COUNTY EXECUTIVE COMMITTEE CAMPAIGN FINANCE REPORT

FORM CEC COVER SHEET PG 1

| Т٢ | e CEC Instruction G | uide explains how to complete this form. | 1 Filer ID 000694 | | ilers) | 2 Total pages 1 64 | filed: | |
|-----|-------------------------|--|-------------------|----------------|-----------|----------------------------------|----------------|------------|
| 3 | COMMITTEE NAME | | | | | OFFICE | USE ON | LY |
| | Jefferson County E | Democratic Party (CEC) | | | | Date Received | 202 011 | |
| | | | | | | ELECTRONIC 01/15/2025 | CALLY FIL | ED |
| 4 | COMMITTEE | ADDRESS / PO BOX; APT / SUITE #; CI | TY; S | TATE; ZIP (| CODE | | | |
| | ADDRESS | 2211 Calder Ave. | | | | Date Hand-delivered | or Date Postma | arked |
| | Change of Address | | | | | | | |
| | | Beaumont, TX 77701 | | | | Receipt # | Amount | |
| | | | | | | | | |
| | | | | | | Date Processed | • | |
| | | | | | | | | |
| | | | | | 1 | Date Imaged | | |
| | | | | | | | | |
| 5 | CAMPAIGN | MS / MRS / MR FIRST | | | I | MI | | |
| | TREASURER NAME | Ms. Pamela | | | | | | |
| | | | | | | | | |
| | | NICKNAME LAST | | | | SUFFIX | | |
| | | Vickers | | | | | | |
| | | | | | | | | |
| 6 | CAMPAIGN | STREET ADDRESS (NO PO BOX PLEASE); | | APT / SUITE #; | CITY; | ST | ATE; Z | ZIP CODE |
| | TREASURER | 219 Chicago Avenue | | | | | | |
| | STREET ADDRESS | | | | | | | |
| | (Residence or Business) | Nederland, TX 77627 | | | | | | |
| Ļ | | | | | CITV | | | |
| Ľ | CAMPAIGN TREASURER | STREET OR PO BOX; | | APT / SUITE #; | CITY; | 2 | STATE; Z | IP CODE |
| | MAILING | 219 Chicago Avenue | | | | | | |
| | ADDRESS | | | | | | | |
| | Change of Address | Nederland, TX 77627 | | | | | | |
| 8 | CAMPAIGN | AREA CODE PHONE NUMBER | EXTENSION | | | | | |
| ľ | TREASURER | (409) 960-4009 | EXTENSION | | | | | |
| | PHONE | | | | | | | |
| 9 | REPORT | X January 15 | Oth day before | alaction | | Final Danart | | |
| | TYPE | X January 15 3 | 0th day before | election | | Final Report | | |
| | | | th day before e | lection | | 10th day after ca termination | ampaign trea | surer |
| | | July 15 | unoff | | | termination | | |
| | 0000 | | | | | | | |
| 10 | PERIOD COVERED | Month Day Year | HROUGH | Month | Day | Year | | |
| | 0012.120 | 10/27/2024 Т | HRUUGH | 12 | 2/31/2024 | | | |
| 11 | | ELECTION DATE | | ELECTION | TVDE | | | |
| 111 | ELECTION | | Primary | ELECTION | TTPE | Other | | |
| | | 11/05/2024 | Fiindiy | | | | | |
| | | | General | Special | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | GO | TO PAGE | 2 | | | | |
| Fo | rms provided by Tex | xas Ethics Commission www.e | thics.state.t | x.us | | Vers | ion V4.1.0 |).5dd2ace2 |
| | | | | | | | | |

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC COVER SHEET PG 2

| 12 COMMITTEE NAME | | | | 13 F | iler ID | (Ethics Commission Filers) |
|---|---|---|--|----------------------------------|----------------|----------------------------|
| Jefferson County Demo | cratic Party (CEC) | | | 0 | 0069482 | |
| 14 COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Democrat | L | | |
| (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. SupportedB. Opposed | | | | |
| | | в. Opposeu | | | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | | |
| 15 CONTRIBUTION TOTALS | PLEDGES, LOAN | 5, OR GUARAN MADE ELECT | CONTRIBUTIONS (OTH NTEES OF LOANS, OR RONICALLY) e higher itemization threshold | ER THAN | \$ | 0.00 |
| | 2. TOTAL POLITIC (OTHER THAN P | | BUTIONS NS, OR GUARANTEES OI | F LOANS) | \$ | 12,477.90 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZ | ED POLITICAL | EXPENDITURES | | \$ | 0.00 |
| | 4. TOTAL POLITIC | AL EXPEND | ITURES | | \$ | 51,905.27 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICA OF THE REPORT | | IONS MAINTAINED AS OI | THE LAST DAY | \$ | 16,069.69 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPA LAST DAY OF TH | | ALL OUTSTANDING LO | ANS AS OF THE | \$ | 0.00 |
| 16 AFFIDAVIT | • | | | | • | |
| | | | l swear, or affirm, under true and correct and inclu under Title 15, Election C | udes all informatio | | |
| | | | | | | |
| | | | | Ms. Pamela V nature of Campai | | or |
| | | | Sig | nature of Campan | yn neasun | |
| AFFIX NOTARY | STAMP / SEAL ABOV | E | | | | |
| | | | | | e | day |
| of | _, 20, to certil | y which, witnes | s my hand and seal of offi | ce. | | |
| Signature of officer ad | ministering oath | Printed name | e of officer administering o | ath T | itle of office | er administering oath |
| Forms provided by Texas E | thics Commission | www | v.ethics.state.tx.us | | | Version V4.1.0.5dd2ace2 |

| S | UBT | OTALS - CEC | С | FO OVER SH | EET PG 3 3 of 64 |
|----|-----|--|-------------------------|---------------|----------------------------|
| - | | EE NAME County Democratic Party (CEC) | 18 Filer ID 00069482 | (Ethics Comr | nission Filers) |
| | | E SUBTOTALS SCHEDULE | | SUBTO | TAL AMOUNT |
| 1. | Х | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 12,477.90 |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | |
| 4. | | SCHEDULE E: LOANS | | \$ | |
| 5. | Х | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | 5 | \$ | 51,905.27 |
| 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 I TO FILER | RETURNED | \$ | |
| | | | | | |

| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: Sch: 1/23 Rpt: 4/64 |
|---|---|
| 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Jefferson County Democratic Party (CEC) | 00069482 |
| 4 Date 5 Full name of contributor out-of-state PAC (ID#:) | 7 Amount of Contribution (\$) |
| 12/12/2024 Alfred, Bo | \$62.50 |
| 6 Contributor address; City; State; Zip Code | |
| | |
| Beaumont, TX 77707 | |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) | s) |
| Commissioner Jefferson County | -, |
| Date Full name of contributor out-of-state PAC (ID#:) | Amount of Contribution (\$) |
| 10/28/2024 Andrews, Jean | \$25.00 |
| Contributor address; City; State; Zip Code | · |
| | |
| | |
| Beaumont, TX 77706 | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | s) |
| Retired | |
| Date Full name of contributor out-of-state PAC (ID#:) | Amount of Contribution (\$) |
| 12/01/2024 Bates, Christopher | \$9.60 |
| Contributor address; City; State; Zip Code | 1 |
| | |
| | |
| Port Arthur, TX 77642 | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | |
| Constable Jefferson County, Texa | S |
| Date Full name of contributor out-of-state PAC (ID#:) | Amount of Contribution (\$) |
| 12/08/2024 Bell, Lydia | \$9.60 |
| Contributor address; City; State; Zip Code | 1 |
| | |
| Beaumont, TX 77705 | |
| | ~ |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | 5) |
| | |
| Date Full name of contributor out-of-state PAC (ID#:) | Amount of Contribution (\$) \$9.60 |
| 11/03/2024 Bell, Lydia | φ3.00 |
| Contributor address; City; State; Zip Code | |
| | |
| Beaumont, TX 77705 | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | <u>ا</u> |
| Not Employed | -, |
| | 1 |
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|---|----------------|--|------------------------|-------------------------------|---|---|---------|
| | The Instru | ction Guide explains how to | complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 2/23 Rpt: 5/64 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | Filers) |
| | | ounty Democratic Party (CEC) | | | | 00069482 | , |
| 4 | Date | 5 Full name of contributor | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 12/08/2024 | Bland, Phyllis | | | | | \$9.60 |
| | | 6 Contributor address; City; State; | Zip Code | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Beaumont, TX 77706 | | | | | |
| 8 | | pation / Job title (See Instructions) | | 9 Employer (See Instructions) |) | | |
| | Retired | | | | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 12/08/2024 | Bradford, Tessie | | | | | \$19.21 |
| | | Contributor address; City; State; | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Beaumont, TX 77713 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions) |) | | |
| | Dean | | | LSCPA | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 11/10/2024 | Bradford, Tessie | | | | | \$19.21 |
| | | Contributor address; City; State; | ; Zip Code | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Beaumont, TX 77713 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions) |) | | |
| | Dean | | | LSCPA | | | |
| F | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 12/08/2024 | Brown, Meg (Mrs.) | | | | | \$19.21 |
| | | Contributor address; City; State; | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Beaumont, TX 77702 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions) | | | |
| | NP | | | Primary Care Anywhere | | | |
| F | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 11/10/2024 | Brown, Meg (Mrs.) | | | | | \$19.21 |
| | | Contributor address; City; State; | ; Zip Code | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Beaumont, TX 77702 | | | | | |
| | Principal occu | ipation / Job title (See Instructions) | | Employer (See Instructions) |) | | |
| | NP | | | Primary Care Anywhere | | | |
| | | | | | | | |
| | | | | | | | |

| The I | Instruc | ction Guide explains how to complete this f | iorm. | 1 Total pages Schedule A1: Sch: 3/23 Rpt: 6/64 |
|-----------|----------|--|-----------------------------|---|
| 2 FILER | | | | 3 Filer ID (Ethics Commission Filers) |
| | | unty Democratic Party (CEC) | | 00069482 |
| 4 Date | | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) |
| 12/08/ | 8/2024 | Byrd, Pamela | | \$9. |
| | | 6 Contributor address; City; State; Zip Code | | |
| | | | | |
| | | Beaumont, TX 77713 | | |
| 8 Princip | pal occu | pation / Job title (See Instructions) | 9 Employer (See Instruction | ns) |
| Assoc | ciate | | Legal Shield | |
| Date | | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 11/10/ | /2024 | Byrd, Pamela | | \$9. |
| | | Contributor address; City; State; Zip Code | | |
| | | | | |
| | | | | |
| | | Beaumont, TX 77713 | | |
| | | pation / Job title (See Instructions) | Employer (See Instruction | ns) |
| Assoc | ciate | | Legal Shield | |
| Date | | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 11/17/ | /2024 | Carrier, Melody | | \$24. |
| | | Contributor address; City; State; Zip Code | | |
| | | | | |
| | | | | |
| | | Beaumont, TX 77701 | 1 _ · · · | |
| | | pation / Job title (See Instructions) | Employer (See Instruction | |
| Attorn | ley | | Carrier and Allison Law | |
| Date | 10004 | |) | Amount of Contribution (\$) |
| 11/10/ |)/2024 | Cherry, Cindy (Mrs.) | | \$24. |
| | | Contributor address; City; State; Zip Code | | |
| | | | | |
| | | Beaumont, TX 77707 | | |
| Princip | pal occu | pation / Job title (See Instructions) | Employer (See Instruction | ns) |
| Retire | | | | |
| Date | | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | /2024 | Churton, Pete | | \$14. |
| | | Contributor address; City; State; Zip Code | | |
| | | | | |
| | | | | |
| | | Beaumont, TX 77708 | | |
| Princip | pal occu | pation / Job title (See Instructions) | Employer (See Instruction | ns) |
| Retire | ed | | | |
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| The Inst | truction Guide explains how to complete this f | form. | 1 Total pages Schedule A1: Sch: 4/23 Rpt: 7/64 |
|-------------------|---|------------------------------|---|
| 2 FILER NA | MF | | 3 Filer ID (Ethics Commission Filers) |
| | County Democratic Party (CEC) | | 00069482 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| 12/08/202 | 24 Collazo, Patricia (Mrs.) | | \$24.01 |
| | 6 Contributor address; City; State; Zip Code | | 1 |
| | | | |
| | | | |
| | Nederland, TX 77627 | | |
| | occupation / Job title (See Instructions) | 9 Employer (See Instructions | 5) |
| Retired | | | 1 |
| Date | — — |) | Amount of Contribution (\$) |
| 11/03/202 | | | \$24.01 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Nederland, TX 77627 | | |
| Principal o | Decupation / Job title (See Instructions) | Employer (See Instructions | <u></u> |
| Retired | | | >/ |
| | | \ | 1 Amount of Constribution (\$) |
| Date 11/17/202 | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) \$19.21 |
| | | | φτσ.ζτ |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Nederland, TX 77627 | | |
| Principal o | ccupation / Job title (See Instructions) | Employer (See Instructions | 5) |
| Retired | | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 12/12/202 | 24 Collins, Ben | | \$62.50 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Beaumont, TX 77706 | | |
| - | occupation / Job title (See Instructions) | Employer (See Instructions | 5) |
| Justice of | f the Peace | Jefferson County | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 11/17/202 | 24 Cooper, Michael | | \$9.60 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Beaumont, TX 77706 | | <u> </u> |
| | occupation / Job title (See Instructions) | Employer (See Instructions | 5) |
| Pastor | | The Church of I AM | |
| | | | |

