FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00027570 3 COMMITTEE NAME **OFFICE USE ONLY** Waller County Democratic Club Date Received **ELECTRONICALLY FILED** 01/13/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 412 Date Hand-delivered or Date Postmarked Change of Address Hempstead, TX 77445 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mildred NAME NICKNAME LAST **SUFFIX** Jefferson STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 414 8th Street STREET **ADDRESS** (Residence or Business) Hempstead, TX 77445 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 414 8th Street MAILING **ADDRESS** Hempstead, TX 77445 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 451-9024 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 09/21/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

2 COMMITTEE NAME		I,	13 Filer ID	(Ethics Commission Filers)
			00027570	•
		I Commanded	00021310	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if	A. Supported		
J	applicable, classify by party.)			
(Attach lists on plain		D. Grand		
paper to complete this report if necessary.)		B. Opposed		
report if necessary.)				
	Measures (Describe by date and location)	A. Supported		
	of election and nature of issue.)			
		D. Connect		
		B. Opposed		
	2 Officebalders			
	Officeholders Assisted			
	(Identify by name or, if			
	applicable, classify by party.)			
5 CONTRIBUTION		D POLITICAL CONTRIBUTIONS (OTHER THAN		
TOTALS		OR GUARANTEES OF LOANS, OR NADE ELECTRONICALLY)	\$	929.00
	l — —	qualifies for the higher itemization threshold		
	2. TOTAL POLITICA	AL CONTRIBUTIONS	\$	020.00
	(OTHER THAN PLE	EDGES, LOANS, OR GUARANTEES OF LOANS)	ľ	929.00
EXPENDITURE	3. TOTAL UNITEMIZEI	D POLITICAL EXPENDITURES		
TOTALS			\$	573.03
	4. TOTAL POLITICA	AL EXPENDITURES	s	
			ا "	1,473.03
CONTRIBUTION	5 TOTAL POLITICAL	CONTRIBUTIONS MAINTAINED AS OF THE LAST [200	
BALANCE	OF THE REPORTIN		\$	1,159.59
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
	2.0.27			
6 AFFIDAVIT				
		I swear, or affirm, under penalty of per	iury that the s	accompanying report is
		true and correct and includes all inform		
		under Title 15, Election Code.		
		Mildred J	Jefferson	
		Signature of Can	npaign Treasu	ırer
AFFIX NOTAI	RY STAMP / SEAL ABOVE			
Communication of the control of the	ad landaus com level		in the	
		, th	is the	day
UT	, 20, to certify	which, witness my hand and seal of office.		
Cingatura -f -ff:	administarias asti-	Drinted name of officer administrative settle	Title of of	oor administration a -41-
Signature of officer	administering oath	Printed name of officer administering oath	Title OF OTH	cer administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

3 of 4						
17 COMMIT	EE NAME punty Democratic Club	18 Filer ID 00027570	(Ethics Commission Filers)			
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT			
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 929.	.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION)R	\$			
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$			
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$			
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$			
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$			
9.	SCHEDULE E: LOANS		\$			
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 1,473	.03		
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$			
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$			
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1: Sch: 1/1 Rpt: 4/4	2 FILER NAME Waller County Democratic Club 3 Filer ID (Ethics Commission Filers) 00027570			
4 Date 09/21/2024	5 Payee name Simply Storage			
6 Amount (\$) \$450.00	7 Payee address; City; State; Zip Code 1110 Austin Street			
Expenditure from corporate funds	Hempstead, TX 77445			
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 Storage			
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date 11/26/2024 Amount (\$) \$450.00	Payee name Simply Storage Payee address; City; State; Zip Code 1110 Austin Street			
Expenditure from corporate funds	Hempstead, TX 77445			
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 Storage			
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			