#### FORM CEC COUNTY EXECUTIVE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The CEC Instruction Guide explains how to complete this form. 00017074 3 COMMITTEE NAME **OFFICE USE ONLY** Brazoria County Democratic Party (CEC) Date Received **ELECTRONICALLY FILED** 01/11/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 3215 Amerson Dr. Date Hand-delivered or Date Postmarked Change of Address Pearland, TX 77584 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Jose R. NAME NICKNAME LAST **SUFFIX** Joe Parra STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 3215 Amerson Dr. STREET **ADDRESS** (Residence or Business) Pearland, TX 77584 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 3215 Amerson Dr. MAILING **ADDRESS** Pearland, TX 77584 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 451-9484 PHONE REPORT January 15 30th day before election Final Report **TYPE** 10th day after campaign treasurer 8th day before election July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 10/27/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

## COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

## FORM CEC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Brazoria County Demo	cratic Party (CEC)		00017074	
14 COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed		
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)			
<b>15</b> CONTRIBUTION TOTALS	PLEDGES, LOAN CONTRIBUTIONS	ED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold	\$	0.00
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	4,987.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITIO	CAL EXPENDITURES	\$	5,826.83
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	L CONTRIBUTIONS MAINTAINED AS OF THE LAST I ING PERIOD	DAY \$	5,496.54
OUTSTANDING LOAN TOTALS	•	L AMOUNT OF ALL OUTSTANDING LOANS AS OF T E REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		<u> </u>	
		I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code.		
		Mr. Jose	R. Parra	
		Signature of Car	npaign Treasui	rer
AFFIX NOTARY	STAMP / SEAL ABOV	E		
Sworn to and subscribed	l before me, by the said	, th	nis the	day
of	_, 20, to certi	fy which, witness my hand and seal of office.		-
Signature of officer ac	Iministering oath	Printed name of officer administering oath	Title of offic	er administering oath

# SUBTOTALS - CEC FORM CEC COVER SHEET PG 3 3 of 22 7 COMMITTEE NAME Brazoria County Democratic Party (CEC) 9 SCHEDULE SUBTOTALS

<b>17</b> CC	OMMITTE	EE NAME	18 Filer ID	(Ethics Commission Filers)
Br	azoria C	County Democratic Party (CEC)	00017074	
		SUBTOTALS		SUBTOTAL AMOUNT
INA	AIVIE OF	SCHEDULE		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 4,987.00
2.		\$		
3.		\$		
4.		\$		
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	6	\$ 5,826.83
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
10. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER				\$

	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to complete t	this for	n.	1	Total pages Schedule A1: Sch: 1/10 Rpt: 4/22	
2	FILER NAME Brazoria Cou	unty Democratic Party (CEC)			3	Filer ID (Ethics Commission 00017074	n Filers)
4	Date 10/30/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$41.00
		MANVEL, TX 77578					
8	Principal occu EDUCATOR	pation / Job title (See Instructions)	9	Employer (See Instructions HISD	5)		
	Date 12/04/2024	Full name of contributor out-of-state PAC CAREY-BAY, ERMA  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$20.00
	Dringing age	MANVEL, TX 77578		Employer (Coo Instructions	<u></u>		
	ATTORNEY	pation / Job title (See Instructions)		Employer (See Instructions SELF EMPLOYED	5)		
	Date 10/30/2024	Full name of contributor out-of-state PAC CARTER, JUANITA Contributor address; City; State; Zip Code	C (ID#:	)		Amount of Contribution (\$)	\$65.00
		PEARLAND, TX 77584					
	Principal occu OFFICER	pation / Job title (See Instructions)		Employer (See Instructions GOVERNMENT	s)		
	Date 12/26/2024	Full name of contributor out-of-state PAC CHANGE, AVOLENE C.  Contributor address; City; State; Zip Code  ALVIN, TX 77511				Amount of Contribution (\$)	\$30.00
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> s)		
	Date 12/15/2024	Full name of contributor out-of-state PAC COSKREY, VALERIE  Contributor address; City; State; Zip Code  SWEENEY, TX 77480	C (ID#:		•	Amount of Contribution (\$)	\$10.00
	Principal occu UNEMPLOY	pation / Job title (See Instructions) ED		Employer (See Instructions UNEMPLOYED	5)		