| The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 5/23 Rpt: 8/64 |
|------------------|--|------------------------------|---|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | punty Democratic Party (CEC) | | 00069482 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) |
| 12/08/2024 | Courts, John | | \$9.6 |
| | 6 Contributor address; City; State; Zip Code | | |
| | | | |
| | Beaumont, TX 77706 | | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | <u> </u> |
| Police Office | | Beaumont Police Depar | |
| Date | | | 1 |
| 11/10/2024 | Courts, John |) | Amount of Contribution (\$) \$9.6 |
| 11/10/2024 | | | φ 3 .0 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Beaumont, TX 77706 | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> |
| Police Office | | Beaumont Police Depar | |
| Date | | | Amount of Contribution (\$) |
| 11/24/2024 | Crawford, Lori |) | \$5.7 |
| 11/24/2024 | Contributor address; City; State; Zip Code | | ψΟ. Ι |
| | Contributor address, City, State, Zip Code | | |
| | | | |
| | Seabrook, TX 77586 | | |
| Principal occu | I Ipation / Job title (See Instructions) | Employer (See Instructions | ۱ ۶) |
| Legal Assist | ant | West Memorial Municipa | al Utility District |
| Date | Full name of contributor Out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 11/24/2024 | Crosby, Gabriel (Mr.) | | \$9.6 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Beaumont, TX 77713 | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) |
| Asst. VP | | Lamar University | |
| Date | Full name of contributor out-of-state PAC (ID#:_ | ·) | Amount of Contribution (\$) |
| 12/08/2024 | Deal, Jodera (Mrs.) | | \$14.4 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Beaumont , TX 77706 | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | S) |
| Unknown | | | |
| | | | |
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| The | e Instru | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 6/23 Rpt: 9/64 | |
|--------------|---------------------------|---|--------------------------------------|--------------|---|------------|
| 2 FILE | ER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| Jeff | ierson Co | ounty Democratic Party (CEC) | | | 00069482 | |
| 4 Date | е | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| 11/1 | 10/2024 | Deal, Jodera (Mrs.) | | | | \$14.40 |
| | ļ | 6 Contributor address; City; State; Zip Code | | | | |
| | ļ | 1 | | | | |
| | | Beaumont , TX 77706 | | | | |
| | | pation / Job title (See Instructions) | 9 Employer (See Instructions) | ;) | | |
| Unk | known | | <u> </u> | — | | |
| Date | - | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | _ |
| 12/0 | 08/2024 | Doyle, Earnest | | | | \$19.21 |
| | ļ | Contributor address; City; State; Zip Code | | | | |
| | ļ | 1 | | | | |
| | ļ | Beaumont, TX 77706 | | | | |
| Drin | | pation / Job title (See Instructions) | Employer (See Instructions) | <u> </u> | | |
| | icipal occu iety Advis | | Employer (See Instructions, Exxon | <i>i</i>) | | |
| | | | | _ | Amount of Contribution (\$) | |
| Date 11/1 | e 10/2024 | Full name of contributor out-of-state PAC (ID#: Doyle, Earnest |) | | Amount of Contribution (\$) | \$19.21 |
| ± 1, 1 | 10/2024 | - | | | | ΦΙΰ.ΖΙ |
| | ļ | Contributor address; City; State; Zip Code | | | | |
| | ļ | 1 | | | | |
| | | Beaumont, TX 77706 | | | | |
| Prin | icipal occu | pation / Job title (See Instructions) | Employer (See Instructions) | L | | |
| | iety Advis | | Exxon | | | |
| Date | e | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| 10/2 | 28/2024 | Eddins, Gerland (Judge) | | | | \$200.00 |
| | ļ | Contributor address; City; State; Zip Code | | | | |
| | ļ | | | | | |
| | ļ | 1 | | | | |
| | | Beaumont, TX 77706 | | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions) | 5) | | |
| Judų | lge | | Jefferson County | | | |
| Date | e | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| 10/2 | 28/2024 | Ferguson Law Firm | | | | \$4,800.00 |
| | ļ | Contributor address; City; State; Zip Code | | 1 | | |
| | ļ | 1 | | | | |
| | ļ | 5 TV 77701 | | | | |
| Duia | | Beaumont, TX 77701 | (2) sectored in sec | Ĺ | | |
| Princ | cipal occu | pation / Job title (See Instructions) | Employer (See Instructions) | ;) | | |
| | | J | <u> </u> | | | |
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| The Instru | iction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 7/23 Rpt: 10/64 |
|--------------------|--|------------------------------|--|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | ounty Democratic Party (CEC) | | 00069482 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) |
| 12/08/2024 | Fontenot, Lorann | | \$9.60 |
| | 6 Contributor address; City; State; Zip Code | | 1 |
| | | | |
| | Beaumont, TX 77701 | | |
| 8 Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | 5) |
| Unknown | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 12/08/2024 | Gallaspy, Elizabeth (Mrs.) | | \$9.60 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Beaumont, TX 77708 | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | 3) |
| Attorney | | Self | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 11/03/2024 | Gallaspy, Elizabeth (Mrs.) | | \$9.60 |
| | Contributor address; City; State; Zip Code | | 1 |
| | | | |
| | Beaumont, TX 77708 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u></u> |
| Attorney | | Self | >) |
| - | Full name of contributor Out-of-state PAC (ID#: | | Amount of Contribution (\$) |
| Date 11/24/2024 | |) | Amount of Contribution (\$) \$4.80 |
| 11/24/2027 | | | ψ τ .συ |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Beaumont, TX 77706 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u>ا</u> ۶) |
| Teacher | | All Saints Episcopal Sch | וססו |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 12/08/2024 | Garth, Cecile | | \$9.60 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Beaumont, TX 77707 | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | \$) |
| Retired | | | |
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| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 8/23 Rpt: 11/64 | |
|---|----------------|--|---|----------|--|------------|
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | ounty Democratic Party (CEC) | | | 00069482 | , |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 11/10/2024 | Gernale, Charmaine | | | | \$6.24 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | Austin TV 79754 | | | | |
| Ļ | Dringing age | Austin, TX 78754 | C Employer (Cap Instructions | | | |
| ° | Data analyst | pation / Job title (See Instructions) | 9 Employer (See Instructions State of Texas | 5) | | |
| ⊨ | Date | | <u> </u> | Г | Amount of Contribution (\$) | |
| | 12/12/2024 | Giblin, Keith (Mr.) |) | | | \$125.00 |
| | 12/12/2024 | | | | | φ125.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Beaumont, TX 77706 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u>ا</u> | | |
| | District Attor | , | Jefferson County | 5) | | |
| ⊢ | | | | <u> </u> | | |
| | Date | |) | | Amount of Contribution (\$) | ¢2 500 00 |
| | 12/10/2024 | | | | | \$2,500.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Beaumont, TX 77701 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u>ا</u> | | |
| | Retired | | | 5) | | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Г | Amount of Contribution (\$) | |
| | 12/08/2024 | Graves, Ava (Mrs.) |) | | | \$24.01 |
| | 12,00,2021 | Contributor address; City; State; Zip Code | | • | | \$2 HO1 |
| | | Contributor address, City, State, Zip Code | | | | |
| | | | | | | |
| | | Beaumont, TX 77701 | | | | |
| ⊢ | Principal occu | I Ipation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Retired | | | | | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Γ | Amount of Contribution (\$) | |
| | 11/03/2024 | Graves, Ava (Mrs.) | | | ., | \$24.01 |
| | | Contributor address; City; State; Zip Code | | • | | |
| | | | | | | |
| | | | | | | |
| | | Beaumont, TX 77701 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Retired | | | | | |
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| The Instruc | ction Guide explains how to complete this | form. | 1 Total pages Schedule A1: Sch: 9/23 Rpt: 12/64 |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | unty Democratic Party (CEC) | | 00069482 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| 11/17/2024 | Graves, Ava (Mrs.) | | \$24.0 |
| | 6 Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Beaumont, TX 77701 | | |
| 8 Principal occup | pation / Job title (See Instructions) | 9 Employer (See Instructions | ;) ;) |
| Retired | | | |
| Date | Full name of contributor out-of-state PAC (ID#: | :) | Amount of Contribution (\$) |
| 12/01/2024 | Hamilton, Tiffany (Miss) | | \$9.0 |
| 1 | | | |
| | | | |
| | | | |
| | Port Arthur, TX 77642 | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | l 3) |
| Case Manag | | Endeavors | , |
| Date | | :) | Amount of Contribution (\$) |
| 11/17/2024 | Hancock, Artemus | ·/ | \$9.0 |
| 11/1//2021 | | | |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Port Arthur, TX 77640 | | |
| Principal occur | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> |
| Retired | | | <i>)</i> |
| | | <u> </u> | |
| Date | Full name of contributor Out-of-state PAC (ID#: | :) | Amount of Contribution (\$) |
| 12/08/2024 | Hancock, Doug | | \$9.0 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Vidor, TX 77662 | | |
| | pation / Job title (See Instructions) | Employer (See Instructions | 3) |
| Electrician | | Newtron | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 12/05/2024 | Hatcher, Beverly (Mrs.) | | \$30.0 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Beaumont, TX 77706-7851 | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | ;) |
| President | | Golden Triangle Minority | y Business Councilefferson County |
| | | | |
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| The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 10/23 Rpt: 13/64 | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filer | ·s) |
| | ounty Democratic Party (CEC) | | 00069482 | 0) |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) | |
| 12/08/2024 | Heintzelman, Chris (Mr.) | | \$ | \$9.60 |
| | 6 Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Beaumont, TX 77706 | | | |
| 8 Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions |) | |
| Software En | ngineer | Serco NA | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 11/24/2024 | Hochstrasser, Williard | | \$ | \$9.60 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Groves, TX 77619 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | | |
| Constructior | 1 | Turner Industries | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 12/08/2024 | Kinlaw, Valerie | | \$ | \$9.60 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Port Arthur, TX 77642 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | | |
| Nurse | | BISD | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 12/08/2024 | Kirkwood, Mary (Ms.) | | \$2 | 24.01 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Beaumont, TX 77708 | | | |
| - | upation / Job title (See Instructions) | Employer (See Instructions | | |
| Retired | | Retired | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 11/10/2024 | Kirkwood, Mary (Ms.) | | \$2 | 24.01 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Beaumont, TX 77708 | i | | |
| | upation / Job title (See Instructions) | Employer (See Instructions |) | |
| Retired | | Retired | | |
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| The Instru | iction Guide explains how to complete this f | ^f orm. | 1 Total pages Schedule A1: Sch: 11/23 Rpt: 14/64 |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | ounty Democratic Party (CEC) | | 00069482 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) |
| 11/10/2024 | Kirkwood, Mary (Ms.) | | \$24.01 |
| | 6 Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Beaumont, TX 77708 | | Į |
| - | upation / Job title (See Instructions) | 9 Employer (See Instructions | 5) |
| Retired | | Retired | . |
| Date | |) | Amount of Contribution (\$) |
| 12/01/2024 | | | |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Beaumont, TX 77705 | | |
| Drincinal occu | | Employer (See Instructions | |
| Retired | upation / Job title (See Instructions) | Employer (See Instructions Retired | 5) |
| | | | |
| Date | — |) | Amount of Contribution (\$) |
| 12/01/2024 | Lampson, Nick | | \$24.01 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Beaumont, TX 77706 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | s) |
| Executive | | Riceland Healthcare | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 11/03/2024 | Lampson, Nick | | \$24.01 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Beaumont, TX 77706 | 1 | |
| · | upation / Job title (See Instructions) | Employer (See Instructions | s) |
| Executive | | Riceland Healthcare | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 12/08/2024 | Lara, Johnny | | \$9.60 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Beaumont, TX 77702 | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | |
| CEO | | Location Proximity Netw | VORK |
| | | | |

