/38 Rpt: 12/52
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 03/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulton, Juliann (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Bushland, TX 79012	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Social Worker		9 Employer (See Instructions) BSA Hospital
Date 04/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gallaway, Patricia (Ms.) <hr/> Contributor address; City; State; Zip Code Frankston, TX 75763	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 03/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Hector (Mr.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75705	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) Concrete Attractions
Date 04/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Keanna (Ms.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 03/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garza, Luz (Ms.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 76705	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/38 Rpt: 13/52
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 03/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Tierrishia (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Texas City, TX 75759	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Ultra Sonographer		9 Employer (See Instructions) Centex Studies
Date 05/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Shirley (Mrs.) <hr/> Contributor address; City; State; Zip Code Whitehouse, TX 75791	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Shirley (Ms.) <hr/> Contributor address; City; State; Zip Code Whitehouse, TX 75791	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 03/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilby, Kim (Ms.) <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 03/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Kimberleigh (Ms.) <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79407	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Varian Medical Systems

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/38 Rpt: 14/52
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 04/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goree, Paulette (Ms.) 6 Contributor address; City; State; Zip Code Beckville, TX 75631	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) none		9 Employer (See Instructions) none
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graaham, Corett (Ms.) Contributor address; City; State; Zip Code Corpus Christi, TX 78466	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) self
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griggs, David (Mr.) Contributor address; City; State; Zip Code Farmers Branch, TX 75234	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) self
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ham, David (Mr.) Contributor address; City; State; Zip Code Troup, TX 75709	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ham, Mary (Ms.) Contributor address; City; State; Zip Code Winnie, TX 77665	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Ombudsman		Employer (See Instructions) State of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/38 Rpt: 15/52
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 02/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hameline, Elizabeth (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75038	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Hameline Law
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hameline, Elizabeth (Ms.) <hr/> Contributor address; City; State; Zip Code Irving, TX 75038	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hameline Law
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Mary (Ms.) <hr/> Contributor address; City; State; Zip Code Winnie, TX 77665	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Ombudsman		Employer (See Instructions) State of Texas
Date 01/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartgroves, Tammie (Ms.) <hr/> Contributor address; City; State; Zip Code McGregor, TX 76657	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 04/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Stephen (Mr.) <hr/> Contributor address; City; State; Zip Code Mabank, TX 75156	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/38 Rpt: 16/52
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 02/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hilberg , Julie (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Poteet, TX 78065	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) none		9 Employer (See Instructions) none
Date 03/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hux, Alieca (Mrs.) <hr/> Contributor address; City; State; Zip Code Sulphur Springs, TX 75482	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Winifred (Ms.) <hr/> Contributor address; City; State; Zip Code Ore City, TX 75683	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Longview ISD
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johns, Tony (Mr.) <hr/> Contributor address; City; State; Zip Code Hideaway, TX 75771	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Carl (Mr.) <hr/> Contributor address; City; State; Zip Code Spicewood, TX 78669	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/38 Rpt: 17/52
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 01/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Carl (Mr.) 6 Contributor address; City; State; Zip Code Spicewood, TX 78669	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) none
Date 02/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Carl (Mr.) Contributor address; City; State; Zip Code Spicewood, TX 78669	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 03/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Carl (Mr.) Contributor address; City; State; Zip Code Spicewood, TX 78669	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 04/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Carl (Mr.) Contributor address; City; State; Zip Code Spicewood, TX 78669	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 05/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Carl (Mr.) Contributor address; City; State; Zip Code Spicewood, TX 78669	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/38 Rpt: 18/52
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 06/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Carl (Mr.) 6 Contributor address; City; State; Zip Code Spicewood, TX 78669	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) none		9 Employer (See Instructions) none
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Natalie (Ms.) Contributor address; City; State; Zip Code Magnolia, TX 77354	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 04/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Natalie (Ms.) Contributor address; City; State; Zip Code Magnolia, TX 77354	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 05/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Natalie (Ms.) Contributor address; City; State; Zip Code Magnolia, TX 77354	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Natalie (Ms.) Contributor address; City; State; Zip Code Magnolia, TX 77354	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/38 Rpt: 19/52