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 2/10 Rpt: 5/22	
2	FILER NAME Brazoria Cou	unty Democratic Party (CEC)			3	Filer ID (Ethics Commission 00017074	Filers)
4	Date 12/20/2024	<ul><li>5 Full name of contributor CRAWFORD , LEWIS</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#:ate; Zip Code	)	7	Amount of Contribution (\$)	\$20.00
0	Principal occur	ANGLETON, TX 77515	اه	Employor (Soo Instructions			
•	OFFICE MAI	pation / Job title (See Instructions) NAGER	9	Employer (See Instructions IUOE LOCAL 564	•)		
	Date 10/30/2024	Full name of contributor ELLIS, CAROLINE Contributor address; City; Sta		)		Amount of Contribution (\$)	\$10.00
		DESOTO, TX 75115					
	Principal occu REALTOR	pation / Job title (See Instructions)		Employer (See Instructions SELF-EMPLOYED	5)		
	Date 12/20/2024	Full name of contributor FEULESS, SCOTT  Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code	)		Amount of Contribution (\$)	\$20.00
	Deinainal assu	PEARLAND, TX 77584		Franks on (Cas Instructions	<u></u>		
	AUTHOR/CO	pation / Job title (See Instructions) DNSULTANT		Employer (See Instructions SELF EMPLOYED	•)		
	Date 12/26/2024	Full name of contributor FILLMAN, VANESSA Contributor address; City; Sta		)		Amount of Contribution (\$)	\$70.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions UNEMPLOYED	<u> </u> ;)		
	Date 11/20/2024	Full name of contributor FOWLER, THOMAS  Contributor address; City; Sta	·			Amount of Contribution (\$)	\$20.00
	Principal occu UNEMPLOY	pation / Job title (See Instructions) ED		Employer (See Instructions UNEMPLOYED	s)		
			-				

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains hov	v to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 3/10 Rpt: 6/22	
2	FILER NAME Brazoria Cou	unty Democratic Party (CEC)				3	Filer ID (Ethics Commission 00017074	n Filers)
4	Date 12/04/2024	<ul><li>5 Full name of contributor FRANCIS, JENNIFER</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$51.00
0	Principal occu	PEARLAND, TX 77581	s)	0	Employer (See Instructions	,, 		
0	UNEMPLOY	pation / Job title (See Instructions ED	5)	9	Employer (See Instructions UNEMPLOYED	»)		
	Date 10/30/2024	Full name of contributor GAUTNEY, SUZANNE Contributor address; City; S					Amount of Contribution (\$)	\$5.00
	Principal occu	ANGLETON, TX 77515 pation / Job title (See Instructions	5)		Employer (See Instructions	 s)		
	RETIRED	`	,		NONE	,		
	Date 10/30/2024	Full name of contributor HARRISON, IVORY Contributor address; City; S	out-of-state PAC (ID#:			•	Amount of Contribution (\$)	\$100.00
		MISSOURI CITY, TX 774						
	Principal occu UNEMPLOY	pation / Job title (See Instructions ED	5)		Employer (See Instructions UNEMPLOYED	5)		
	Date 12/15/2024	Full name of contributor JACKSON, DELORES Contributor address; City; S PEARLAND, TX 77584			)		Amount of Contribution (\$)	\$40.00
	Principal occu UNEMPLOY	pation / Job title (See Instructions ED	5)		Employer (See Instructions UNEMPLOYED	5)		
	Date 12/15/2024	Full name of contributor JONES, GARY Contributor address; City; S LAKE JACKSON, TX 775			)	•	Amount of Contribution (\$)	\$20.00
	Principal occu RETIRED	pation / Job title (See Instructions	5)		Employer (See Instructions RETIRED	s)		