| The Instru | ction Guide explains how to complete this | form. | 1 Total pages Schedule A1: Sch: 12/23 Rpt: 15/64 |
|--------------------|--|-------------------------------|---|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | ounty Democratic Party (CEC) | | 00069482 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID# | :) | 7 Amount of Contribution (\$) |
| 12/01/2024 | Locke, Shawn (Mrs.) | | \$24.0 |
| | 6 Contributor address; City; State; Zip Code | | |
| | | | |
| | Beaumont, TX 77705 | | |
| 8 Principal occu | Lupation / Job title (See Instructions) | 9 Employer (See Instructions) | l;) |
| Realtor | | Self | |
| Date | Full name of contributor Out-of-state PAC (ID#: | :) | Amount of Contribution (\$) |
| 11/03/2024 | Locke, Shawn (Mrs.) | ·, | \$24.0 |
| | | | |
| | ······································ | | |
| | | | |
| | Beaumont, TX 77705 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions) | ;) |
| Realtor | | Self | |
| Date | Full name of contributor out-of-state PAC (ID# | :) | Amount of Contribution (\$) |
| 10/28/2024 | Makin, Lynda K (Mrs.) | | \$100.0 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Beaumont, TX 77701 | _ | |
| | upation / Job title (See Instructions) | Employer (See Instructions) |) |
| Self | | Makin Law Firm | |
| Date | | :) | Amount of Contribution (\$) |
| 12/05/2024 | Mathis, Ron | | \$30.0 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Beaumont, TX 77703 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions) | <u> </u> |
| Retired | | |) |
| | Full name of contributor Out-of-state PAC (ID# | <u> </u> | Amount of Contribution (\$) |
| Date 12/08/2024 | Full name of contributor out-of-state PAC (ID#: Mercer, Chrissy | :) | Amount of Contribution (\$) \$4.8 |
| | Contributor address; City; State; Zip Code | | ψ-τ.ς |
| | Continuutor address, City, State, Zip Code | | |
| | | | |
| | Port Neches, TX 77651 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions) | <u> </u> ;) |
| Banker | | MCT Credit Union | |
| | | | |
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| | The Instru | ction Guide explains how to complete | this for | m. | 1 | Total pages Schedule A1: Sch: 13/23 Rpt: 16/64 | |
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| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | Filers) |
| - | | ounty Democratic Party (CEC) | | | ľ | 00069482 | |
| 4 | Date | 5 Full name of contributor out-of-state PA | .C (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 11/10/2024 | Mercer, Chrissy | | | | | \$4.80 |
| | | 6 Contributor address; City; State; Zip Code | | | 1 | | |
| | | | | | | | |
| | | | | | | | |
| | | Port Neches, TX 77651 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 | Employer (See Instructions | 5) | | |
| | Banker | | | MCT Credit Union | | | |
| | Date | Full name of contributor Out-of-state PA | .C (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 11/10/2024 | Moore, Colin | |) | | (י) | \$19.21 |
| | | | | | | | |
| | | Contributor address, City, State, Zip Code | | | | | |
| | | | | | | | |
| | | Beaumont, TX 77706 | | | | | |
| \vdash | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> ເ) | | |
| | Attorney | | | Provost Umphrey Law F | | n | |
| ⊨ | | | 0.415.4 | | <u> </u> | | |
| | Date | | .C (ID#: |) | | Amount of Contribution (\$) | ¢0 60 |
| | 12/08/2024 | Morgan, Jolynne | | | | | \$9.60 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | Beaumont, TX 77706 | | | | | |
| | Dringing ogg | | | Employer (See Instructions | <u> </u> | | |
| | Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions | >) | | |
| | | | | | _ | | |
| | Date | | C (ID#: |) | | Amount of Contribution (\$) | |
| | 12/08/2024 | Moser , Carol (Mrs.) | | | | | \$24.01 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Port Arthur, TX 77642 | | | | | |
| | - | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Retired | | | | | | |
| | Date | Full name of contributor 🔲 out-of-state PA | .C (ID#: |) | | Amount of Contribution (\$) | |
| | 11/10/2024 | Moser , Carol (Mrs.) | | | | | \$24.01 |
| | | Contributor address; City; State; Zip Code | | | 1 | | |
| | | | | | | | |
| | | | | | | | |
| | | Port Arthur, TX 77642 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Retired | | | | | | |
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| The Instru | ction Guide explains how to complete t | this form. | 1 Total pages Schedule A1: Sch: 14/23 Rpt: 17/64 | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission F | -ilers) |
| | ounty Democratic Party (CEC) | | 00069482 | |
| 4 Date | 5 Full name of contributor out-of-state PAC | C (ID#:) | 7 Amount of Contribution (\$) | |
| 12/08/2024 | Mouton, Robin | | | \$9.60 |
| | 6 Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Beaumont, TX 77705 | | | |
| | ipation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | |
| Retired | | | | |
| Date | Full name of contributor 🗌 out-of-state PAC | C (ID#:) | Amount of Contribution (\$) | |
| 11/17/2024 | Olson, Ryan | | | \$9.60 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Beaumont, TX 77707 | | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 6) | |
| President | | Texas Beard Company | | |
| Date | Full name of contributor 🗌 out-of-state PAC | C (ID#:) | Amount of Contribution (\$) | |
| 11/17/2024 | Philen, Joyce (Ms.) | | | \$48.02 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Nederland, TX 77627 | | | |
| - | ipation / Job title (See Instructions) | Employer (See Instructions | 5) | |
| Retired | | | | |
| Date | Full name of contributor out-of-state PAC | C (ID#:) | Amount of Contribution (\$) | |
| 12/08/2024 | Pumphrey, Loyce | | | \$19.21 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Beaumont, TX 77706 | | | |
| · | ipation / Job title (See Instructions) | Employer (See Instructions | 5) | |
| Retired | | | | |
| Date | Full name of contributor out-of-state PAC | C (ID#:) | Amount of Contribution (\$) | |
| 11/10/2024 | Pumphrey, Loyce | | | \$19.21 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Beaumont, TX 77706 | | | |
| | pation / Job title (See Instructions) | Employer (See Instructions | 6) | |
| Retired | | | | |
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| The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 15/23 Rpt: 18/64 | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Fil | lers) |
| | ounty Democratic Party (CEC) | | 00069482 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 11/24/2024 | Ramsey, Katherine | | | \$24.01 |
| | 6 Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Houston, TX 77008 | | | |
| 8 Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions |) | |
| Attorney | | Ramsey Law |) | |
| | | <u> </u> | Amount of Contribution (ft) | |
| Date 12/01/2024 | |) | Amount of Contribution (\$) | \$48.02 |
| 12/01/2024 | | | | \$48.UZ |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Beaumont, TX 77701 | | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | |
| Social Media | | Education Dynamics |) | |
| | | | Amount of Contribution (\$) | |
| Date 11/03/2024 | Ravey, Jennifer (Mrs.) |) | Amount of Contribution (\$) | \$48.02 |
| 11/03/2024 | | | | ψ 4 0.02 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Beaumont, TX 77701 | | | |
| Principal occu | I Ipation / Job title (See Instructions) | Employer (See Instructions |) | |
| Social Media | | Education Dynamics | | |
| Date | Full name of contributor Out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 12/08/2024 | Robinson, Linda (Ms.) | ······································ | | \$48.02 |
| | | | | |
| | | | | |
| | | | | |
| | Beaumont, TX 77706-7415 | | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | |
| Retired | | | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 11/10/2024 | Robinson, Linda (Ms.) | | | \$48.02 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Beaumont, TX 77706-7415 | | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions |) | |
| Retired | | | | |
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| | The Instru | ction Guide explains how to complete this | form. | 1 | Total pages Schedule A1: Sch: 16/23 Rpt: 19/64 | |
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| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | ounty Democratic Party (CEC) | | | 00069482 | , |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 11/10/2024 | Robinson, Linda (Ms.) | | | | \$48.02 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | Beaumont, TX 77706-7415 | | | | |
| 8 | Principal occu Retired | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#: |) | Г | Amount of Contribution (\$) | |
| | 11/24/2024 | Robinson, Linda (Ms.) | / | | | \$96.05 |
| | 11/24/2024 | · · · | | ł | | \$50.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Beaumont, TX 77706-7415 | | | | |
| ⊢ | Princinal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u>ا</u> | | |
| | Retired | | | 5) | | |
| ╞ | | | <u> </u> | <u> </u> | Amount of Contribution (f) | |
| | Date 11/12/2024 | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$500.00 |
| | 11/12/2024 | Robinson, Linda (Ms.) | | | | \$200.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Beaumont, TX 77706-7415 | | | | |
| _ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Retired | | | 3) | | |
| | Date | Full name of contributor out-of-state PAC (ID#: | ·) | Γ | Amount of Contribution (\$) | |
| | 10/28/2024 | Sanderson, Justin | | | | \$1,500.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Beaumont, TX 77713 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Judge | | Jefferson County | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: | ·) | Γ | Amount of Contribution (\$) | |
| | 10/28/2024 | Segura, Lillie | | | | \$50.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Beaumont, TX 77705 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | S) | | |
| | Retired | | | | | |
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| The Instru | iction Guide explains how to complete this f | form. | 1 Total pages Schedule A1: Sch: 17/23 Rpt: 20/64 | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission | Filers) |
| | ounty Democratic Party (CEC) | | 00069482 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 12/08/2024 | Shellenberger, Elaine | | | \$9.60 |
| | 6 Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Beaumont, TX 77708 | | | |
| 8 Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | <u> </u> | |
| Retired | | | ····· | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 12/08/2024 | | | | \$9.60 |
| | Contributor address; City; State; Zip Code | | | |
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| Drinsingl ago | Beaumont, TX 77701 | | | |
| Owner | upation / Job title (See Instructions) | Employer (See Instructions | ;) | |
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| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | ቀባ ፍባ |
| 12/08/2024 | · | | | \$9.60 |
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| | Beaumont, TX 77701 | | | |
| Principal occu Owner | upation / Job title (See Instructions) | Employer (See Instructions | ;) | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 11/17/2024 | | | | \$19.21 |
| | Contributor address; City; State; Zip Code | | | |
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| | Beaumont, TX 77701 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u></u> | |
| Owner | | LL Trans LLC | 7 | |
| | Full name of contributor Out-of-state PAC (ID#: | <u> </u> | Amount of Contribution (¢) | |
| Date 12/08/2024 | |) | Amount of Contribution (\$) | \$144.06 |
| | Contributor address; City; State; Zip Code | | | Ψ177.00 |
| | Contributor address, City, State, Zip Code | | | |
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| | Beaumont, TX 77705 | | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | ;) | |
| Collections | Officer | Jefferson County | | |
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| 6 Contributor address; City; State; Zip Code Beaumont, TX 77705 9 Employer (See Instructions) Jefferson County Date Full name of contributor out-of-state PAC (ID# | | | | |
|--|------------------|--|------------------------------|--|
| Jefferson County Democratic Party (CEC) 00069482 4 Date 5 Full name of contributor out-of-state PAC (Dim) 7 Amount of Contribution (\$) 3 Signer, Thomas (Mr.) 6 Contribution address; City; State; Zip Code 7 Amount of Contribution (\$) 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) 12/01/2024 Smith, Jamie (Mr.) out-of-state PAC (Dem) Amount of Contribution (\$) 12/01/2024 Smith, Jamie (Mr.) out-of-state PAC (Dem) Amount of Contribution (\$) 12/01/2024 Smith, Jamie (Mr.) out-of-state PAC (Dem) Amount of Contribution (\$) 12/01/2024 Smith, Jamie (Mr.) out-of-state PAC (Dem) Amount of Contribution (\$) Date Eeaumont, TX 77707 Employer (See Instructions) Se6.0 Date Full name of contributor out-of-state PAC (Dem) Amount of Contribution (\$) 12/08/2024 Full name of contributor out-of-state PAC (Dem) Amount of Contribution (\$) 11/10/2024 Full name of contributor out-of-state PAC (Dem) Amount of Contribution (\$) 11/10/2024 Full name of contributor out-of-state P | The Instru | ction Guide explains how to complete this f | orm. | |
| Jefferson County Democratic Party (CEC) 00069482 4 Date 5 Full name of contributor out-of-state PAC (Dim) 7 Amount of Contribution (\$) 3 Signer, Thomas (Mr.) 6 Contribution address; City; State; Zip Code 7 Amount of Contribution (\$) 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) 12/01/2024 Smith, Jamie (Mr.) out-of-state PAC (Dem) Amount of Contribution (\$) 12/01/2024 Smith, Jamie (Mr.) out-of-state PAC (Dem) Amount of Contribution (\$) 12/01/2024 Smith, Jamie (Mr.) out-of-state PAC (Dem) Amount of Contribution (\$) 12/01/2024 Smith, Jamie (Mr.) out-of-state PAC (Dem) Amount of Contribution (\$) Date Eeaumont, TX 77707 Employer (See Instructions) Se6.0 Date Full name of contributor out-of-state PAC (Dem) Amount of Contribution (\$) 12/08/2024 Full name of contributor out-of-state PAC (Dem) Amount of Contribution (\$) 11/10/2024 Full name of contributor out-of-state PAC (Dem) Amount of Contribution (\$) 11/10/2024 Full name of contributor out-of-state P | 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| 11/03/2024 Siger, Thomas (Mr.) \$144.0 6 Contributor address; City; State; Zip Code \$144.0 8 Principal occupation / Job title (See instructions) 9 Employer (See Instructions) Collections Officer Amount of Contributor out-ot-state PAC (Data Amount of Contribution (\$) Date Full name of contributor out-ot-state PAC (Data Amount of Contribution (\$) District Clerk Smith, Jamie (Mr.) Employer (See Instructions) See.0 District Clerk Stafford, John (Mr.) Amount of Contributor (\$) See.0 Date Full name of contributor out-ot-state PAC (Data Amount of Contribution (\$) Date Full name of contributor out-ot-state PAC (Data Amount of Contribution (\$) 12/08/2024 Full name of contributor out-ot-state PAC (Data Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Retired Amount of Contribution (\$) 11/10/2024 Stafford, John (Mr.) Contributor address; City; State; Zip Code Amount of Contribution (\$) 11/10/2024 Stafford, John (Mr.) Contributor address; City; State; Zip Code Amount of Contribution (\$) 12/08/2024 <td></td> <td>ounty Democratic Party (CEC)</td> <td></td> <td></td> | | ounty Democratic Party (CEC) | | |
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| 6 Contributor address: City; State; Zip Code Beaumont, TX 77705 9 Employer (See Instructions) Jefferson County Date Full name of contributor out-of-state PAC (Der | 11/03/2024 | Sigee, Thomas (Mr.) | | \$144.06 |
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| Contributor address; City; State; Zip Code Beaumont, TX 77706 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Stafford, Suzanne (Mrs.) 12/08/2024 Stafford, Suzanne (Mrs.) Contributor address; City; State; Zip Code Amount of Contribution (\$) Beaumont, TX 77706 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) | 11/10/2024 | | | \$96.05 |
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| 12/08/2024 Stafford, Suzanne (Mrs.) \$48.0 Contributor address; City; State; Zip Code \$48.0 Beaumont, TX 77706 Employer (See Instructions) | Retired | | Retired | |
| Contributor address; City; State; Zip Code Beaumont, TX 77706 Principal occupation / Job title (See Instructions) Employer (See Instructions) | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| Contributor address; City; State; Zip Code Beaumont, TX 77706 Principal occupation / Job title (See Instructions) Employer (See Instructions) | 12/08/2024 | | | \$48.02 |
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| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | Beaumont TX 77706 | | |
| | Bringing age | | Employor (Soc Instructions | 2) |
| Retired | - | | | 5) |
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| The Instruction Guide explains how to complete this form. Image: Second Structure Image: Se | 1 Total pages Schedule A1: Sch: 19/23 Rpt: 22/64 3 Filer ID (Ethics Commission Filers) 00069482 7 Amount of Contribution (\$) \$48.02 |
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| Jefferson County Democratic Party (CEC) 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 11/10/2024 Stafford, Suzanne (Mrs.) 6 Contributor address; City; State; Zip Code Beaumont, TX 77706 | 00069482 7 Amount of Contribution (\$) |
| 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 11/10/2024 Stafford, Suzanne (Mrs.) 6 Contributor address; City; State; Zip Code Beaumont, TX 77706 | 00069482 7 Amount of Contribution (\$) |
| 11/10/2024 Stafford, Suzanne (Mrs.) 6 Contributor address; City; State; Zip Code Beaumont, TX 77706 | |
| 6 Contributor address; City; State; Zip Code Beaumont, TX 77706 | \$48.02 |
| 6 Contributor address; City; State; Zip Code Beaumont, TX 77706 | |
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| | |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruction | |
| | ns) |
| Retired | |
| Date Full name of contributor out-of-state PAC (ID#:) | Amount of Contribution (\$) |
| 12/08/2024 Taylor, Holly | \$9.60 |
| Contributor address; City; State; Zip Code | |
| | |
| | |
| Austin, TX 78751 | |
| Principal occupation / Job title (See Instructions) Employer (See Instruction | , |
| Attorney Travis County District | Attorney |
| Date Full name of contributor out-of-state PAC (ID#:) | Amount of Contribution (\$) |
| 11/10/2024 Taylor, Holly | \$9.60 |
| Contributor address; City; State; Zip Code | |
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| | |
| Austin, TX 78751 | |
| Principal occupation / Job title (See Instructions) Employer (See Instruction | |
| Attorney Travis County District | Attorney |
| Date Full name of contributor out-of-state PAC (ID#:) | Amount of Contribution (\$) |
| 11/17/2024 Trahan, Howard (Mr.) | \$9.60 |
| Contributor address; City; State; Zip Code | |
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| | |
| Beaumont, TX 77713 | |
| Principal occupation / Job title (See Instructions) Employer (See Instruction | ns) |
| Police officer City of Beaumont | |
| Date Full name of contributor out-of-state PAC (ID#:) | Amount of Contribution (\$) |
| 12/08/2024 Trahan, Joseph (Mr.) | \$24.01 |
| Contributor address; City; State; Zip Code | |
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| Beaumont, TX 77707 | |
| Beaumont, TX 77707 Principal occupation / Job title (See Instructions) Admin Riceland | ns) |
| Beaumont, TX 77707 | |