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 02/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krausse, Annette (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 73703	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) none		9 Employer (See Instructions) none
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) La Shun, Roy (Mr.) <hr/> Contributor address; City; State; Zip Code Troup, TX 75789	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Founder		Employer (See Instructions) 903Votes
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lange, Michael (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77096	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Denver Harbor
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Wesley (Mr.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79934	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawson, Ericka (Ms.) <hr/> Contributor address; City; State; Zip Code Bay City, TX 77414	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/38 Rpt: 20/52
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 01/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LePak, Michael (Mr.) 6 Contributor address; City; State; Zip Code San Angelo, TX 76907	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Security		9 Employer (See Instructions) Allied Universal
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LePak, Michael (Mr.) Contributor address; City; State; Zip Code San Angelo, TX 76907	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Security		Employer (See Instructions) Allied Universal
Date 02/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeUnes, Judy (Ms.) Contributor address; City; State; Zip Code College Station, TX 77845	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledford, Ericka (Ms.) Contributor address; City; State; Zip Code Royse City, TX 75189	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) LPR
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemons, Margie (Ms.) Contributor address; City; State; Zip Code Spicewood, TX 78669	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/38 Rpt: 21/52
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Letson, Sonya (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Claude, TX 79019	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) none		9 Employer (See Instructions) none
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lockhart, Mary Bell (Ms.) <hr/> Contributor address; City; State; Zip Code Alpine, TX 79830	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lockhart, Mary Bell (Ms.) <hr/> Contributor address; City; State; Zip Code Alpine, TX 79830	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lockhart, Mary Bell (Ms.) <hr/> Contributor address; City; State; Zip Code Alpine, TX 79830	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lockhart, Mary Bell (Ms.) <hr/> Contributor address; City; State; Zip Code Alpine, TX 79830	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/38 Rpt: 22/52
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 03/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lockhart, Mary Bell (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Alpine, TX 79830	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) none		9 Employer (See Instructions) none
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lockhart, Mary Bell (Ms.) <hr/> Contributor address; City; State; Zip Code Alpine, TX 79830	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 05/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lockhart, Mary Bell (Ms.) <hr/> Contributor address; City; State; Zip Code Alpine, TX 79830	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lockhart, Mary Bell (Ms.) <hr/> Contributor address; City; State; Zip Code Alpine, TX 79830	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mainord, Marcia (Ms.) <hr/> Contributor address; City; State; Zip Code Greenfille, TX 75401	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Hair salon owner stlist		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/38 Rpt: 23/52
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 03/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malcolm, Molly (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Texarkana, TX 75503	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) none		9 Employer (See Instructions) none
Date 03/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Patsy (Ms.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) JPM Ranch
Date 04/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, Nicole (Ms.) <hr/> Contributor address; City; State; Zip Code Malakoft, TX 75148	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Mayor		Employer (See Instructions) City of Malakoft
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAlister, Bruce (Mr.) <hr/> Contributor address; City; State; Zip Code Spicewood, TX 78669	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Television Producer		Employer (See Instructions) BEM Productions
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKellar, Shirley (Dr.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75702	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/38 Rpt: 24/52
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 02/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPhail, Michael (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 76061	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Mortgage Banker		9 Employer (See Instructions) Colonial Savings
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcnellie , Myra (Ms.) <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75961	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meers, Kelly (Ms.) <hr/> Contributor address; City; State; Zip Code Jacksonville, TX 75766	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Dr cx and bpm		Employer (See Instructions) Shell Energy
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meers, Kelly (Ms.) <hr/> Contributor address; City; State; Zip Code Jacksonville, TX 75766	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Dr cx and bpm		Employer (See Instructions) Shell Energy
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Bettie (Ms.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/38 Rpt: 25/52
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 02/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreno Jr., Juan (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Cotulla, TX 78014	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Regional Political Director		9 Employer (See Instructions) TDP
Date 02/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Mike (Mr.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75706	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Publishing		Employer (See Instructions) self