	MONET	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/10 Rpt: 7/22	
2	FILER NAME Brazoria Cou	unty Democratic Party (CEC)		3	Filer ID (Ethics Commission 00017074	n Filers)
4	Date 11/28/2024	5 Full name of contributor out-of-state PAC (ID#:_ JONES, MARGARET  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$15.00
		LAKE JACKSON, TX 77566				
8	Principal occu UNEMPLOY	pation / Job title (See Instructions) 'ED	9 Employer (See Instructions) UNEMPLOYED	)		
	Date 11/05/2024	Full name of contributor out-of-state PAC (ID#:_ KEEP AL GREEN IN CONGRESS  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Dringing! goog	HOUSTON, TX 77054	Employer (Coo Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/28/2024	Full name of contributor out-of-state PAC (ID#: MACASKIE, ROSEMARY W.  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$80.00
		PEARLAND, TX 77584				
	Principal occu Office Mana	pation / Job title (See Instructions) ger	Employer (See Instructions) Machining Specialists In			
	Date 12/20/2024	Full name of contributor out-of-state PAC (ID#:_MACGREGOR, DONALD  Contributor address; City; State; Zip Code  PEARLAND, TX 77584			Amount of Contribution (\$)	\$25.00
	Principal occu TEACHER	pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date 12/26/2024	Full name of contributor out-of-state PAC (ID#:_MARTIN, ZACHERY  Contributor address; City; State; Zip Code  PEARLAND, TX 77584			Amount of Contribution (\$)	\$40.00
		pation / Job title (See Instructions) CTION MANAGER	Employer (See Instructions) DESIGNS	)		
		•				

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to c	omplete this forn	n.	1	Total pages Schedule A1: Sch: 5/10 Rpt: 8/22	
2	FILER NAME Brazoria Cou	unty Democratic Party (CEC)			3	Filer ID (Ethics Commission 00017074	n Filers)
4	Date 10/30/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$150.00
8	Principal occu	PEARLAND, TX 77584 pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	UNEMPLOY	ED		UMEMPLOYED			
	Date 12/20/2024	Full name of contributor on MATHIS, S W  Contributor address; City; State; Z	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$50.00
		ROSHARON, TX 77583					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	CAREGIVER	₹		SELF EMPLOYED			
	Date 10/30/2024	Full name of contributor on MEYER, KAREN  Contributor address; City; State; Z	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
		LAKE JACKSON, TX 77566					
	Principal occu UNEMPLOY	pation / Job title (See Instructions)		Employer (See Instructions UNEMPLOYED	)		
	Date 12/04/2024	Full name of contributor on MUNRO, ROBERT  Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		ANGELTON, TX 77515					
	Principal occu RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED	)		
	Date 12/04/2024	Full name of contributor on the state of contributor on the state of t	ut-of-state PAC (ID#: ip Code	)		Amount of Contribution (\$)	\$20.00
		pation / Job title (See Instructions)		Employer (See Instructions	)		
	RENTAL PR	OPERTY MANAGER		SELF EMPLOYED			