| The Instru | ction Guide explains how to complete this f | form. | 1 Total pages Schedule A1: Sch: 20/23 Rpt: 23/64 |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Jefferson Co | ounty Democratic Party (CEC) | | 00069482 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| 11/03/2024 | Trahan, Joseph (Mr.) | | \$24.0 |
| | 6 Contributor address; City; State; Zip Code | | |
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| | Beaumont, TX 77707 | i | |
| | pation / Job title (See Instructions) | 9 Employer (See Instructions | 3) |
| Admin | | Riceland | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 11/21/2024 | Vickers, Pam | | \$40.0 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Nederland, TX 77627 | _ | |
| | pation / Job title (See Instructions) | Employer (See Instructions | 6) |
| Retired | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 12/08/2024 | Villery-Samuel, Sean | | \$48.0 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Beaumont, TX 77701 | | |
| | pation / Job title (See Instructions) | Employer (See Instructions | 3) |
| Attorney | | Provost Umphrey | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 11/03/2024 | Villery-Samuel, Sean | | \$48.0 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Beaumont, TX 77701 | • | |
| | pation / Job title (See Instructions) | Employer (See Instructions | 3) |
| Attorney | | Provost Umphrey | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 12/08/2024 | Warren, Barbara | | \$9.6 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Beaumont, TX 77706 | | |
| | pation / Job title (See Instructions) | Employer (See Instructions | 5) |
| Not Employe | ed | | |
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| | The Instru | ction Guide explains how to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 21/23 Rpt: 24/64 | |
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | n Filers) |
| | | punty Democratic Party (CEC) | | | 00069482 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 12/08/2024 | Way, Michael (Mr.) | | | | \$9.60 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| Ļ | Dringinal occu | Beaumont, TX 77705 | Employer (Soo Instructions | <u> </u> | | |
| ° | Principal occu Professor | ipation / Job title (See Instructions) | 9 Employer (See Instructions Texas A&M University | 5) | | |
| ╞ | | | | 1 | | |
| | Date | |) | | Amount of Contribution (\$) | #10.01 |
| | 12/08/2024 | | | | | \$19.21 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Beaumont, TX 77701 | | | | |
| ⊢ | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u>ا</u> د) | | |
| | Educator | | BISD | , | | |
| ╞ | Date | Full name of contributor out-of-state PAC (ID#: | | Γ | Amount of Contribution (\$) | |
| | 11/10/2024 | Weber, Lisa | / | | | \$19.21 |
| | 11,10,202. | Contributor address; City; State; Zip Code | | • | | ¥±0.22 |
| | | | | | | |
| | | | | | | |
| | | Beaumont, TX 77701 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Educator | | BISD | | | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 10/28/2024 | West, Paula | | | | \$15.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Stowell, TX 77661 | | | | |
| | | ipation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | Admin Asst. | | ECISD | - | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 11/24/2024 | West, Raquel (Judge) | | | | \$24.01 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Beaumont, TX 77704 | | | | |
| \vdash | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Judge | | Jefferson County | 5) | | |
| ┝ | Judge | | | | | |
| | | | | | | |

| | The Instru | ction Guide explains how to complete this f | | Total pages Schedule A1: Sch: 22/23 Rpt: 25/64 | | |
|---|-------------|---|------------------------------|---|-----------------------------|---------|
| 2 | FILER NAME | | | Filer ID (Ethics Commission | Filers) | |
| | | punty Democratic Party (CEC) | | 00069482 | | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 12/01/2024 | White, Earl (The Honorable) | | | | \$9.60 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Beaumont, TX 77704 | | | | |
| 8 | | pation / Job title (See Instructions) | 9 Employer (See Instructions | s) | | |
| | Fire Chief | | City of Beaumont | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | T | Amount of Contribution (\$) | |
| | 11/03/2024 | White, Earl (The Honorable) | | | | \$9.60 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Beaumont, TX 77704 | | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Fire Chief | | City of Beaumont | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Τ | Amount of Contribution (\$) | |
| | 11/10/2024 | Wick, Carlisle | | | | \$24.01 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Beaumont, TX 77707 | i | | | |
| | | ipation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Not employe | :d | Not employed | | | |
| | Date | |) | Τ | Amount of Contribution (\$) | |
| | 11/24/2024 | Wilkerson, William (Mr.) | | | | \$9.60 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Beaumont, TX 77701 | | Ĺ | | |
| | | ipation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | Attorney | | Self | • | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 11/17/2024 | Williams, Debra | | | | \$24.01 |
| | | Contributor address; City; State; Zip Code |] | | | |
| | | | | | | |
| | | | | | | |
| | | Beaumont, TX 77708-3824 | Employer (See Instructions | <u> </u> | | |
| | | pation / Job title (See Instructions) | s) | | | |
| | Retired | | | | | |
| | | | | | | |
| 1 | | | | | | |

| The Instru | ction Guide explains how to complete this f | 1 Total pages Schedule A1: Sch: 23/23 Rpt: 26/64 | |
|------------------|---|---|-------------------------------|
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | |
| | ounty Democratic Party (CEC) | 00069482 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| 12/01/2024 | Woodsmall, Cherry (Miss) | | \$19. |
| | 6 Contributor address; City; State; Zip Code | | 1 |
| | | | |
| | | | |
| | Beaumont, TX 77707 | | |
| 8 Principal occu | ipation / Job title (See Instructions) | 9 Employer (See Instructions | s) |
| Counselor | | BISD | |
| Date | Full name of contributor out-of-state PAC (ID#: | <u>.</u>) | Amount of Contribution (\$) |
| 12/01/2024 | Woodsmall, Faye (Mrs.) | | \$25. |
| | Contributor address; City; State; Zip Code | | 1 |
| | | | |
| | | | |
| | Beaumont, TX 77705 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | s) |
| Retired | | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 11/03/2024 | Woodsmall, Faye (Mrs.) | | \$24. |
| | | | 1 |
| | | | |
| | | | |
| | Beaumont, TX 77705 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | s) |
| Retired | | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 12/08/2024 | Young, Ramona (Mrs.) | | \$9. |
| | Contributor address; City; State; Zip Code | | 1 |
| | | | |
| | | | |
| | Beaumont, TX 77706 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | s) |
| Educator | | hool | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 11/10/2024 | Young, Ramona (Mrs.) | | \$9. |
| | Contributor address; City; State; Zip Code | 1 | |
| | | | |
| | | | |
| | Beaumont, TX 77706 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | δ) |
| Educator | | hool | |
| | | | |
| | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|--|---|-----------|---------------|--|---------------|--|---|-------|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | mmittee | Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu | se Expense | Loan Repa Office Over Polling Exp Printing Exp Salaries/Wa | ment/Reimbursement head/Rental Expense ense pense ages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1: | 2 | FILER NAM | E | | | | 3 | Filer ID (Ethics Commission Filers) |
| | Sch: 1/38 Rpt: 27/64 | | | County Democrat | ic Party (Cl | EC) | | | 00069482 |
| 4 | Date | 5 | Payee name | | | | | | |
| | 11/17/2024 | | АТ&Т | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ess; City; | State | ; Zip Coo | le | | |
| | \$63.98 | | P. O. Box 1 | 105414 | | | | | |
| | | | Atlanta, GA | A 30348 | | | | | |
| 8 | PURPOSE | (a) | | See Categories listed at th | | nedule) | (b) Description | | |
| | OF EXPENDITURE | | Office Over | rhead/Rental Exp | oense | | | | ide of Texas. Complete Schedule T. , officeholder living expense |
| | | | | | | | Call waiting s | | |
| | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Off | ficeholder name | | Office soug | ht | | Office held |
| | Date | Γ | Payee name | ? | — | | | | |
| 12/16/2024 A T & T | | | | | | | | | |
| Amount (\$) Payee address; City; State; Zip Code | | | | | | | | | |
| | \$63.98 P. O. Box 105414 | | | | | | | | |
| | | | Atlanta, GA | 30348 | | | | | |
| | PURPOSE OF EXPENDITURE | (a) | | See Categories listed at th rhead/Rental Exp | | nedule) | | ı, TX | ide of Texas. Complete Schedule T. , officeholder living expense DNE |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Off | ficeholder name | C | Office soug | ht | | Office held |
| | Date | Γ | Payee name | | | | | | |
| | 11/22/2024 | | АТ&Т | | | | | | |
| | Amount (\$) | \square | Payee addre | ess; City; | State | ; Zip Coo | le | | |
| | \$187.83 | | P. O. Box 1 | 105414 | | | | | |
| | | | | | | | | | |
| | | | Atlanta, GA | ۱ 30348 | | | | | |
| | PURPOSE OF | (a) | | See Categories listed at th | | nedule) | (b) Description | | |
| | EXPENDITURE | | Office Over | rhead/Rental Exp | Dense | | | ı, TX | ide of Texas. Complete Schedule T. , officeholder living expense DNE |
| | Complete ONLY if direct expenditure to benefit C/OF | | Candidate/Off | ficeholder name | (| Office soug | ht | | Office held |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|--|---|---|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reit Fees Office Overhead/Rent Food/Beverage Expense Polling Expense Gift/wards/Memorials Expense Salaries/Wages/Contr The Instruction Guide explains how to complete th | tal Expense Transportation Equipment & Related Expense Travel in District Travel Out of District ract Labor OTHER (enter a category not listed above) | | | | |
| 1 | Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) | | | | |
| 1 | Sch: 2/38 Rpt: 28/64 | Jefferson County Democratic Party (CEC) | 00069482 | | | | |
| 4 | Date | Payee name | | | | | |
| | 12/16/2024 | ΑΤ&Τ | | | | | |
| 6 | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$187.83 | P. O. Box 105414 | | | | | |
| | | Atlanta, GA 30348 | | | | | |
| 8 | PURPOSE OF | Category (See Categories listed at the top of this schedule) (b) Des | | | | | |
| | EXPENDITURE | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | |
| | | | ernet and phone | | | | |
| | | | · | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held | | | | |
| | Date | Payee name | | | | | |
| | 11/07/2024 | Alexander, Wintress | | | | | |
| Amount (\$) Payee address; City; State; Zip Code | | | | | | | |
| | \$2,180.00 1118 Evalon St | | | | | | |
| | | | | | | | |
| | | Beaumont, TX 77701 | | | | | |
| | PURPOSE OF EXPENDITURE | | scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense nvassing | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | Candidate/Officeholder name Office sought | Office held | | | | |
| | Date | Payee name | | | | | |
| | 11/12/2024 | Alexander, Wintress | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$615.00 | 1118 Evalon St | | | | | |
| | , | | | | | | |
| | | Beaumont, TX 77701 | | | | | |
| | PURPOSE OF | Category (See Categories listed at the top of this schedule) (b) Des | scription Check if travel outside of Texas. Complete Schedule T. | | | | |
| | EXPENDITURE | | Check if Austin, TX, officeholder living expense | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | Candidate/Officeholder name Office sought | Office held | | | | |
| | | | | | | | |

| | | EXPENDITURE CATEGORIES FO | R BOX 8(a) | | | |
|---|---|---|--------------------------------|---|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office Ov Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense | xpense Vages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | |
| 1 | Total pages Schedule F1: | · · · · · | - | 3 Filer ID (Ethics Commission Filers) | | |
| - | Sch: 3/38 Rpt: 29/64 | lefferson County Democratic Party (CEC) | | 00069482 | | |
| 4 | Date 10/28/2024 | Payee name Allison, Devonta | | | | |
| 6 Amount (\$) \$330.00 7 Payee address; City; State; Zip Code 260 E. Alma Beaumont, TX 77705 | | | | | | |
| 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Canvassing | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | andidate/Officeholder name Office sou | ght | Office held | | |
| | Date | Payee name | | | | |
| | 11/05/2024 | Allison, Devonta | | | | |
| | Amount (\$) \$75.00 | Payee address; City; State; Zip Co 260 E. Alma | de | | | |
| | | Beaumont, TX 77705 | (a.) | | | |
| | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | | ıtside of Texas. Complete Schedule T. TX, officeholder living expense | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | andidate/Officeholder name Office sou | ght | Office held | | |
| | Date | Payee name | | | | |
| | 11/05/2024 | Allison, Devonta | | | | |
| | Amount (\$) \$220.42 | Payee address; City; State; Zip Co 260 E. Alma | ode | | | |
| | | Beaumont, TX 77705 | | | | |
| | PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | andidate/Officeholder name Office sou | ght | Office held | | |
| | | | | | | |

| | | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | |
|--|---|---|---|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| 1 | Total pages Schedule F1: | FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | |
| | Sch: 4/38 Rpt: 30/64 | Jefferson County Democratic Party (CEC) | 00069482 | | | |
| 4 | Date 10/30/2024 | Payee name Allison, Van | | | | |
| 6 Amount (\$) \$420.00 7 Payee address; City; State; Zip Code 1930 Terrell Ave. Beaumont, TX 77701 | | | | | | |
| 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Image: Check if taxel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Canvassing | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | |
| | Date | Payee name | | | | |
| | 11/07/2024 | Allison, Van | | | | |
| | Amount (\$) \$385.00 | Payee address;City;State;Zip Code1930 Terrell Ave. | | | | |
| | | Beaumont, TX 77701 | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | |
| | Date | Payee name | | | | |
| | 10/29/2024 | Amuny's | | | | |
| | Amount (\$) \$125.57 | Payee address;City;State;Zip Code3748 Gulfway Dr. | | | | |
| | | Port Arthur, TX 77642 | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | |
| | | | | | | |