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver, Lynn (Ms.) <hr/> Contributor address; City; State; Zip Code Pipe Creek, TX 78063	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Lecturer		Employer (See Instructions) UT San Antonio
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz , Andre (Mr.) <hr/> Contributor address; City; State; Zip Code Kingsville, TX 78363	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Vechile Inspection		Employer (See Instructions) Kett Engineering
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parr, Kay (Ms.) <hr/> Contributor address; City; State; Zip Code Weatherford, TX 76086	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Event Planner		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/38 Rpt: 26/52
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 03/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peters, Maudie (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Dangerfielde, TX 75638	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) none		9 Employer (See Instructions) none
Date 02/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollock, Glenda (Ms.) <hr/> Contributor address; City; State; Zip Code Talco, TX 75487	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollock, Glenda (Ms.) <hr/> Contributor address; City; State; Zip Code Talco, TX 75487	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Portillo, Nichole (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teachng Assistant		Employer (See Instructions) U T Austin
Date 03/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prince , Yolanda (Ms.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75604	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) PVAMU

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/38 Rpt: 27/52
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 05/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pumfrey, William (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78736	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) none
Date 03/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rable, Kyle (Mr.) <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79410	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) Texas Tech
Date 02/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richie, Betty (Mrs.) <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76302	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 02/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richie, Boyd (Mr.) <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76302	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Lancor Assoc.
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocha, Cindy (Ms.) <hr/> Contributor address; City; State; Zip Code Crowley, TX 76036	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/38 Rpt: 28/52
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 01/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rusk, Mitzi (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75711	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) NONE		9 Employer (See Instructions) NONE
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salter, Carolyn (Dr.) <hr/> Contributor address; City; State; Zip Code Palestine, TX 75801	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) physiian		Employer (See Instructions) Sycamore Medical Clinic
Date 03/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Kerrigan (Ms.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75702	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Outreach Technician		Employer (See Instructions) City of Tyler
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schenker, Rebecca (Ms.) <hr/> Contributor address; City; State; Zip Code La Grange, TX 78945	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Weave Architecture LLC
Date 01/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schenker, Rebecca (Ms.) <hr/> Contributor address; City; State; Zip Code La Grange, TX 78945	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Weave Architecture LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/38 Rpt: 29/52
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 02/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schenker, Rebecca (Ms.) <hr/> 6 Contributor address; City; State; Zip Code La Grange, TX 78945	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions) Weave Architecture LLC
Date 03/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schenker, Rebecca (Ms.) <hr/> Contributor address; City; State; Zip Code La Grange, TX 78945	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Weave Architecture LLC
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schenker, Rebecca (Ms.) <hr/> Contributor address; City; State; Zip Code La Grange, TX 78945	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Weave Architecture LLC
Date 05/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schenker, Rebecca (Ms.) <hr/> Contributor address; City; State; Zip Code La Grange, TX 78945	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Weave Architecture LLC
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scudder, Carolyn (Mrs.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Children's Health

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/38 Rpt: 30/52
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 02/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scudder, Kendall (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75214	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Business owner		9 Employer (See Instructions) self
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seaberg, Karmyn (Ms.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Register Nurse		Employer (See Instructions) retired
Date 03/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shankles, Joshua (Mr.) <hr/> Contributor address; City; State; Zip Code Lubbock, TX 70413	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Forester		Employer (See Instructions) Texas Forest Service
Date 03/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Short, Carlyn (Ms.) <hr/> Contributor address; City; State; Zip Code Gladewater, TX 75647	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 03/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sims, Delaina (Ms.) <hr/> Contributor address; City; State; Zip Code Wills Point, TX 75169	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/38 Rpt: 31/52
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 02/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Angela (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77094	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Jollie (Ms.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Jollie (Ms.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 03/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Oller (Mr.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75707	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spain, Diana (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/38 Rpt: 32/52