	MONET	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/10 Rpt: 9/22	
2	FILER NAME Brazoria Cou	unty Democratic Party (CEC)		3	Filer ID (Ethics Commission 00017074	ı Filers)
4	Date 10/30/2024	Full name of contributor	)	7	Amount of Contribution (\$)	\$10.00
_	Dein sin al a ser	LAKE JACKSON, TX 77566	O Farely (Control to the transfer			
8	RETIRED	pation / Job title (See Instructions)	9 Employer (See Instructions DOW Chemical	)		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_OVERTON, TIM  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00
	Principal occu	SUGARLAND, TX 77496  pation / Job title (See Instructions)	Employer (See Instructions	)		
	UNEMPLOY	· · · · · · · · · · · · · · · · · · ·	UNEMPLOYED	,		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_ PARRA, JOSE Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$20.00
		PEARLAND, TX 77584				
	Principal occu ACCOUNTA	pation / Job title (See Instructions) NT	Employer (See Instructions RETIRED	)		
	Date 12/26/2024	Full name of contributor out-of-state PAC (ID#:_ PEGODA, DENISE  Contributor address; City; State; Zip Code  LAKE JACKSON, TX 77566	)		Amount of Contribution (\$)	\$15.00
	Principal occu RETIRED	pation / Job title (See Instructions)	Employer (See Instructions RETIRED	)		
	Date 12/04/2024	Full name of contributor out-of-state PAC (ID#:_POLK, AMANDA  Contributor address; City; State; Zip Code  MANVEL, TX 77578	)		Amount of Contribution (\$)	\$10.00
	Principal occu NURSE	pation / Job title (See Instructions)	Employer (See Instructions MD ANDERSON CANC		CENTER	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	_E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/10 Rpt: 10/22	
2	FILER NAME Brazoria Cou	unty Democratic Party (CEC)		3	Filer ID (Ethics Commission 00017074	on Filers)
4	Date 10/30/2024	5 Full name of contributor out-of-state PAC (ID#:_ PRICE, DARLA  6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	HOUSTON, TX 77047  upation / Job title (See Instructions)	9 Employer (See Instructions)	<u> </u>		
_	UNEMPLOY	'ED	UNEMPLOYED	,		
	Date 12/21/2024	Full name of contributor out-of-state PAC (ID#:_ RENTERS WAREHOUSE HOUSTON Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$3,000.00
	Principal occu	MANVEL, TX 77578  upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
	i illicipai occa	pation 7 oob title (oce instructions)	Employer (See Manacaons)			
	Date 11/28/2024	Full name of contributor out-of-state PAC (ID#:_ SNAPP, COOPER Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$40.00
		PEARLAND, TX 77581				
	Principal occu ENGINEER	pation / Job title (See Instructions)	Employer (See Instructions) NASA	)		
	Date 11/28/2024	Full name of contributor out-of-state PAC (ID#:_SNAPP, LEILANI  Contributor address; City; State; Zip Code  PEARLAND, TX 77581			Amount of Contribution (\$)	\$40.00
	Principal occu MANAGER	ppation / Job title (See Instructions)	Employer (See Instructions) SPIRIT HALLOWEEN	)		
	Date 10/30/2024	Full name of contributor out-of-state PAC (ID#:_SPAIN, CHARLES  Contributor address; City; State; Zip Code  HOUSTON, TX 77006			Amount of Contribution (\$)	\$20.00
	Principal occu ATTORNEY	ipation / Job title (See Instructions)	Employer (See Instructions) SELF EMPLOYED	)		

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDULI	<b>A1</b>
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 8/10 Rpt: 11/22	
2	FILER NAME Brazoria Cou	unty Democratic Party (CEC)			3	Filer ID (Ethics Commission 00017074	ı Filers)
4	Date 12/26/2024	5 Full name of contributor TAYLOR, TARAH 6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code	)	7	Amount of Contribution (\$)	\$30.00
		PEARLAND, TX 77584					
8	INSTRUCTION	pation / Job title (See Instructions ONAL DESIGNER		Employer (See Instructions SOUTHWEST AIRLINE			
	Date 12/20/2024	Full name of contributor TEPPER, SHEILA Contributor address; City; St	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
	Dringing agg	LAKE JACKSON, TX 775		Employer (See Instructions	<u></u>		
	SUB TEACH	pation / Job title (See Instructions IER	)	Employer (See Instructions BRAZORIA IND SCHOOL		DISTRICT	
	Date 12/26/2024	Full name of contributor THIEDE, CHRIS  Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code	)		Amount of Contribution (\$)	\$30.00
		LAKE JACKSON, TX 775					
	Principal occu CHEMICAL	pation / Job title (See Instructions ENGINEER	)	Employer (See Instructions DOW	s) 		
	Date 10/30/2024	Full name of contributor TURNER, ZARIA  Contributor address; City; St  PEARLAND, TX 77584	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu UNEMPLOY	pation / Job title (See Instructions	)	Employer (See Instructions UNEMPLOYED	<u>l</u> 5)		
	Date 12/04/2024	Full name of contributor VAN CLEVE, JUDY Contributor address; City; St PEARLAND, TX 77584	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occu PR CONSUL	pation / Job title (See Instructions _TANT	)	Employer (See Instructions VAN CLEVE-HOUSTON		R	