| | | | EXPENDITURE CATEGO | RIES FOF | R BOX 8(a) | | |
|--|---|-----|--|---|---------------------------------|---|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nittee Legal Services The Instruction Guide explains | Office Ove Polling Ex Printing Ex Salaries/W | Expense Wages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1: | 2 F | | | - | 3 | Filer ID (Ethics Commission Filers) |
| _ | Sch: 5/38 Rpt: 31/64 | | lefferson County Democratic Party (C | EC) | | | 00069482 |
| 4 | Date 11/04/2024 | | ^p ayee name Arvie, Jeanette | | | | |
| 6 Amount (\$) \$30.00 7 Payee address; City; State; Zip Code 2211 Calder Beaumont, TX 77701 | | | | | | | |
| 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Canvassing | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | Office sou | ught | | Office held |
| | Date | F | Payee name | | | | |
| | 11/04/2024 | E | BancCard | | | | |
| | Amount (\$) Payee address; City; State; Zip Code \$49.99 7347 Charlotte Pike | | | | | | |
| | | 1 | Nashville, TN 37209 | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this sch Accounting/Banking | nedule) | | | ide of Texas. Complete Schedule T. , officeholder living expense |
| | Complete ONLY if direct expenditure to benefit C/OF | | andidate/Officeholder name | Office sou | ught | | Office held |
| | Date | F | Payee name | | | | |
| | 12/02/2024 | | BancCard | | | | |
| | Amount (\$) \$73.95 | | Payee address; City; State 7347 Charlotte Pike | ; Zip Co | ode | | |
| | | 1 | Nashville, TN 37209 | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this sch Accounting/Banking | nedule) | | | ide of Texas. Complete Schedule T. , officeholder living expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | Office sou | ught | | Office held |
| | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|---|---|---------|--|------------|-----------------|---|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Fees Office Overhead/Rental Expense Tra Food/Beverage Expense Polling Expense Tra - Gift/Awards/Memorials Expense Printing Expense Tra | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission Filers) |
| | Sch: 6/38 Rpt: 32/64 | | Jefferson County Democratic Party (C | EC) | | | 00069482 |
| 4 | Date | 5 F | Payee name | | | | |
| | 11/07/2024 | | Bernsen Holdings LLC | | | | |
| 6 | Amount (\$) | 7 F | Payee address; City; State | ; Zip Co | de | | |
| | \$362.13 | | 4020 North MLK Jr. | | | | |
| | | | | | | | |
| | | 6 | Beaumont , TX 77701 | | | | |
| 8 | PURPOSE | (a) (| Category (See Categories listed at the top of this sch | nedule) | (b) Description | | |
| | OF EXPENDITURE | | Office Overhead/Rental Expense | , | Check if travel | | de of Texas. Complete Schedule T. |
| | | | | | Utilities | , TX, | officeholder living expense |
| | | | | | Ounties | | |
| 9 | Complete ONLY if direct | | andidate/Officeholder name | Office sou | tht | | Office held |
| ľ | expenditure to benefit C/OF | | | | jin | | |
| ⊨ | Date | | Payee name | | | | |
| | 11/12/2024 | | Bernsen Holdings LLC | | | | |
| ⊢ | Amount (\$) Payee address; City; State; Zip Code | | | | | | |
| | \$1,200.00 | I | 4020 North MLK Jr. | , 20 00 | | | |
| | ¢1,200.00 | | | | | | |
| | | E | Beaumont , TX 77701 | | | | |
| | PURPOSE OF | | Category (See Categories listed at the top of this sch | nedule) | (b) Description | | de ef Teures, Construite Coloridade T |
| | EXPENDITURE | | Office Overhead/Rental Expense | | | | de of Texas. Complete Schedule T. officeholder living expense |
| | | | | | Rent | | |
| | | | | | | | |
| | Complete ONLY if direct | | andidate/Officeholder name | Office sou | ght | | Office held |
| | expenditure to benefit C/OI | H | | | | | |
| | Date | F | Payee name | | | | |
| | 12/12/2024 | E | Bernsen Holdings LLC | | | | |
| | Amount (\$) | F | Payee address; City; State | ; Zip Co | de | | |
| | \$256.53 | 4 | 4020 North MLK Jr. | | | | |
| | | | | | | | |
| | | E | Beaumont , TX 77701 | | | | |
| | PURPOSE | (a) (| Category (See Categories listed at the top of this sch | nedule) | (b) Description | | |
| | OF EXPENDITURE | | Office Overhead/Rental Expense | | | | de of Texas. Complete Schedule T. , officeholder living expense |
| | | | | | Utilities | , 17, | |
| | ſ | | | | * | | |
| | Complete ONLY if direct | L Ci | andidate/Officeholder name 0 | Office sou | ght | | Office held |
| | expenditure to benefit C/OI | Н | | | | | |
| | | | | | | | |
| | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|---|---|--|-----------|---|---|---|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex | pense | Loan Repay Office Overh Polling Expe Printing Exp Salaries/Wa | nent/Reimbursement ead/Rental Expense nse ense ges/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1: | 2 | | • | | | 3 | Filer ID (Ethics Commission Filers) |
| - | Sch: 7/38 Rpt: 33/64 | | Jefferson County Democratic | Party (CE | EC) | | | 00069482 |
| 4 | Date 12/12/2024 | | ⁵ ayee name Bernsen Holdings LLC | | | | | |
| 6 | Amount (\$) \$1,200.00 | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the I Office Overhead/Rental Expe | | edule) (| | | ide of Texas. Complete Schedule T. , officeholder living expense |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | C | Office soug | nt | | Office held |
| | Date 10/29/2024 | E | Payee name Bluitt, Theresa | | | | | |
| | Amount (\$) \$185.00 | 3 | Payee address; City; 3345 Waverly St Beaumont, TX 77705 | State; | ; Zip Cod | 9 | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the f Salaries/Wages/Contract Lab | | edule) (| | | ide of Texas. Complete Schedule T. , officeholder living expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | C | Office soug | nt | | Office held |
| | Date | F | Payee name | | | | | |
| | 11/07/2024 | E | Bluitt, Theresa | | | | | |
| | Amount (\$) \$205.00 | | Payee address; City; 3345 Waverly St | State; | ; Zip Cod | 2 | | |
| | | | Beaumont, TX 77705 | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the I Salaries/Wages/Contract Lab | | edule) (| | | ide of Texas. Complete Schedule T. , officeholder living expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name | C | Office soug | nt | | Office held |
| | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|--|---|--|---|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | |
| 1 | Total pages Schedule F1: | FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | |
| | Sch: 8/38 Rpt: 34/64 | Jefferson County Democratic Party (CEC) | 00069482 | | | | |
| 4 | Date | Payee name | • | | | | |
| | 10/28/2024 | Broughton, Chelsea | | | | | |
| 6 | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$270.00 | 2211 Calder | | | | | |
| | | | | | | | |
| | | Beaumont , TX 77701 | | | | | |
| 8 | PURPOSE | Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| | OF EXPENDITURE | | I outside of Texas. Complete Schedule T. in, TX, officeholder living expense | | | | |
| | | | n, rx, oncenduer living expense | | | | |
| | | | | | | | |
| 9 | Complete ONLY if direct | andidate/Officeholder name Office sought | Office held | | | | |
| | expenditure to benefit C/OI | | | | | | |
| | Date | Payee name | | | | | |
| | 11/04/2024 Broughton, Chelsea | | | | | | |
| Amount (\$) Payee address; City; State; Zip Code | | | | | | | |
| | \$330.30 2211 Calder | | | | | | |
| | | | | | | | |
| | | Beaumont, TX 77701 | | | | | |
| | PURPOSE | Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| | OF EXPENDITURE | | l outside of Texas. Complete Schedule T. | | | | |
| | | | Check if Austin, TX, officeholder living expense | | | | |
| | | Curvassing | | | | | |
| ⊢ | Complete ONLY if direct | andidate/Officeholder name Office sought | Office held | | | | |
| | expenditure to benefit C/OI | | | | | | |
| | Date | Payee name | | | | | |
| | 11/15/2024 | Broughton, Chelsea | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$130.00 | 2211 Calder | | | | | |
| | | | | | | | |
| | | Beaumont, TX 77701 | | | | | |
| | PURPOSE | Category (See Categories listed at the top of this schedule) (b) Description | | | | | |
| | OF EXPENDITURE | | l outside of Texas. Complete Schedule T. | | | | |
| | | | in, TX, officeholder living expense | | | | |
| | | | | | | | |
| - | Complete ONLY if direct | andidate/Officeholder name Office sought | Office held | | | | |
| | expenditure to benefit C/OI | | | | | | |
| \vdash | | | | | | | |
| | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|---|-----------|---|--|------------------------------|--------|---|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains | Office Ove Polling Exp Printing Ex Salaries/W | pense ages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission Filers) | |
| | Sch: 9/38 Rpt: 35/64 | | Jefferson County Democratic Party (CE | EC) | | | 00069482 | |
| 4 | Date | 5 | Payee name | | | | | |
| | 10/29/2024 | | Cachere, Sabrina | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State; | ; Zip Co | de | | | |
| | \$135.00 | | 2211 Calder | | | | | |
| | | | Beaumont, TX 77701 | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this sch | nedule) | (b) Description | | | |
| | OF EXPENDITURE | | Salaries/Wages/Contract Labor | | | | ide of Texas. Complete Schedule T. | |
| | | | | | Canvassing | 1, 17, | , officeholder living expense | |
| | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name C | Dffice sou | yht | | Office held | |
| | Date | \square | Payee name | | | | | |
| | 11/05/2024 | | Ceasar, Sada | | | | | |
| | Amount (\$) | ┢ | Payee address; City; State; | ; Zip Co | de | | | |
| | \$450.00 4005 Detroit Ave | | | | | | | |
| | | | | | | | | |
| | | | Beaumont, TX 77703 | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top of this sch | nedule) | (b) Description | | | |
| | EXPENDITURE | | Salaries/Wages/Contract Labor | | | | ide of Texas. Complete Schedule T. , officeholder living expense | |
| | | | | | Canvassing | I, IA, | | |
| | | | | | J | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name C | Dffice sou | jht | | Office held | |
| | Date | Γ | Payee name | | | | | |
| | 11/07/2024 | | Ceasar, Sada | | | | | |
| | Amount (\$) | | Payee address; City; State; | ; Zip Co | de | | | |
| | \$140.00 | | 4005 Detroit Ave | | | | | |
| | | | | | | | | |
| | | | Beaumont, TX 77703 | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top of this sch | nedule) | (b) Description | | | |
| | EXPENDITURE | | Salaries/Wages/Contract Labor | | | | ide of Texas. Complete Schedule T. , officeholder living expense | |
| | | | | | Canvassing | , 17, | | |
| | | | | | 9 | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name C | Dffice sou | jht | | Office held | |
| | | | | | | | | |
| | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|---|---|--|---|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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) | | | | |
| 1 | Total pages Schedule F1: | FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | |
| 1 | Sch: 10/38 Rpt: 36/64 | Jefferson County Democratic Party (CEC) | 00069482 | | | | |
| 4 | Date 10/29/2024 | Payee name Ceasar, Sade | | | | | |
| 6 Amount (\$) 7 Payee address; City; State; Zip Code \$317.50 4005 Detroit Ave Beaumont, TX 77703 | | | | | | | |
| 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Canvassing | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | Date | Payee name | | | | | |
| | 11/07/2024 | Check Mark Typesetting | | | | | |
| | Amount (\$) Payee address; City; State; Zip Code \$2,980.80 3217 North IH 35 | | | | | | |
| | | Austin, TX 78722-2203 | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | Date | Payee name | | | | | |
| | 11/05/2024 | Clark, Daniel | | | | | |
| | Amount (\$) \$142.50 | Payee address;City;State;Zip Code2225 Nora St. | | | | | |
| | | Beaumont, TX 77705 | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|---|---|--|---|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reinbursement Fees Odflee Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | |
| 1 | Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) | | | | |
| - | Sch: 11/38 Rpt: 37/64 | Jefferson County Democratic Party (CEC) | 00069482 | | | | |
| 4 | Date 11/05/2024 | Payee name Clark, Gloria | | | | | |
| 6 | Amount (\$) 7 Payee address; City; State; Zip Code \$415.50 2225 Nora St. Beaumont, TX 77705 | | | | | | |
| 8 | 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Canvassing | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | Date | Payee name | | | | | |
| | 12/05/2024 | Clifton Event Complex | | | | | |
| | Amount (\$) \$48.00 | Payee address; City; State; Zip Code 8727 TX-124 | | | | | |
| | | Beaumont, TX 77705 | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense S | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | Date | Payee name | | | | | |
| | 10/30/2024 | Correa, Melissa | | | | | |
| | Amount (\$) \$315.00 | Payee address;City;State;Zip Code428 Alabama St | | | | | |
| | | Beaumont, TX 77705 | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|---|---|---|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | |
| 1 | Total pages Schedule F1: | · · · · · | Filer ID (Ethics Commission Filers) | | | | | |
| | Sch: 12/38 Rpt: 38/64 | Jefferson County Democratic Party (CEC) | 00069482 | | | | | |
| 4 | Date | 5 Payee name | | | | | | |
| | 11/06/2024 | Correa, Melissa | | | | | | |
| 6 | Amount (\$) \$585.00 | 7 Payee address; City; State; Zip Code 428 Alabama St State; Zip Code | | | | | | |
| | | Beaumont, TX 77705 | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | | | |
| | Date | Payee name | | | | | | |
| | 11/08/2024 | Correa, Melissa | | | | | | |
| | Amount (\$) \$210.00 | Payee address; City; State; Zip Code 428 Alabama St | | | | | | |
| | | Beaumont, TX 77705 | | | | | | |
| | PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Canvassing | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | |
| | Date | Payee name | | | | | | |
| | 10/28/2024 | Crawford, Christina | | | | | | |
| | Amount (\$) \$1,500.00 | Payee address; City; State; Zip Code 2380 Gladys | | | | | | |
| | | Beaumont, TX 77702 | | | | | | |
| | PURPOSE OF EXPENDITURE | | tside of Texas. Complete Schedule T. X, officeholder living expense ment | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | | | |
| | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|---|---|----------------------------------|---|--|------------------------------|---|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense hmittee Legal Services The Instruction Guide explains | Office Ove Polling Exp Printing Ex Salaries/W | pense ages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1: | 2 | · · · · · · · · · · · · · · · · · · · | | · | 3 | Filer ID (Ethics Commission Filers) |
| _ | Sch: 13/38 Rpt: 39/64 | | Jefferson County Democratic Party (C | EC) | | | 00069482 |
| 4 | Date 11/26/2024 | 5 | Payee name Crawford, Christina | | | | |
| 6 | Amount (\$) | ╞ | | ; Zip Co | 10 | | |
| 0 | \$3,000.00 | | 2380 Gladys | , Ζι ρ Ου | JE | | |
| | | L | Beaumont, TX 77702 | | | | |
| 8 | PURPOSE OF EXPENDITURE | OF Salaries/Mages/Contract Labor | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name (| Office sou | Jht | | Office held |
| | Date | Γ | Payee name | | | | |
| | 10/30/2024 | | Eldridge, Margaret | | | | |
| | Amount (\$) Payee address; City; State; Zip Code | | | | | | |
| | \$475.00 | | 2346 Park St Beaumont, TX 77701 | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this sch Salaries/Wages/Contract Labor | nedule) | | | ide of Texas. Complete Schedule T. , officeholder living expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name (| Office sou | Jht | | Office held |
| | Date | Γ | Payee name | | | | |
| | 11/12/2024 | | Eldridge, Margaret | | | | |
| | Amount (\$) \$210.00 | | Payee address; City; State 2346 Park St | ; Zip Co | le | | |
| | | | Beaumont, TX 77701 | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this sch Salaries/Wages/Contract Labor | nedule) | | | ide of Texas. Complete Schedule T. , officeholder living expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name (| Office sou | Jht | | Office held |
| | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|--|--|-------------------|-------------|------------------------------------|---|--|---------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office Overhead/Rental Expense Trans Food/Beverage Expense Polling Expense Trave Gift/Awards/Memorials Expense Printing Expense Trave | | | | | Travel in District Travel Out of Distric | pment & Related Expense | |
| 1 | Total pages Schedule F1: | FILER N | AME | | | | 3 | Filer ID (I | Ethics Commission Filers) |
| | Sch: 14/38 Rpt: 40/64 | Jefferso | n County Democrati | c Party (Cl | EC) | | | 00069482 | |
| 4 | Date 11/05/2024 | Payee na Facebo | | | | | | | |
| 6 | Amount (\$) | Payee ad | ldress; City; | State; | ; Zip Coo | le | | | |
| | \$796.63 | 1 Hacke Menlo F | er Way Park, CA 94025 | | | | | | |
| 8 | PURPOSE | | | | | | | | |
| ° | OF | | (See Categories listed at the ing Expense | e top of this sch | edule) | (b) Description Check if travel | outsi | de of Texas. Complet | te Schedule T. |
| | EXPENDITURE | Auventis | | | | | | officeholder living ex | |
| | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate | /Officeholder name | C | Office soug | ht | | Office held | |
| | Date | Payee na | ame | | | | | | |
| | 11/13/2024 | Fontenc | it, Emmanuel | | | | | | |
| | Amount (\$) | Payee ad | ldress; City; | State: | ; Zip Coo | le | | | |
| | \$664.50 | 4005 De | | , | , | | | | |
| | | Beaumo | ont, TX 77703 | | | | | | |
| | PURPOSE | | | | | b) Description | | | |
| | OF EXPENDITURE | | ' (See Categories listed at th /Wages/Contract La | | ieduie) | Check if travel | | de of Texas. Complet officeholder living ex | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate | /Officeholder name | C | Office soug | ht | | Office held | |
| ⊨ | Date | Payee na | ame | | | | | | |
| | 10/30/2024 | | Rosharon | | | | | | |
| | Amount (\$) | Payee ad | ldress; City; | State; | ; Zip Coo | le | | | |
| | \$497.50 | 3325 Be | ennett Rd | | | | | | |
| | | Beaumo | ont, TX 77708 | | | | | | |
| | PURPOSE OF EXPENDITURE | | ' (See Categories listed at th /Wages/Contract La | | nedule) | | | de of Texas. Complet officeholder living ex | |