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 03/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speight, Dennis (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78739	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Dir Political Affairs		9 Employer (See Instructions) Tx Trial Lawyers Assn
Date 03/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Mirian (Ms.) <hr/> Contributor address; City; State; Zip Code Tolar, TX 76476	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Sr Planner		Employer (See Instructions) City of Fort Worth
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stansel, Monica (Ms.) <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75087	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Sidney (Ms.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 03/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strater, Jeffrey (Mr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75204	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Dir Special Progra,s		Employer (See Instructions) Ernst & Young

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/38 Rpt: 33/52
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 02/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Symonette, Gayle (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75703	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) none		9 Employer (See Instructions) none
Date 02/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Larry (Mr.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 02/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Larry (Mr.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 06/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Democratic Party <hr/> Contributor address; City; State; Zip Code Austin, TX 78752	Amount of Contribution (\$) \$1,422.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thacker, Janice (Ms.) <hr/> Contributor address; City; State; Zip Code Rusk, TX 75785	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/38 Rpt: 34/52
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 03/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Cathy (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75703	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) activist		9 Employer (See Instructions) none
Date 04/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Margaaret (Ms.) <hr/> Contributor address; City; State; Zip Code Carthage, TX 75033	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toma, Tracy (Ms.) <hr/> Contributor address; City; State; Zip Code Palestine, TX 75801	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Toma Communications
Date 03/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Townsend, Katherine (Ms.) <hr/> Contributor address; City; State; Zip Code Troup, TX 75789	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Clayton (Mr.) <hr/> Contributor address; City; State; Zip Code Lampasas, TX 76550	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Statewide Coordinator		Employer (See Instructions) Our Revolution Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/38 Rpt: 35/52
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 02/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Clayton (Mr.) 6 Contributor address; City; State; Zip Code Lampasas, TX 76550	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Statewide Coordinator		9 Employer (See Instructions) Our Revolution Texas
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Clayton (Mr.) Contributor address; City; State; Zip Code Lampasas, TX 76550	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) State Coordinator		Employer (See Instructions) Our Revolution
Date 03/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Clayton (Mr.) Contributor address; City; State; Zip Code Lampasas, TX 76550	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) State Coordinator		Employer (See Instructions) Our Revolution
Date 04/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Clayton (Mr.) Contributor address; City; State; Zip Code Lampasas, TX 76550	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) State Coordinator		Employer (See Instructions) Our Revolution
Date 05/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Clayton (Mr.) Contributor address; City; State; Zip Code Lampasas, TX 76550	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) State Coordinator		Employer (See Instructions) Our Revolution

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/38 Rpt: 36/52
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 06/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Clayton (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Lampasas, TX 76550	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) State Coordinator		9 Employer (See Instructions) Our Revolution
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas iii, Robert (Mr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78205	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez, Celina (Mrs.) <hr/> Contributor address; City; State; Zip Code Bryan, TX 72803	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Justice of the Peace		Employer (See Instructions) Brazos County
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vick, Jennifer (Ms.) <hr/> Contributor address; City; State; Zip Code Jacksonville, TX 75766	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagner, Andre (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77004	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Public Affairs		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/38 Rpt: 37/52
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 02/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walston, Shirley (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Whitehouse, TX 75781	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) none		9 Employer (See Instructions) retired
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward , Diane (Ms.) <hr/> Contributor address; City; State; Zip Code New York City, NY 10023	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 02/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren , Rachel (Ms.) <hr/> Contributor address; City; State; Zip Code Mabank, TX 75156	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Insurance Specialist		Employer (See Instructions) Goble Life
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheeler, Marc (Mr.) <hr/> Contributor address; City; State; Zip Code Henderson, TX 75652	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 03/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitaker, Sarah (Ms.) <hr/> Contributor address; City; State; Zip Code Terrell, TX 75160	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Administrative Asst		Employer (See Instructions) Courtney Wortham LLP Attorney at Law

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/38 Rpt: 38/52