	MONET	ARY POLITICAL CONT	TRIBUTION	S		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to co	mplete this form	n.	1	Total pages Schedule A1: Sch: 9/10 Rpt: 12/22	
2	FILER NAME Brazoria Cou	unty Democratic Party (CEC)			3	Filer ID (Ethics Commission 00017074	ı Filers)
4	Date 10/30/2024	VAUGHN, DEBBIE	of-state PAC (ID#: Code		7	Amount of Contribution (\$)	\$20.00
8	Principal occu	PEARLAND, TX 77584 pation / Job title (See Instructions)	la la	Employer (See Instructions	.) 		
	UNEMPLOY			UNEMPLOYED	')		
	Date 12/15/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-				Amount of Contribution (\$)	\$40.00
		ANGLETON, TX 77515					
	Principal occu UNEMPLOY	pation / Job title (See Instructions) ED		Employer (See Instructions UNEMPLOYED	i)		
	Date 10/30/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
		PEARLAND, TX 77584					
	Principal occu MANAGER	pation / Job title (See Instructions)		Employer (See Instructions MODERNA	i)		
	Date 12/26/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$15.00
	Principal occu UNEMPLOY	pation / Job title (See Instructions)		Employer (See Instructions UNEMPLOYED	5)		
	Date 12/26/2024	Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:			Amount of Contribution (\$)	\$15.00
	Principal occu PHYSICIAN	pation / Job title (See Instructions)		Employer (See Instructions	)		
			I				

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this	form.		Total pages Schedule A1: Sch: 10/10 Rpt: 13/22
2	FILER NAME		3	Filer ID (Ethics Commission Filers)	
	Brazoria County Democratic Party (CEC)			00017074	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)
	12/26/2024	ZAMORA, STEPHANIE			\$75.00
		6 Contributor address; City; State; Zip Code  LAKE JACKSON, TX 77566			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)	
	NURSE PRA	ACTIONER	THEORY HEALTH MED	DIC	AL CLINIC

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/9 Rpt: 14/22	Brazoria County Democratic Party (CEC) 00017074
4	Date	5 Payee name
	12/26/2024	ACTBLUE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$51.07	P O BOX 441146
		SOMMERVILLE, ME 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		FEES
_	Complete ONLY if disent	Condidate Office halder years Office as white
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/07/2024	COASTAL PLAINS LANDFILL
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.00	P. O. BOX 184
		FRIENDSWOOD, TX 77549
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense OFFICE CLEANUP
		OFFICE CLEANOT
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Data	Para and a second secon
	Date 11/27/2024	Payee name  EXTRA SPACE STORAGE
	Amount (\$)	Payee address; City; State; Zip Code
	\$165.64	1400 S. DURANT
		ALVIN, TX 77511
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		STORAGE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
1		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/9 Rpt: 15/22	Brazoria County Democratic Party (CEC) 00017074
4	Date	5 Payee name
	12/23/2024	EXTRA SPACE STORAGE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$115.00	1400 S. DURANT
		ALVIN, TX 77511
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  STORAGE
		STORAGE
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	10/31/2024	HATTON, LARITA LASHEA
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	823 NORFOLK DRIVE
		PEARLAND, TX 77584
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  POLL GREETER
		POLL GREETER
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	Para a santa
	Date	Payee name
	11/04/2024	HILL, DYLAN
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	2822 RUSSETT PLACE
		PEARLAND, TX 77584
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  SIGN INSTALLATION
		SIGN INSTALLATION
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
$\vdash$		

