

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Galveston County Democratic Party	13 Filer ID (Ethics Commission Filers) 00015825
---	---

14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 25,450.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 26,457.69
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,482.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Tierrishia Gibson

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - GPAC

17 COMMITTEE NAME Galveston County Democratic Party		18 Filer ID (Ethics Commission Filers) 00015825
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 25,450.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 26,457.69
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/64 Rpt: 4/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 09/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Mardi <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77550	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Mardi <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Mardi <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Mardi <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Akins, Gail (Ms.) <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546-4474	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/64 Rpt: 5/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 10/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alonso, Emily <hr/> 6 Contributor address; City; State; Zip Code Texas City, TX 77590	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Consumer Loan Underwriter		9 Employer (See Instructions) Texas First Bank
Date 08/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anastas , Christine <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77510	Amount of Contribution (\$) \$14.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Madeline <hr/> Contributor address; City; State; Zip Code Texas City, TX 77590	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnhart, Vicki (Ms.) <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551-5670	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired.		Employer (See Instructions) Not employed.
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnhart, Vicki (Ms.) <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551-5670	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Retired.		Employer (See Instructions) Not employed.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/64 Rpt: 6/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 09/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Howard (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Texas City, TX 77591	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Pastor		9 Employer (See Instructions) Retired
Date 10/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beyer, Cory <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) police		Employer (See Instructions) municipal
Date 07/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Lisa (Mrs.) <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554-8002	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Restaurateur		Employer (See Instructions) Self
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Lisa (Mrs.) <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554-8002	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Restaurateur		Employer (See Instructions) Self
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Lisa (Mrs.) <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554-8002	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Restaurateur		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/64 Rpt: 7/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 10/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Lisa (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77554-8002	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) Restaurateur		9 Employer (See Instructions) Self
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Lisa (Mrs.) <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554-8002	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Restaurateur		Employer (See Instructions) Self
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Lisa (Mrs.) <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554-8002	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Restaurateur		Employer (See Instructions) Self
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boor, Paul <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) pathologist		Employer (See Instructions) UTMB
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bourliot, Frances <hr/> Contributor address; City; State; Zip Code Houston, TX 77079	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) 14th Court of appeals

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/64 Rpt: 8/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 09/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brakebill, Constance (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Friendswood, TX 77546-3935	7 Amount of Contribution (\$) \$63.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) None
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brakebill, Constance (Mrs.) <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546-3935	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broussard, Carole (Ms.) <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550-6644	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buzan, Jenny <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canavan, Margaret <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/64 Rpt: 9/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 09/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canavan, Margaret <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77550	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canetti, Barbara <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casey, Marcelene (Mrs.) <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550-6852	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casey, Marcelene (Mrs.) <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550-6852	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caskey, Nita <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/64 Rpt: 10/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 10/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Childress, Stacey <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77550	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Michael <hr/> Contributor address; City; State; Zip Code League City, TX 77579	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooley, Carol <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) self		Employer (See Instructions) self
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Mary <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Self
Date 10/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornelius, Peggy <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/64 Rpt: 11/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 10/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Countiss, Julie (Ms.)	7 Amount of Contribution (\$) \$1,500.00
	6 Contributor address; City; State; Zip Code Houston, TX 77266	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Harris County
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courville, Edna	Amount of Contribution (\$) \$80.00
	Contributor address; City; State; Zip Code Texas City, TX 77591	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Dianne	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Clear Lake Shores, TX 77565	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Creamer, Margaret	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code League City, TX 77573	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Criswell, K	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Greensboro, IN 27214	
Principal occupation / Job title (See Instructions) law enforcement		Employer (See Instructions) Greensboro PD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/64 Rpt: 12/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 09/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Croft, Stacy	7 Amount of Contribution (\$) \$30.00
6 Contributor address; City; State; Zip Code Galveston, TX 77550		
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cushing, Lisa	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Friendswood, TX 77546		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dee, Richard (Mr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Santa Fe, TX 77517		
Principal occupation / Job title (See Instructions) General Organizer		Employer (See Instructions) Iron Workers International
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dee, Richard (Mr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Santa Fe, TX 77517		
Principal occupation / Job title (See Instructions) General Organizer		Employer (See Instructions) Iron Workers International
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dee, Richard (Mr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Santa Fe, TX 77517		
Principal occupation / Job title (See Instructions) General Organizer		Employer (See Instructions) Iron Workers International