| Complete <u>ONLY</u> if direct Candidate/Officeholder name Office expenditure to benefit C/OH | | | | | Office soug | ht | | Office held | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|--|--|--------------------------------|-------------|--|---------------------------|---|----------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office Overhead/Rental Expense Tra Food/Beverage Expense Polling Expense Tra y - Gift/Awards/Memorials Expense Printing Expense Tra | | | | Travel in District Travel Out of District | uipment & Related Expense | | |
| 1 | Total pages Schedule F1: | 2 FII | | F | | | 2 | Filer ID | (Ethics Commission Filers) |
| - | Sch: 15/38 Rpt: 41/64 | | fferson County Der | mocratic Party (CE | EC) | | | 00069482 | |
| 4 | Date 11/06/2024 | | yee name ant, Rosharon | | | | | | |
| 6 | Amount (\$) \$510.00 | 7 Payee address; City; State; Zip Code 3325 Bennett Rd Beaumont, TX 77708 | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | OF Salaries/Wages/Contract Labor | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | didate/Officeholder n | ame C | Office soug | nt | | Office hel | d |
| | Date | Pa | yee name | | | | | | |
| | 11/13/2024 Grant, Rosharon | | | | | | | | |
| | Amount (\$) \$150.00 | 33 | yee address; Cit 25 Bennett Rd | | Zip Cod | e | | | |
| | PURPOSE OF EXPENDITURE | (a) Ca | aumont, TX 77708 tegory _{(See Categories} laries/Wages/Cont | listed at the top of this sche | edule) (| | | de of Texas. Compl officeholder living e | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | didate/Officeholder n | ame C | Office soug | nt | | Office hel | d |
| | Date | Pa | yee name | | | | | | |
| | 11/05/2024 | Gr | eene, Sharon | | | | | | |
| | Amount (\$) \$250.00 | | yee address; Cit <u>;</u> 50 Sarah St | y; State; | Zip Cod | e | | | |
| | | Be | aumont, TX 77705 | | | | | | |
| | PURPOSE OF EXPENDITURE | | tegory (See Categories laries/Wages/Cont | | edule) (| | | de of Texas. Comp officeholder living e | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | didate/Officeholder n | ame C | Office soug | nt | | Office hel | d |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|---|---|---|---|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | |
| | Sch: 16/38 Rpt: 42/64 | Jefferson County Democratic Party (CEC) | 00069482 | | | | |
| 4 | Date 11/05/2024 | 5 Payee name Greene, Sharon | | | | | |
| 6 | Amount (\$) 7 Payee address; City; State; Zip Code \$772.55 2850 Sarah St Beaumont, TX 77705 | | | | | | |
| 8 | B PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Canvassing | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | | |
| | Date | Payee name | | | | | |
| | 11/13/2024 | Greene, Sharon | | | | | |
| | Amount (\$) \$105.00 | Payee address; City; State; Zip Code 2850 Sarah St | | | | | |
| | | Beaumont, TX 77705 | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | Date | Payee name | | | | | |
| | 11/06/2024 | Guidry, Yolanda | | | | | |
| | Amount (\$) \$500.00 | Payee address; City; State; Zip Code 2755 Louisiana #40 Beaumont, TX 77702 | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | | |
| | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|--|---|---|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | | |
| | Sch: 17/38 Rpt: 43/64 | Jefferson County Democratic Party (CEC) | 00069482 | | | | | | |
| 4 | Date 11/12/2024 | 5 Payee name Guidry, Yolanda | | | | | | | |
| 6 | Amount (\$) \$75.00 | 7 Payee address; City; State; Zip Code \$75.00 2755 Louisiana St #40 Beaumont, TX 77702 | | | | | | | |
| 8 | 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 Cleaning | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 11/14/2024 | Guidry, Yolanda | | | | | | | |
| | Amount (\$) \$280.00 | Payee address; City; State; Zip Code 2755 Louisiana #40 | | | | | | | |
| | | Beaumont, TX 77702 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 11/15/2024 | HPAC | | | | | | | |
| | Amount (\$) \$500.00 | Payee address; City; State; Zip Code POB 123 | | | | | | | |
| | | Nederland, TX 77627 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|---|---|--|---|--|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimburseme Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | | |
| 1 | Total pages Schedule F1: | FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | | | |
| | Sch: 18/38 Rpt: 44/64 | Jefferson County Democratic Party (CEC) | 00069482 | | | | | | |
| 4 | Date | Payee name | | | | | | | |
| | 11/12/2024 | Harland-Clarke Corp | | | | | | | |
| 6 | Amount (\$) \$55.40 | 7 Payee address; City; State; Zip Code 15955 La Cantera Parkway San Antonio, TX 78256 | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Checks | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 11/21/2024 | Hispanic Business Association | | | | | | | |
| | Amount (\$) \$108.55 | Payee address; City; State; Zip Code 734 Memorial Fwy | | | | | | | |
| | PURPOSE OF EXPENDITURE | | avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 12/16/2024 | Hochstrasser, Willard | | | | | | | |
| | Amount (\$) \$30.00 | Payee address; City; State; Zip Code 2715 Royal Ave. | | | | | | | |
| | | Groves, TX 77619 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense ement for Blue Gala expense | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|--|-------------------------------------|----------|--|---|--------------------------------|-------|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment | | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mmittee Legal Services The Instruction Guide explain | Office Ove Polling Exp Printing Exp Salaries/W | kpense /ages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | - | 3 | Filer ID (Ethics Commission Filers) | |
| | Sch: 19/38 Rpt: 45/64 | | Jefferson County Democratic Party (| CEC) | | | 00069482 | |
| 4 | Date | 5 | Payee name | | | | | |
| | 11/06/2024 | | Jaderrius, Williams | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; Stat | te; Zip Co | de | | | |
| | \$240.00 | | 2211 Calder | | | | | |
| | | | | | | | | |
| | | | Beaumont, TX 77701 | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the top of this s | chedule) | (b) Description | | | |
| | OF EXPENDITURE | | Salaries/Wages/Contract Labor | ŗ | | | de of Texas. Complete Schedule T. | |
| | | | | | | , тх, | officeholder living expense | |
| | | | | | Canvassing | | | |
| 9 | Complete ONLY if direct | | Candidate/Officeholder name | Office sou | abt | | Office held | |
| 9 | expenditure to benefit C/OF | | | Office Sou | gnt | | Once neu | |
| | Date | | Payee name | | | | | |
| | 10/30/2024 | | Janneh, Toni | | | | | |
| | Amount (\$) | | Payee address; City; Stat | te; Zip Co | de | | | |
| | \$175.00 | | 1184 N 2nd St | | | | | |
| | | | | | | | | |
| | | | Silsbee, TX 77656 | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top of this s | chedule) | (b) Description | | | |
| | EXPENDITURE | | Salaries/Wages/Contract Labor | | | | de of Texas. Complete Schedule T. , officeholder living expense | |
| | | | | | Canvassing | , 17, | unicenoider living expense | |
| | | | | | Carraceing | | | |
| | Complete ONLY if direct | | Candidate/Officeholder name | Office sou | ght | | Office held | |
| | expenditure to benefit C/OI | Н | | | 0 | | | |
| | Date | | Payee name | | | | | |
| | 11/04/2024 | | Janneh, Toni | | | | | |
| - | Amount (\$) | | | te; Zip Co | de | | | |
| | \$342.50 | | 1184 N 2nd St | .o,p oo | | | | |
| | • • • • • | | | | | | | |
| | | | Silsbee, TX 77656 | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of this s | chedule) | (b) Description | | | |
| | OF EXPENDITURE | | Salaries/Wages/Contract Labor | | | | de of Texas. Complete Schedule T. | |
| | - | | | | Canvassing | , TX, | officeholder living expense | |
| | ſ | | | | Currussing | | | |
| | Complete ONLY if direct | <u>ر</u> | Candidate/Officeholder name | Office sou | aht | | Office held | |
| | expenditure to benefit C/OF | | | 21100 300 | 9 | | | |
| - | | | | | | | | |
| | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|----|---|--|---|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | |
| 1 | Total pages Cabadula F1 | | P Filer ID (Ethics Commission Filers) | | | | | |
| L. | Total pages Schedule F1: Sch: 20/38 Rpt: 46/64 | Jefferson County Democratic Party (CEC) | B Filer ID (Ethics Commission Filers) 00069482 00069482 | | | | | |
| 4 | Date 11/08/2024 | 5 Payee name Janneh, Toni | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | |
| 0 | \$120.00 | 1184 N 2nd St | | | | | | |
| | | Silsbee, TX 77656 | | | | | | |
| 8 | 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Image: Check if Austin, TX, officeholder living expense Canvassing Check if Austin, TX, officeholder living expense | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | |
| | Date | Payee name | | | | | | |
| | 10/30/2024 | Joubert, Devonte | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$420.00 | 760 Zavalla St Beaumont, TX 77705 | | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | |
| | Date | Payee name | | | | | | |
| | 11/05/2024 | Joubert, Devonte | | | | | | |
| | Amount (\$) \$480.00 | Payee address; City; State; Zip Code 760 Zavalla St | | | | | | |
| | | Beaumont, TX 77705 | | | | | | |
| | PURPOSE OF EXPENDITURE | OF Salaries/Wages/Contract Labor | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | |
| | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|---|--|---|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | |
| 1 | Total pages Schedule F1: | • | 3 Filer ID (Ethics Commission Filers) | | | | | |
| | Sch: 21/38 Rpt: 47/64 | Jefferson County Democratic Party (CEC) | 00069482 | | | | | |
| 4 | Date 11/05/2024 | 5 Payee name Joubert, Devonte | | | | | | |
| 6 | Amount (\$) \$50.00 | xmount (\$) 7 Payee address; City; State; Zip Code | | | | | | |
| 8 | 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Image: Salaries/Wages/Contract Labor Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Canvassing | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | |
| | Date | Payee name | | | | | | |
| | 11/07/2024 | Joubert, Devonte | | | | | | |
| | Amount (\$) \$210.00 | Payee address; City; State; Zip Code 760 Zavalla St | | | | | | |
| | | Beaumont, TX 77705 | | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | |
| | Date | Payee name | | | | | | |
| | 11/01/2024 | Kemper, Tonya | | | | | | |
| | Amount (\$) \$85.00 | Payee address; City; State; Zip Code 835 15th St | | | | | | |
| | | Port Arthur, TX 77640 | | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | |
| | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|-----|---|---------------|---|---|--------------------------------|-------|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | / - al Con | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains | Office Ove Polling Ex Printing Ex Salaries/W | xpense Vages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 | Total pages Sabadula E1: | 2 | | 11000 10 000 | | 2 | Filer ID (Ethics Commission Filers) |
| L I | Total pages Schedule F1: Sch: 22/38 Rpt: 48/64 | | Jefferson County Democratic Party (C | EC) | | 3 | 00069482 |
| Δ | Date | 5 | Payee name | | | | |
| | 11/04/2024 | | Kemper, Tonya | | | | |
| 6 | Amount (\$) | 7 | Payee address; City; State | ; Zip Co | ode | | |
| | \$395.00 | | 835 15th St | | | | |
| | | | | | | | |
| | | | Port Arthur, TX 77640 | | | | |
| 8 | PURPOSE | <u> </u> | | | (b) Description | | |
| ľ | OF | | Category (See Categories listed at the top of this sch Salaries/Wages/Contract Labor | nedule) | | outsi | ide of Texas. Complete Schedule T. |
| | EXPENDITURE | | Salaries, Wages, Contract Labor | | | | , officeholder living expense |
| | | | | | Canvassing | | |
| | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officeholder name | Office sou | ght | | Office held |
| | Date | | Payee name | | | | |
| | 11/05/2024 | | Kemper, Tonya | | | | |
| | Amount (\$) | | Payee address; City; State | ; Zip Co | ode | | |
| | \$145.00 | | 835 15th St | , 1 | | | |
| | += | | | | | | |
| | | | Port Arthur, TX 77640 | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this sch Salaries/Wages/Contract Labor | nedule) | | | ide of Texas. Complete Schedule T. , officeholder living expense |
| | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Office sou | ght | | Office held |
| | Date | | Payee name | | | | |
| | 10/30/2024 | | Landry, Courtney | | | | |
| | Amount (\$) | | Payee address; City; State | ; Zip Co | ode | | |
| | \$730.00 | | 2504 Avenue G | | | | |
| | | | | | | | |
| | | | Beaumont, TX 77701 | | | | |
| | PURPOSE OF | | Category (See Categories listed at the top of this sch | nedule) | (b) Description | | |
| | EXPENDITURE | | Salaries/Wages/Contract Labor | | | | ide of Texas. Complete Schedule T. , officeholder living expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | | Candidate/Officeholder name | Office sou | ght | | Office held |
| | | | | | | | |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|---|---|-----|--|---|---|--|--|-----|--|----------------------------|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Fees Food/E Gift/Aw nmittee Legal S | Expense leverage Expense vards/Memorials Expense Services nstruction Guide expl | Office Ov Polling Ex Printing E Salaries/V | erhead/R xpense xpense Vages/Co | Reimbursement ental Expense ontract Labor this form. | | Travel in District Travel Out of Dist | quipment & Related Expense |
| 1 | Total pages Schedule F1: | 2 | | | | • | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 23/38 Rpt: 49/64 | | | Democratic Party | / (CEC) | | | | 00069482 | |
| 4 | Date | | Payee name | | | | | | | |
| | 11/06/2024 | | Landry, Courtney | / | | | | | | |
| 6 | Amount (\$) | | Payee address; | City; S | State; Zip Co | ode | | | | |
| | \$455.00 | | 2504 Avenue G | | | | | | | |
| | | | | | | | | | | |
| | | | Beaumont, TX 7 | 7701 | | | | | | |
| 8 | PURPOSE OF | (a) | | gories listed at the top of th | iis schedule) | (b) D | escription | | | |
| | EXPENDITURE | | Salaries/Wages/ | Contract Labor | | │⊢ | | | de of Texas. Comp officeholder living | |
| | | | | | | | anvassing | , | g | |
| | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officehol | der name | Office sou | ight | | | Office he | ld |
| | Date | | Payee name | | | | | | | |
| | 11/08/2024 | | Landry, Courtney | / | | | | | | |
| | Amount (\$) | | Payee address; | City; S | State; Zip Co | ode | | | | |
| | \$315.00 | | 2504 Avenue G | | | | | | | |
| | | | Beaumont, TX 7 | 7701 | | | | | | |
| | PURPOSE | (a) | Category (See Cate | gories listed at the top of th | is schedule) | (b) D | escription | | | |
| | OF EXPENDITURE | | Salaries/Wages/ | Contract Labor | | | - | | de of Texas. Comp officeholder living | |
| | | | | | | | anvassing | 17, | Unicentituer inving | expense |
| | | | | | | | 5 | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | | Candidate/Officehol | der name | Office sou | ight | | | Office he | ld |
| | Date | | Payee name | | | | | | | |
| | 11/05/2024 | | Lee, Marva | | | | | | | |
| | Amount (\$) | | Payee address; | City; S | State; Zip Co | ode | | | | |
| | \$410.00 | | 2211 Calder | | | | | | | |
| | | | | | | | | | | |
| | | | Beaumont, TX 7 | 7701 | | | | | | |
| | PURPOSE OF | (a) | , | gories listed at the top of th | is schedule) | (b) D | escription | | . (7 0 | |
| | EXPENDITURE | | Salaries/Wages/ | Contract Labor | | │⊢ | - | | de of Texas. Comp officeholder living | |
| | | | | | | | anvassing | , | enteenender innig | o,pense |
| | | | | | | | - | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officehol | der name | Office sou | ight | | | Office he | ld |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|---|---|---|---|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | |
| | Sch: 24/38 Rpt: 50/64 | Jefferson County Democratic Party (CEC) | 00069482 | | | |
| 4 | Date 12/02/2024 | 5 Payee name Lee, Marva | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | |
| Ū | \$135.00 | 2211 Calder Beaumont, TX 77701 | | | | |
| | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | |
| | Date | Payee name | | | | |
| | 11/05/2024 | MailChimp | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | \$63.96 | 675 Ponce de Leon Atlanta , GA 30308 | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | |
| | Date | Payee name | | | | |
| | 12/05/2024 | MailChimp | | | | |
| - | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | \$63.96 | 675 Ponce de Leon | | | | |
| | | Atlanta , GA 30308 | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | |
| | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|-------------------------------------|-----|----------------------|---|---|--------------------------------|-------|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | nmittee Gift/Awa | everage Expense ards/Memorials Expense | Office Ove Polling Exp Printing Exp Salaries/W | xpense Vages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | - | | - | 3 | Filer ID (Ethics Commission Filers) |
| | Sch: 25/38 Rpt: 51/64 | | Jefferson County | Democratic Party | (CEC) | | | 00069482 |
| 4 | Date | 5 | Payee name | | | | | |
| | 11/01/2024 | | Maxwell, Montrea | d | | | | |
| 6 | Amount (\$) | 7 | Payee address; | City; S | tate; Zip Co | de | | |
| | \$150.00 | | 1930 Terrell Ave. | | | | | |
| | | | | | | | | |
| | | | Beaumont, TX 77 | 701 | | | | |
| 8 | PURPOSE | (a) | Category (See Categ | ories listed at the top of th | is schedule) | (b) Description | | |
| | OF EXPENDITURE | | Salaries/Wages/ | | | | | ide of Texas. Complete Schedule T. |
| | | | | | | | , TX, | , officeholder living expense |
| | | | | | | Canvassing | | |
| 9 | Complete <u>ONLY</u> if direct | | Candidate/Officehold | or namo | Office sou | abt | | Office held |
| 9 | expenditure to benefit C/OF | | candidate/Onicenoid | | Office sou | gnt | | Onice field |
| | Date | | Payee name | | | | | |
| | 10/29/2024 | | McClelland, Covi | na | | | | |
| ⊢ | Amount (\$) | | Payee address; | City; S | tate; Zip Co | de | | |
| | \$52.50 | | 2211 Calder | - | | | | |
| | | | | | | | | |
| | | | Beaumont, TX 77 | 701 | | | | |
| | PURPOSE | (a) | Category (See Categ | ories listed at the top of th | is schedule) | (b) Description | | |
| | OF EXPENDITURE | | Salaries/Wages/C | Contract Labor | | | | ide of Texas. Complete Schedule T. , officeholder living expense |