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 01/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson, D. Karen (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75711	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) none		9 Employer (See Instructions) none
Date 01/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson, D. Karen (Ms.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75711	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 02/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson, D. Karen (Ms.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75711	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 03/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson, D. Karen (Ms.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75711	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson, D. Karen (Ms.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75711	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/38 Rpt: 39/52
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 05/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson, D. Karen (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75711	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) none		9 Employer (See Instructions) none
Date 03/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams , Martha (Ms.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76137	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis-Thornbury, Mary (Ms.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 03/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wojciechowski, Shad (Mr.) <hr/> Contributor address; City; State; Zip Code Chicago, IL 60622	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 05/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Donna (Ms.) <hr/> Contributor address; City; State; Zip Code Valley Mills, TX 76689	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/38 Rpt: 40/52
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 01/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yancy, Max (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78722	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Event Coordinator		9 Employer (See Instructions) Koop radio
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yancy, Max (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78722	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Event Coordinator		Employer (See Instructions) Koop radio
Date 02/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yancy, Max (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78722	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Event Coordinator		Employer (See Instructions) Koop radio
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yancy, Max (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78722	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Event Coordinator		Employer (See Instructions) Koop radio
Date 04/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yancy, Max (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78722	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Event Coordinator		Employer (See Instructions) Koop radio

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/38 Rpt: 41/52
2 FILER NAME Democratic Non-Urban Caucus		3 Filer ID (Ethics Commission Filers) 00070512
4 Date 05/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yancy, Max (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78722	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Event Coordinator		9 Employer (See Instructions) Koop radio

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/11 Rpt: 42/52	2 FILER NAME Democratic Non-Urban Caucus	3 Filer ID (Ethics Commission Filers) 00070512
4 Date 01/01/2025	5 Payee name Act Blue Texas	
6 Amount (\$) \$2.97 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box441146 Sommerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage cost
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/01/2025	Candidate/Officeholder name Office sought Office held	
Payee name Act Blue Texas		
Amount (\$) \$1.19 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box441146 Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage cost
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/01/2025	Candidate/Officeholder name Office sought Office held	
Payee name Act Blue Texas		
Amount (\$) \$2.39 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box441146 Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage cost
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/01/2025	Candidate/Officeholder name Office sought Office held	
Payee name Act Blue Texas		
Amount (\$) \$2.39 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box441146 Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage cost
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/11 Rpt: 43/52	2 FILER NAME Democratic Non-Urban Caucus	3 Filer ID (Ethics Commission Filers) 00070512
4 Date 01/08/2025	5 Payee name Act Blue Texas	
6 Amount (\$) \$1.79 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box441146 Sommerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage cost
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/14/2025	Payee name Act Blue Texas	
Amount (\$) \$0.99 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box441146 Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage fees for 1/2 1/14
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/02/2025	Payee name Act Blue Texas	
Amount (\$) \$0.99 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box441146 Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage charge
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/11 Rpt: 44/52	2 FILER NAME Democratic Non-Urban Caucus	3 Filer ID (Ethics Commission Filers) 00070512
4 Date 02/09/2025	5 Payee name Act Blue Texas	
6 Amount (\$) \$1.39 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box441146 Sommerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage charge
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/14/2025	Candidate/Officeholder name Office sought Office held	
Payee name Act Blue Texas		
Amount (\$) \$15.22 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box441146 Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage charge
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/26/2025	Candidate/Officeholder name Office sought Office held	
Payee name Act Blue Texas		
Amount (\$) \$3.17 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box441146 Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage charge
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/11 Rpt: 45/52	2 FILER NAME Democratic Non-Urban Caucus	3 Filer ID (Ethics Commission Filers) 00070512
4 Date 03/02/2025	5 Payee name Act Blue Texas	
6 Amount (\$) \$41.69 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box441146 Sommerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage cost
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/09/2025	Candidate/Officeholder name Office sought Office held	