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/64 Rpt: 13/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 09/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dee, Richard (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Santa Fe, TX 77517	
8 Principal occupation / Job title (See Instructions) General Organizer		9 Employer (See Instructions) Iron Workers International
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dee, Richard (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Santa Fe, TX 77517	
Principal occupation / Job title (See Instructions) General Organizer		Employer (See Instructions) Iron Workers International
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Del Buono, Lori	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Friendswood, TX 77546	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denney, Pamela (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Clifton, TX 76634-3291	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denney, Pamela (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Clifton, TX 76634-3291	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/64 Rpt: 14/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 09/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denney, Pamela (Ms.)	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code Clifton, TX 76634-3291		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denney, Pamela (Ms.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Clifton, TX 76634-3291		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 10/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denney, Pamela (Ms.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Clifton, TX 76634-3291		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denney, Pamela (Ms.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Clifton, TX 76634-3291		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 12/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denney, Pamela (Ms.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Clifton, TX 76634-3291		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/64 Rpt: 15/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 09/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dicely, Shannon (Ms.)	7 Amount of Contribution (\$) \$60.00
	6 Contributor address; City; State; Zip Code Friendswood, TX 77546-5888	
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) None
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dressler, Don (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Galveston, TX 77550-4522	
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dressler, Don (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Galveston, TX 77550-4522	
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dressler, Don (Mr.)	Amount of Contribution (\$) \$70.00
	Contributor address; City; State; Zip Code Galveston, TX 77550-4522	
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dressler, Don (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Galveston, TX 77550-4522	
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/64 Rpt: 16/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 10/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dressler, Don (Mr.)	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Galveston, TX 77550-4522		
8 Principal occupation / Job title (See Instructions) None		9 Employer (See Instructions) None
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dressler, Don (Mr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Galveston, TX 77550-4522		
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 12/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dressler, Don (Mr.)	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Galveston, TX 77550-4522		
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DuPont, Laura	Amount of Contribution (\$) \$60.00
Contributor address; City; State; Zip Code League City, TX 77573		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eldridge, Carole	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Galveston, TX 77550		
Principal occupation / Job title (See Instructions) University administrator		Employer (See Instructions) Chamberlain University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/64 Rpt: 17/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 09/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Carlene <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77573	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Clear Creek Independent School District
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falk, Thomas <hr/> Contributor address; City; State; Zip Code Bacliff, TX 77518	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feinman, Minnie <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Files, Priscilla <hr/> Contributor address; City; State; Zip Code La Marque, TX 77568	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Exec Dir		Employer (See Instructions) Galveston Island Tree Conserv.
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finger, Julie <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77510	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/64 Rpt: 18/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 09/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeman, Dan (Mr.)	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Galveston, TX 77554		
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) None
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galveston Island Democrats	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code Galveston, TX 77553-0614		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galveston Island Democrats	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Galveston, TX 77553-0614		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gatson, Alice	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Galveston, TX 77550		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Tedric (Mr.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Texas City, TX 77591		
Principal occupation / Job title (See Instructions) Barber		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/64 Rpt: 19/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 09/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Tierr'ishia (The Honorable) <hr/> 6 Contributor address; City; State; Zip Code Texas City, TX 77591-9326	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Radiology Reading Rm Asst		9 Employer (See Instructions) UTMB
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Tierr'ishia (The Honorable) <hr/> Contributor address; City; State; Zip Code Texas City, TX 77591-9326	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Radiology Reading Rm Asst		Employer (See Instructions) UTMB
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Tierr'ishia (The Honorable) <hr/> Contributor address; City; State; Zip Code Texas City, TX 77591-9326	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Radiology Reading Rm Asst		Employer (See Instructions) UTMB
Date 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Tierr'ishia (The Honorable) <hr/> Contributor address; City; State; Zip Code Texas City, TX 77591-9326	Amount of Contribution (\$) \$120.00
Principal occupation / Job title (See Instructions) Radiology Reading Rm Asst		Employer (See Instructions) UTMB
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Heidi (Mrs.) <hr/> Contributor address; City; State; Zip Code League City, TX 77573-5026	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/64 Rpt: 20/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 08/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graves, Ava <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77554	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graves, Ava <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graves, Ava <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graves, Ava <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graves, Ava <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/64 Rpt: 21/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 08/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Patricia (Ms.)	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Galveston, TX 77550-4824	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) University of Houston Law Center
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Patricia (Ms.)	Amount of Contribution (\$) \$34.00
	Contributor address; City; State; Zip Code Galveston, TX 77550-4824	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) University of Houston Law Center
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Wilma	Amount of Contribution (\$) \$120.00
	Contributor address; City; State; Zip Code Texas City, TX 77591	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Tonia	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Fresno, TX 77545	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guidry, Sheila	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code La Marque, TX 77568	
Principal occupation / Job title (See Instructions) System analysis		Employer (See Instructions) American national