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By - Candidate/Officeholder/Political Committe Credit Card Payment				Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not liste  The Instruction Guide explains how to complete this form.						above)		
	Credit Card F dyment			The Instruction G	uide explains l	now to co	mple	ete this form.				
1	Total pages Schedule F1:	2 F	ILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 3/9 Rpt: 16/22	E	Brazoria Cou	unty Democrati	c Party (CE	C)				00017074		
4	Date	5 P	Payee name									
	11/04/2024	F	HOWARD, N	MELISSA TAYL	OR.							
6	Amount (\$)	<b>7</b> P	ayee addres	s; City;	State;	Zip Co	de					
	\$100.00	5	02 CHAMP	LAIN WAY								
		10	OWA COLC	NY, TX 77583	1							
8	PURPOSE	(a) C	Category (See	e Categories listed at t	he top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	ı	Polling Expe					브			nplete Schedule T.	
								_		officeholder livin	ig expense	
								POLL GREE	ΙĿ	₹		
_			11.1 . 10.61									
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	eholder name	C	Office sou	ght			Office h	ield	
	Date	l	Payee name									
	11/07/2024	F	HOWARD, N	MELISSA TAYL	_OR							
	Amount (\$)	P	Payee addres	s; City;	State;	Zip Co	de					
	\$150.00	5	02 CHAMP	LAIN WAY								
		10	OWA COLC	NY, TX 77583								
	PURPOSE	(a) C	Category (See	e Categories listed at t	he top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	F	Polling Expe	nse				<b>=</b>			mplete Schedule T.	
								CANVASSEF		officeholder livin	ig expense	
								CANVASSER	τ.			
	Complete ONLY if direct		andidate/Offic	eholder name		Office sou	aht			Office h	ıold	
	expenditure to benefit C/OI		andidate/Onic	enolder name		mce sou	grit			Office	iciu	
-	D :	_										
	Date	l	Payee name	DOM:								
	11/18/2024		IONES, BYF									
	Amount (\$)	l	Payee addres		State;	Zip Co	de					
	\$150.00	′	7505 MISTY	LAKE LANE								
		F	PEARLAND,	, TX 77581								
	PURPOSE OF			e Categories listed at t	he top of this sche	edule)	(b)	Description				
	EXPENDITURE	F	Polling Expe	nse				므			nplete Schedule T.	
								POLL GREE		officeholder livin	ig expense	
								. OLL OIVEL	1	•		
-	Complete ONLY if direct	L Ca	andidate/Offic	eholder name		Office sough	aht			Office h	ield	
	expenditure to benefit C/OI						9.16			000 1		
1												