Payee name Act Blue Texas		
Amount (\$) \$3.76 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box441146 Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage cost
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/16/2025	Candidate/Officeholder name Office sought Office held	
Payee name Act Blue Texas		
Amount (\$) \$2.58 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box441146 Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage cost
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/11 Rpt: 46/52	2 FILER NAME Democratic Non-Urban Caucus	3 Filer ID (Ethics Commission Filers) 00070512
4 Date 03/31/2025	5 Payee name Act Blue Texas	
6 Amount (\$) \$3.56 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box441146 Sommerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage charge
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/01/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$24.10 <input type="checkbox"/> Expenditure from corporate funds	Payee name Act Blue Texas Payee address; City; State; Zip Code P.O. Box441146 Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage charge
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/06/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$0.60 <input type="checkbox"/> Expenditure from corporate funds	Payee name Act Blue Texas Payee address; City; State; Zip Code P.O. Box441146 Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense data usage cost
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/11 Rpt: 47/52	2 FILER NAME Democratic Non-Urban Caucus	3 Filer ID (Ethics Commission Filers) 00070512
4 Date 04/24/2025	5 Payee name Act Blue Texas	
6 Amount (\$) \$3.17 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box441146 Sommerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage cost
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/16/2025	Candidate/Officeholder name Office sought Office held	
Payee name Act Blue Texas		
Amount (\$) \$0.99 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box441146 Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage cost
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/12/2025	Candidate/Officeholder name Office sought Office held	
Payee name Act Blue Texas		
Amount (\$) \$0.60 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box441146 Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage cost
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/11 Rpt: 48/52	2 FILER NAME Democratic Non-Urban Caucus	3 Filer ID (Ethics Commission Filers) 00070512
4 Date 05/03/2025	5 Payee name Act Blue Texas	
6 Amount (\$) \$1.58 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box441146 Sommerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage cost
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/10/2025	Candidate/Officeholder name Office sought Office held	
Payee name Act Blue Texas		
Amount (\$) \$1.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box441146 Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage cost
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/18/2025	Candidate/Officeholder name Office sought Office held	
Payee name Act Blue Texas		
Amount (\$) \$4.96 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box441146 Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage cost
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/11 Rpt: 49/52	2 FILER NAME Democratic Non-Urban Caucus	3 Filer ID (Ethics Commission Filers) 00070512
4 Date 05/25/2025	5 Payee name Act Blue Texas	
6 Amount (\$) \$2.38 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box441146 Sommerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage cost
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/15/2025	Candidate/Officeholder name Office sought Office held	
Payee name Act Blue Texas		
Amount (\$) \$0.80 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box441146 Sommerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage cost
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/22/2025	Candidate/Officeholder name Office sought Office held	
Payee name Nation Builder		
Amount (\$) \$55.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6515 W Sunset Blvd Ste 440 Los Angeles, CA 90028	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly usage fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/11 Rpt: 50/52	2 FILER NAME Democratic Non-Urban Caucus	3 Filer ID (Ethics Commission Filers) 00070512
4 Date 02/22/2025	5 Payee name Nation Builder	
6 Amount (\$) \$55.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 6515 W Sunset Blvd Ste 440 Los Angeles, CA 90028	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet website
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/22/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$55.00 <input type="checkbox"/> Expenditure from corporate funds	Payee name Nation Builder Payee address; City; State; Zip Code 6515 W Sunset Blvd Ste 440 Los Angeles, CA 90028	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense computer and internet expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/22/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$110.00 <input type="checkbox"/> Expenditure from corporate funds	Payee name Nation Builder Payee address; City; State; Zip Code 6515 W Sunset Blvd Ste 440 Los Angeles, CA 90028	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cost of usage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/11 Rpt: 51/52	2 FILER NAME Democratic Non-Urban Caucus	3 Filer ID (Ethics Commission Filers) 00070512
4 Date 05/22/2025	5 Payee name Nation Builder	
6 Amount (\$) \$55.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 6515 W Sunset Blvd Ste 440 Los Angeles, CA 90028	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense computer data
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/22/2025	Payee name Nation Builder	
Amount (\$) \$55.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6515 W Sunset Blvd Ste 440 Los Angeles, CA 90028	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage cost
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/20/2025	Payee name Zoom	
Amount (\$) \$17.04 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 55 N Almaden Blvd 6th Floor San Jose, CA 95113	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage cost
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/11 Rpt: 52/52	2 FILER NAME Democratic Non-Urban Caucus	3 Filer ID (Ethics Commission Filers) 00070512
4 Date 05/20/2025	5 Payee name Zoom	
6 Amount (\$) \$17.04 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 55 N Almaden Blvd 6th Floor San Jose, CA 95113	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage cost
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/02/2025	Payee name Zoom	
Amount (\$) \$11.55 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 55 N Almaden Blvd 6th Floor San Jose, CA 95113	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense usage cost
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held