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/64 Rpt: 22/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 08/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ha, Henry (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Plano, TX 75010	
8 Principal occupation / Job title (See Instructions) Data Management Consultant		9 Employer (See Instructions) Diversant LLC
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammond, Ann	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77052	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 10/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrell, Tina	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code DICKINSON, TX 77539	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartle, Barbara	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Galveston, TX 77554	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hassan, Meagan (Judge)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Houston, TX 77008	
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/64 Rpt: 23/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 10/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Chrisitna	7 Amount of Contribution (\$) \$30.00
6 Contributor address; City; State; Zip Code League City, TX 77573		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herring, Molly	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code League City, TX 77573		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heyland, James	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Galveston, TX 77550		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heyland, James	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Galveston, TX 77550		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heyland, James	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Galveston, TX 77550		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/64 Rpt: 24/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 09/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Amylin <hr/> 6 Contributor address; City; State; Zip Code Dickinson, TX 77539	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Administrative Assistant		9 Employer (See Instructions) Mary Moody Northern Endowment
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Amylin <hr/> Contributor address; City; State; Zip Code Dickinson, TX 77539	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) Mary Moody Northern Endowment
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Amylin <hr/> Contributor address; City; State; Zip Code Dickinson, TX 77539	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) Mary Moody Northern Endowment
Date 10/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Amylin <hr/> Contributor address; City; State; Zip Code Dickinson, TX 77539	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) Mary Moody Northern Endowment
Date 10/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Amylin <hr/> Contributor address; City; State; Zip Code Dickinson, TX 77539	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) Mary Moody Northern Endowment

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/64 Rpt: 25/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 10/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Amylin <hr/> 6 Contributor address; City; State; Zip Code Dickinson, TX 77539	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Administrative Assistant		9 Employer (See Instructions) Mary Moody Northern Endowment
Date 11/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Amylin <hr/> Contributor address; City; State; Zip Code Dickinson, TX 77539	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) Mary Moody Northern Endowment
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Amylin <hr/> Contributor address; City; State; Zip Code Dickinson, TX 77539	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) Mary Moody Northern Endowment
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hightower, Richard <hr/> Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$550.00
Principal occupation / Job title (See Instructions) Justice First Court of Appeals		Employer (See Instructions) State of Texas
Date 10/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hightower, Richard <hr/> Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Justice First Court of Appeals		Employer (See Instructions) State of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/64 Rpt: 26/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 09/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Karen <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77554	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Curriculum Specialist		9 Employer (See Instructions) Galveston ISD
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Ronald <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) IT Specialist		Employer (See Instructions) IBM
Date 10/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinsdale, Suzie <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinsdale, Suzie <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodges, Carol <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/64 Rpt: 27/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 07/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollaway, Carol	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Galveston, TX 77551		
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) None
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollaway, Carol	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Galveston, TX 77551		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollaway, Carol	Amount of Contribution (\$) \$65.00
Contributor address; City; State; Zip Code Galveston, TX 77551		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollaway, Carol	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Galveston, TX 77551		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None
Date 10/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollaway, Carol	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Galveston, TX 77551		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/64 Rpt: 28/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 10/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollaway, Carol	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Galveston, TX 77551		
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) None
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollaway, Carol	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Galveston, TX 77551		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollaway, Carol	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Galveston, TX 77551		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None
Date 12/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollaway, Carol	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Galveston, TX 77551		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hypolite, Steven	Amount of Contribution (\$) \$23.00
Contributor address; City; State; Zip Code League City, TX 77573		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/64 Rpt: 29/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 10/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Theopolis	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Galveston, TX 77550-4361		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Theopolis	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Galveston, TX 77550-4361		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Carol	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Galveston, TX 77550		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Armenia	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code league city, TX 77573-6339		
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Lenzyâ€™s
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Audrey	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Hitchcock, TX 77563		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/64 Rpt: 30/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 08/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Carol <hr/> 6 Contributor address; City; State; Zip Code Texas City, TX 77591	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Scott (Mr.) <hr/> Contributor address; City; State; Zip Code League City, TX 77573-3868	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Government Relations		Employer (See Instructions) Galveston Bay Foundation
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Scott (Mr.) <hr/> Contributor address; City; State; Zip Code League City, TX 77573-3868	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Government Relations		Employer (See Instructions) Galveston Bay Foundation
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Scott (Mr.) <hr/> Contributor address; City; State; Zip Code League City, TX 77573-3868	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Government Relations		Employer (See Instructions) Galveston Bay Foundation
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Scott (Mr.) <hr/> Contributor address; City; State; Zip Code League City, TX 77573-3868	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Government Relations		Employer (See Instructions) Galveston Bay Foundation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/64 Rpt: 31/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 12/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Scott (Mr.)	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code League City, TX 77573-3868		
8 Principal occupation / Job title (See Instructions) Government Relations		9 Employer (See Instructions) Galveston Bay Foundation
Date 10/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Shannon	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Greensboro, NC 27455		
Principal occupation / Job title (See Instructions) Bookseller		Employer (See Instructions) Scuppernong Books
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenney, Linda	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Santa Fe, TX 87505		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Univ. Illinois-Chicago
Date 10/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kesner, Paul	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Galveston, TX 77550		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kierman, Peter	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Galveston, TX 77554		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/64 Rpt: 32/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kierman, Peter <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77554	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) None
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Frances <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Admin / Care Giver		Employer (See Instructions) SHILOH A.M.E.
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King III, William H. (Dr.) <hr/> Contributor address; City; State; Zip Code Dickinson, TX 77539	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Pastor		Employer (See Instructions) GNHMBC
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lakin, Mindy (Ms.) <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550-5233	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not employed
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lancaster, Linda <hr/> Contributor address; City; State; Zip Code Granbury, TX 76048	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/64 Rpt: 33/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 09/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landau, Sarah <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77009	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) courts of appeal
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeMay, Rachel <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) The LeMay Firm
Date 08/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeMay, Rachel <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) The LeMay Firm
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeMay, Rachel <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) The LeMay Firm
Date 10/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeMay, Rachel <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) The LeMay Firm