| | | | | | | Canvassing | , 17, | , Uniceriolaer inving expense |
| | | | | | | earraceing | | |
| | Complete ONLY if direct | | Candidate/Officehold | ler name | Office sou | ght | | Office held |
| | expenditure to benefit C/OF | Н | | | | • | | |
| | Date | | Payee name | | | | | |
| | 11/06/2024 | | Melancon, Oshay | , | | | | |
| - | Amount (\$) | | Payee address; | City; S | tate; Zip Co | de | | |
| | \$90.00 | | 2211 Calder | | | | | |
| | | | | | | | | |
| | | | Beaumont, TX 77 | 701 | | | | |
| | PURPOSE | (a) | Category (See Categ | ories listed at the top of th | is schedule) | (b) Description | | |
| | OF EXPENDITURE | | Salaries/Wages/C | Contract Labor | | | | ide of Texas. Complete Schedule T. |
| | | | | | | | , TX, | , officeholder living expense |
| | | | | | | Canvassing | | |
| | Complete ONLY if direct | Ļ | Candidate/Officehold | er namo | Office sou | abt | | Office held |
| | expenditure to benefit C/OF | | | | Unice SOU | gin | | |
| - | | | | | | | | |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|---|---|---|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | |
| 1 | Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) | | | | | |
| Ţ | Sch: 26/38 Rpt: 52/64 | Jefferson County Democratic Party (CEC) | 00069482 | | | | | |
| 4 | Date 11/04/2024 | 5 Payee name Melancon, Paul | | | | | | |
| 6 | Amount (\$) \$620.00 | | | | | | | |
| 8 | B PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Canvassing | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | |
| | Date 11/06/2024 | Payee name Melancon, Paul | | | | | | |
| | Amount (\$) \$470.00 | Payee address; City; State; Zip Code 2290 North Street Beaumont, TX 77701 | | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | |
| | Date | Payee name | | | | | | |
| | 11/08/2024 | Melancon, Paul | | | | | | |
| | Amount (\$) \$140.00 | Payee address; City; State; Zip Code 2290 North Street | | | | | | |
| | | Beaumont, TX 77701 | | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | |
| | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|---|---|--|---|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | |
| 1 | Total pages Schedule F1: | | Filer ID (Ethics Commission Filers) | | | | | |
| | Sch: 27/38 Rpt: 53/64 | Jefferson County Democratic Party (CEC) | 00069482 | | | | | |
| 4 | Date 11/04/2024 | 5 Payee name Nash, Nicole | | | | | | |
| 6 | Amount (\$) \$175.00 | | | | | | | |
| | | Beaumont, TX 77701 | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | | side of Texas. Complete Schedule T. X, officeholder living expense | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | |
| | Date | Payee name | | | | | | |
| | 11/06/2024 | Nash, Nicole | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$170.00 | 1440 Avenue G Apt 2 Beaumont, TX 77701 | | | | | | |
| | PURPOSE OF EXPENDITURE | | iside of Texas. Complete Schedule T. X, officeholder living expense | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | |
| | Date | Payee name | | | | | | |
| | 11/01/2024 | Osteen, Elsie | | | | | | |
| | Amount (\$) \$350.00 | Payee address;City;State; Zip Code2197 Lavender St | | | | | | |
| | | Port Arthur, TX 77640 | | | | | | |
| | PURPOSE OF EXPENDITURE | | side of Texas. Complete Schedule T. X, officeholder living expense | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | |
| | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|---|---|---|---|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | |
| 1 | Total pages Schedule F1: | | Filer ID (Ethics Commission Filers) | | | | |
| 1 | Sch: 28/38 Rpt: 54/64 | Jefferson County Democratic Party (CEC) | 00069482 | | | | |
| 4 | Date 11/06/2024 | 5 Payee name Osteen, Elsie | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | |
| U | \$345.00 | 2197 Lavender St | | | | | |
| | | Port Arthur, TX 77640 | | | | | |
| 8 | PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Canvassing | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | | |
| | Date | Payee name | | | | | |
| | 11/07/2024 | Osteen, Elsie | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$160.00 | 2197 Lavender St Port Arthur, TX 77640 | | | | | |
| | PURPOSE OF EXPENDITURE | | tside of Texas. Complete Schedule T. 'X, officeholder living expense | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | Date | Payee name | | | | | |
| | 10/28/2024 | Peerly | | | | | |
| | Amount (\$) \$102.07 | Payee address; City; State; Zip Code 2232 Dell Range Blvd #287 | | | | | |
| | | Cheyenne, WY 82009 | | | | | |
| | PURPOSE OF EXPENDITURE | | tside of Texas. Complete Schedule T. X, officeholder living expense | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|--|--|-----------|---|--|------------------------------|-------|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Cor Credit Card Payment | | | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains | Office Ove Polling Exp Printing Ex Salaries/W | pense ages/Contract Labor | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 | Total pages Schedule F1: | 2 | | | • | 3 | Filer ID (Ethics Commission Filers) |
| | Sch: 29/38 Rpt: 55/64 | | Jefferson County Democratic Party (CI | EC) | | | 00069482 |
| 4 | Date 11/27/2024 | 5 | Payee name Peerly | | | | |
| 6 | Amount (\$) \$102.07 | | Payee address; City; State; 2232 Dell Range Blvd #287 Cheyenne, WY 82009 | ; Zip Co | de | | |
| 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 Texting | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name C | Office sou | Jht | | Office held |
| | Date | | Payee name | | | | |
| | 12/27/2024 | | Peerly | | | | |
| | Amount (\$) \$102.07 | | Payee address; City; State; 2232 Dell Range Blvd #287 Cheyenne, WY 82009 | ; Zip Co | de | | |
| | PURPOSE OF EXPENDITURE | _ | Category (See Categories listed at the top of this sch Fees | iedule) | | | de of Texas. Complete Schedule T. officeholder living expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name C | Office sou | jht | | Office held |
| | Date | \square | Payee name | | | | |
| | 11/04/2024 | | Rave Financial | | | | |
| | Amount (\$) \$10.00 | | Payee address; City; State; 3535 Calder Avenue | ; Zip Co | de | | |
| | | | Beaumont, TX 77706 | ı | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this sche Accounting/Banking | edule) | | , тх, | de of Texas. Complete Schedule T. officeholder living expense ks |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name C | Office sou | yht | | Office held |
| | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | |
|---|---|--|---|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services 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) | | | |
| 1 | Total pages Schedule F1: | | Filer ID (Ethics Commission Filers) | | | |
| 1 | Sch: 30/38 Rpt: 56/64 | Jefferson County Democratic Party (CEC) | 00069482 | | | |
| 4 | Date 11/07/2024 | Payee name Richey, Valerie | | | | |
| 6 | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| Ū | \$180.00 | 2211 Calder | | | | |
| | | Beaumont, TX 77701 | | | | |
| 8 | PURPOSE OF EXPENDITURE | | itside of Texas. Complete Schedule T. 'X, officeholder living expense | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | Candidate/Officeholder name Office sought | Office held | | | |
| | Date | Payee name | | | | |
| | 10/30/2024 | Riley, Ella | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | |
| | \$480.00 | 4450 Woodcrest Dr. Beaumont, TX 77703 | | | | |
| | PURPOSE OF EXPENDITURE | | tside of Texas. Complete Schedule T. 'X, officeholder living expense | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | |
| | Date | Payee name | | | | |
| | 11/06/2024 | Riley, Ella | | | | |
| | Amount (\$) \$412.50 | Payee address;City;State;Zip Code4450 Woodcrest Dr. | | | | |
| | | Beaumont, TX 77703 | | | | |
| | PURPOSE OF EXPENDITURE | | itside of Texas. Complete Schedule T. 'X, officeholder living expense | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | |
| | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|---|--|--|---|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | |
| 1 | Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) | | | | |
| | Sch: 31/38 Rpt: 57/64 | Jefferson County Democratic Party (CEC) | 00069482 | | | | |
| 4 | Date 11/07/2024 | Payee name Riley, Ella | | | | | |
| 6 | Amount (\$) 7 Payee address; City; State; Zip Code \$308.00 4450 Woodcrest Dr. Beaumont, TX 77703 | | | | | | |
| 8 | B PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Canvassing | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | Date | Payee name | | | | | |
| | 11/05/2024 | Riley, Nakia | | | | | |
| | Amount (\$) \$315.00 | Payee address;City;State;Zip Code4440 Woodcrest Dr | | | | | |
| | | Beaumont, TX 77703 | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | Date | Payee name | | | | | |
| | 10/29/2024 | Roger, Jeremiah | | | | | |
| | Amount (\$) \$240.00 | Payee address;City;State;Zip Code4395 Chaison St | | | | | |
| | | Beaumont, TX 77705 | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|---|---|--|---|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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) | | | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | |
| | Sch: 32/38 Rpt: 58/64 | Jefferson County Democratic Party (CEC) | 00069482 | | | | |
| 4 | Date 10/29/2024 | 5 Payee name Roger, Jeremiah | | | | | |
| 6 | Amount (\$) \$90.00 | Payee address; City; State; Zip Code 4395 Chaison St Beaumont, TX 77705 | | | | | |
| 8 | 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Canvassing | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | Date | Payee name | | | | | |
| | 11/06/2024 | Roger, Jeremiah | | | | | |
| | Amount (\$) \$165.00 | Payee address; City; State; Zip Code 4395 Chaison St | | | | | |
| | | Beaumont, TX 77705 | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | Date | Payee name | | | | | |
| | 11/07/2024 | Roger, Jeremiah | | | | | |
| | Amount (\$) \$165.00 | Payee address;City;State;Zip Code4395 Chaison St | | | | | |
| | | Beaumont, TX 77705 | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|---|--|--|---|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | |
| 1 | Total pages Schedule F1: | FILER NAME | 3 Filer ID (Ethics Commission Filers) | | | | |
| | Sch: 33/38 Rpt: 59/64 | Jefferson County Democratic Party (CEC) | 00069482 | | | | |
| 4 | Date 11/07/2024 | Payee name Roger, Jeremiah | | | | | |
| 6 | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$11.25 | 4395 Chaison St Beaumont, TX 77705 | | | | | |
| 0 | DUDDOSE | I | | | | | |
| 8 | B PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Canvassing | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | Candidate/Officeholder name Office sought | Office held | | | | |
| | Date | Payee name | | | | | |
| | 10/30/2024 | Roy, Annie | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$330.00 | 867 Roberts St Beaumont, TX 77701 | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | | |
| | Date | Payee name | | | | | |
| | 10/30/2024 | Roy, Annie | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | |
| | \$100.00 | 867 Roberts St | | | | | |
| | | Beaumont, TX 77701 | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought | Office held | | | | |
| | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|---|--|--|---|------|---|---|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense By - Gift/Awards/Memorials Expense | | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | 3 | 3 | Filer ID (Ethics Commission Filers) |
| | Sch: 34/38 Rpt: 60/64 | | Jefferson County Democratic Party (CEC) | | | | 00069482 |
| 4 | Date 11/13/2024 | 5 | Payee name Roy, Annie | | | | |
| 6 | Amount (\$) \$330.00 | | Payee address; City; State; Zip C 867 Roberts St Beaumont, TX 77701 | ode | | | |
| 8 | 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Image: Check if Austin, TX, officeholder living expense Canvassing | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name Office so | ught | | | Office held |
| | Date | | Payee name | | | | |
| | 11/05/2024 | | Sanderson, Armani | | | | |
| | Amount (\$) \$67.50 | | Payee address; City; State; Zip C 2211 Calder | ode | | | |
| | | | Beaumont, TX 77701 | | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) | | | le of Texas. Complete Schedule T. officeholder living expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | andidate/Officeholder name Office so | ught | | | Office held |
| | Date | | Payee name | | | | |
| | 10/29/2024 | | Sherman, Justice | | | | |
| | Amount (\$) \$50.00 | | Payee address; City; State; Zip C 2211 Calder | ode | | | |
| | | | Beaumont, TX 77701 | 1 | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) | | | le of Texas. Complete Schedule T. officeholder living expense |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | candidate/Officeholder name Office so | ught | | | Office held |
| | | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | |
|-------------------------------------|---|--|--|------------------------|---|--|-------|---|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment | | Event ExpenseLcFeesOFood/Beverage ExpensePeGift/Awards/Memorials ExpensePr | | Office Over Polling Exp Printing Exp Salaries/Wa | 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) | |
| 1 | Total pages Schedule F1: | 2 | | | | ••••• | 3 | Filer ID (Ethics Commission Filers) | |
| _ | Sch: 35/38 Rpt: 61/64 | | | | | 00069482 | | | |
| 4 | Date | 5 | Payee name | | | | | | |
| | 11/08/2024 | | Showers, Cassandra | | | | | | |
| 6 | Amount (\$) | 7 | 7 Payee address; City; State; Zip Code | | | | | | |
| | \$790.00 | | 13590 Inwood Dr. | | | | | | |
| | | | | | | | | | |
| | | | Bevil Oaks, TX 77713 | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed a | at the top of this sch | nedule) | b) Description | | | |
| | OF EXPENDITURE | | Salaries/Wages/Contract | | , | | | side of Texas. Complete Schedule T. | |
| | | | | | | | n, TX | c, officeholder living expense | |
| | | | | | | Canvassing | | | |
| _ | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | | Office soug | ht | | Office held | |
| | Date | | Payee name | | | | | | |
| | 12/24/2024 | | | | | | | | |
| | Amount (\$) | | Payee address; City; | State; | ; Zip Coo | e | | | |
| | \$256.23 | | | | | | | | |
| | | | | | | | | | |
| | | | Austin, TX 78701 | | | | | | |
| | PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF F F F | | | | | | | | |
| | EXPENDITURE Fees Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | | | |
| Filing fee | | | | | | | | | |
| | | | | | | | | | |
| | Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | | | Office held | | | |
| | expenditure to benefit C/OH | | | | | | | | |
| ⊨ | Date Payee name | | | | | | | | |
| | 11/04/2024 Thompson, Ruth | | | | | | | | |
| - | Amount (\$) Payee address; City; State; Zip Code | | | | | | | | |
| | \$457.50 6885 Marshall Place | | | | | | | | |
| | + 101100 | | | | | | | | |
| | | Beaumont, TX 77706 | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed a | at the top of this sch | nedule) | b) Description | | | |
| | OF Salaries/Wages/Contract Labor | | | | | | | | |
| | | Check if Austin, TX, officeholder living expense | | | | | | | |
| | Canvassing | | | | | | | | |
| | Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | | | | | Office held | |
| | Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held Office held | | | | | | | | |
| | | | | | | | | | |
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| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|-------------------------------------|---|--|---|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | |
| 1 | Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) | | | | |
| | Sch: 36/38 Rpt: 62/64 | Jefferson County Democratic Party (CEC) | 00069482 | | | | |
| 4 | Date 11/06/2024 | 5 Payee name Thompson, Ruth | | | | | |
| 6 | Amount (\$) \$110.00 | 7 Payee address; City; State; Zip Code 6885 Marshall Place Beaumont, TX 77706 | | | | | |
| 8 | PURPOSE OF EXPENDITURE | Salaries/W/ages/Contract Labor | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held Office held | | | | | |
| | Date | Payee name | | | | | |
| | 11/20/2024 Waggoner, Linda | | | | | | |
| | Amount (\$) \$50.00 | Payee address; City; State; Zip Code 7680 Merion Dr | | | | | |
| | | Beaumont, TX 77707 | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense | | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | Date Payee name | | | | | | |
| 11/12/2024 Walmart | | | | | | | |
| | Amount (\$) Payee address; City; State; Zip Code \$37.82 \$585 Memorial Blvd | | | | | | |
| | | Port Arthur, TX 77640 | | | | | |
| | PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description (b) Description Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense Office Supplies | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
|-------------------------------------|---|---|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursen Fees Office Overhead/Rental Exper Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form | ISE Transportation Equipment & Related Expense Travel in District Travel Out of District or OTHER (enter a category not listed above) | | | | |
| 1 | Total pages Schedule F1: | | 3 Filer ID (Ethics Commission Filers) | | | | |
| - | Sch: 37/38 Rpt: 63/64 | Jefferson County Democratic Party (CEC) | 00069482 | | | | |
| 4 | Date 10/30/2024 | 5 Payee name Williams, Kanisha | | | | | |
| 6 | Amount (\$) \$85.00 | 7 Payee address; City; State; Zip Code 3419 40th St Port Arthur, TX 77642 | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Canvassing | | | | | |
| 9 | Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | | |
| | Date | Payee name | | | | | |
| | 11/04/2024 | | | | | | |
| | Amount (\$) \$465.00 | Payee address; City; State; Zip Code 3419 40th St | | | | | |
| | | Port Arthur, TX 77642 | | | | | |
| | PURPOSE OF EXPENDITURE | | travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | Date Payee name | | | | | | |
| 11/05/2024 Williams, Kanisha | | | | | | | |
| | Amount (\$)Payee address;City;State;Zip Code\$145.003419 40th St | | | | | | |
| | | Port Arthur, TX 77642 | | | | | |
| | PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description (b) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Canvassing | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | |
| | | | | | | | |