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/9 Rpt: 17/22	Brazoria County Democratic Party (CEC) 00017074
4	Date	5 Payee name
	11/18/2024	JONES, BYRON
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	7505 MISTY LAKE LANE
		PEARLAND, TX 77581
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		POLL GREETER
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	11/04/2024	JONES, HUBERT
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	7505 MISTY LAKE LANE
	7200.00	
		PEARLAND, TX 77581
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		CANVASSER
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	11/04/2024	JONES, HUBERT
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	7505 MISTY LAKE LANE
	7200.00	
		PEARLAND, TX 77581
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense SIGN INSTALLATION
		SIGN INSTALLATION
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/9 Rpt: 18/22	Brazoria County Democratic Party (CEC) 00017074
4	Date	5 Payee name
	10/31/2024	JONES, HUBERT
6	Amount (\$) \$75.00	7 Payee address; City; State; Zip Code 7505 MISTY LAKE LANE PEARLAND, TX 77581
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense POLL GREETER
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/05/2024	JONES, HUBERT
	Amount (\$) \$180.00	Payee address; City; State; Zip Code 7505 MISTY LAKE LANE PEARLAND, TX 77581
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense POLL GREETER
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/04/2024	JONES, PATRICIA
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 7505 MISTY LAKE LANE
		PEARLAND, TX 77581
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  CANVASSER
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 6/9 Rpt: 19/22	2 FILER NAME Brazoria County Democratic Party (CEC) 3 Filer ID (Ethics Commission Filers) 00017074
4	Date 11/04/2024	5 Payee name JONES, PATRICIA
6	Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 7505 MISTY LAKE LANE PEARLAND, TX 77581
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  SIGN INSTALLATION
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 11/05/2024	Payee name JONES, PATRICIA
	Amount (\$) \$150.00	Payee address; City; State; Zip Code 7505 MISTY LAKE LANE PEARLAND, TX 77581
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Polling Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  POLL GREETER
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 10/31/2024	Payee name JONES, PATRICIA
	Amount (\$) \$75.00	Payee address; City; State; Zip Code 7505 MISTY LAKE LANE
		PEARLAND, TX 77581
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense POLL GREETER
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/9 Rpt: 20/22	Brazoria County Democratic Party (CEC)  00017074
4	Date 12/19/2024	5 Payee name MAILCHIP.COM
6	Amount (\$) \$115.12	7 Payee address; City; State; Zip Code 675 PONCE DE LEON AVE NE SUITE 5000 ATLANTA, GA 30308
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  WEBSITE
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/07/2024	RENTERS WAREHOUSE HOUSTON
	Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 11800 MAGNOLIA PARKWAY
		MANVEL, TX 77578
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  OFFICE RENT
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 10/31/2024	Payee name ROBEY, CARYN
	Amount (\$) \$75.00	Payee address; City; State; Zip Code 7107 WATER GLEN LANE
		MANVEL, TX 77578
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Polling Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  CANVASSER
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/9 Rpt: 21/22	Brazoria County Democratic Party (CEC) 00017074
4	Date	5 Payee name
	10/31/2024	ROBEY, LOUIS
6	Amount (\$) \$30.00	7 Payee address; City; State; Zip Code 7107 WATER GLEN LANE
		MANVEL, TX 77578
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  CANVASSER
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	10/31/2024	ROBEY, MARC
	Amount (\$) \$45.00	Payee address; City; State; Zip Code 7107 WATER GLEN LANE
		MANVEL, TX 77578
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Polling Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  CANVASSER
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/31/2024	SCOTT, MALCOLM
	Amount (\$) \$75.00	Payee address; City; State; Zip Code 823 NORFORK DRIVE
		PEARLAND, TX 77584
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense POLL GREETER
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal S	ervices  struction Guide explains h		iges/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)
_	Sch: 9/9 Rpt: 22/22		Democratic Party (CE	C)			00017074	(
4	Date	5 Payee name						
	11/04/2024	WOOSLEY, MAF	RILYN					
6	Amount (\$)	<b>7</b> Payee address;	City; State;	Zip Cod	е			
	\$100.00	3905 CEDARWO	OD DRIVE					
		PEARLAND, TX	77584					
8	PURPOSE	(a) Category (See Categ	ories listed at the top of this sche	edule) (	b) Description			
	OF EXPENDITURE	Advertising Expe	nse				ide of Texas. Com	
					SIGN INSTA		, officeholder living	expense
					SIGN INSTA	LLA	TION	
_								
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officehold	er name C	Office soug	ht		Office he	eld
	Date	Payee name						
	11/07/2024	YOUNG, KAITLY	N					
	Amount (\$)	Payee address;	City; State;	Zip Cod	e			
	\$180.00	1231 DIAMOND	•					
	Ψ100.00	1231 DII/ ((VIOND	DIVII E DIVIVE					
		PEARLAND, TX	77581					
	PURPOSE	(a) Category (See Cate	ories listed at the top of this sche	edule) (	<b>b)</b> Description			
	OF EXPENDITURE	Polling Expense	<b>=</b>	Check if travel outside of Texas. Complete Schedule T.				
Check if Austin, 1X, officenoider living expense					expense			
					CANVASSEF	≺		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholo	ler name C	Office soug	ht		Office he	eld
	experioration benefit C/Oi							
	Date	Payee name						
	11/04/2024	YOUNG, KAITLY	N					
	Amount (\$)	Payee address;	City; State;	Zip Cod	e			
	\$100.00	1231 DIAMOND	•					
	4200.00		2.0					
		PEARLAND, TX	77501					
				1.				
	PURPOSE OF		ories listed at the top of this sche	edule) (	b) Description			
	EXPENDITURE	Polling Expense					ide of Texas. Com , officeholder living	
					POLL GREE			expense
					, OLL OIVEL			
	Complete ONLY !! -!!!	Condidate (Cff: 1. 1	lor nome	office a	h+		O#:!	ald.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officehold	iei name – C	Office soug	IIL		Office he	eiu