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | |
|--|---|------------------|---|----------------|--|-----------------|----------------------------|---|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Expense | | 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) |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | - | 3 | Filer ID (Ethics Commission Filers) |
| | Sch: 38/38 Rpt: 64/64 | - | | | | | | 00069482 |
| 4 | Date | 5 | Payee name | | | | | |
| | 10/29/2024 | | Y Strategy | | | | | |
| 6 | Amount (\$) | 7 | 7 Payee address; City; State; Zip Code | | | | | |
| | \$10,000.00 | | 3110 Manor Rd. Suite H | | | | | |
| | | | | | | | | |
| | | | Austin, TX 78723 | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at the to | on of this sch | edule) | (b) Description | | |
| | OF EXPENDITURE | | Printing Expense | | , | | outs | ide of Texas. Complete Schedule T. |
| | EXPENDITORE | | | | | | n, TX | , officeholder living expense |
| | | | | | | Mailer | | |
| | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | | | | | | |
| | Date | | Payee name | | | | | |
| | 11/06/2024 | Y Strategy | | | | | | |
| | Amount (\$) | | Payee address; City; | State; | ; Zip Co | le | | |
| | \$1,523.40 | | 3110 Manor Rd. Suite H | | | | | |
| | | | | | | | | |
| | | | Austin, TX 78723 | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the to | op of this sch | edule) | (b) Description | | |
| OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense | | | | | | | | |
| | | | | | Texting | , 17 | , onceroider iving expense | |
| | | | | | | . entering | | |
| Complete <u>ONLY</u> if direct Ca | | | Candidate/Officeholder name | | Office sou | ıht | | Office held |
| | expenditure to benefit C/OH | | | | | | | |
| - | Date Payee name | | | | | | | |
| | 11/08/2024 Y Strategy | | | | | | | |
| - | Amount (\$) Payee address; City; State; Zip Code | | | | | | | |
| | \$1,500.00 \$110 Manor Rd. Suite H | | | | | | | |
| | | | | | | | | |
| | | Austin, TX 78723 | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the to | op of this sch | edule) | (b) Description | | |
| | | | Advertising Expense | | , | Check if travel | outs | ide of Texas. Complete Schedule T. |
| | EXPENDITURE | | | | | | n, TX | , officeholder living expense |
| | | | | | | Texting | | |
| | | | | | | | | |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | | | Office held | | | |
| | expenditure to benefit C/OI | I | | | | | | |
| | | | | | | | | |
| | | | | | | | | |