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/64 Rpt: 34/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 11/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeMay, Rachel	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Friendswood, TX 77546		
8 Principal occupation / Job title (See Instructions) attorney		9 Employer (See Instructions) The LeMay Firm
Date 12/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeMay, Rachel	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Friendswood, TX 77546		
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) The LeMay Firm
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeVert, Tina	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Pearland, TX 77584		
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) Tina LeVert
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Sharon (Ms.)	Amount of Contribution (\$) \$80.00
Contributor address; City; State; Zip Code Galveston, TX 77550		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liles, Callie	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Galveston, TX 77550		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/64 Rpt: 35/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 08/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liles, Callie	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Galveston, TX 77550		
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) None
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liles, Callie	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Galveston, TX 77550		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liles, Callie	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Galveston, TX 77550		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None
Date 11/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liles, Callie	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Galveston, TX 77550		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liles, Callie	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Galveston, TX 77550		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/64 Rpt: 36/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 10/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liles, Callie <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77550	7 Amount of Contribution (\$) \$80.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) None
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Longrigg, Kathie <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 10/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lovas, Karina <hr/> Contributor address; City; State; Zip Code Dickinson, TX 77539	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Alvin community college
Date 10/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lovas, Karina <hr/> Contributor address; City; State; Zip Code Dickinson, TX 77539	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Alvin community college
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowrey, Norma <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/64 Rpt: 37/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 09/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luis, Cas	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Galveston, TX 77551		
8 Principal occupation / Job title (See Instructions) R.N.		9 Employer (See Instructions) Houston Methodist Hospital
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangle, Christine	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Friendswood, TX 77546		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-employed
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mangle, Christine	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Friendswood, TX 77546		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-employed
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markowitz, Forreste (Ms.)	Amount of Contribution (\$) \$70.00
Contributor address; City; State; Zip Code League City, TX 77573		
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Compass
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Janie	Amount of Contribution (\$) \$60.00
Contributor address; City; State; Zip Code Galveston, TX 77550		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/64 Rpt: 38/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 09/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Janie <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77550	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Dawn <hr/> Contributor address; City; State; Zip Code Dickinson, TX 77539	Amount of Contribution (\$) \$14.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) UTMB
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Dawn <hr/> Contributor address; City; State; Zip Code Dickinson, TX 77539	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) UTMB
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massey, Betty <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Coordinator		Employer (See Instructions) Moody Foundation
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mata, Guy <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/64 Rpt: 39/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 10/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAfee, Gloria <hr/> 6 Contributor address; City; State; Zip Code La Marque, TX 77568	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCamy, Mariata (Ms.) <hr/> Contributor address; City; State; Zip Code San Leon, TX 77539	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDougal, Steph <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) self		Employer (See Instructions) Ryan LLC
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGaskey, Lucille <hr/> Contributor address; City; State; Zip Code Texas City, TX 77591	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mehrtens, Lana <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/64 Rpt: 40/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 09/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mercado, Maria (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Galveston, TX 77551-1745	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Lone Star Legal Aid
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merchant, Diane	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Texas City, TX 77591	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 10/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merchant, Diane	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Texas City, TX 77591	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 08/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, David	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Dickinson, TX 77539	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Diane	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Galveston, TX 77550	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/64 Rpt: 41/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 10/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mock, Karla	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Galveston, TX 77551		
8 Principal occupation / Job title (See Instructions) Designer		9 Employer (See Instructions) Self
Date 10/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mock, Karla	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Galveston, TX 77551		
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery, Mimi (Ms.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code League City, TX 77573-7778		
Principal occupation / Job title (See Instructions) Loan Officer		Employer (See Instructions) Gold Star Mortgage Financial
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery, Mimi (Ms.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code League City, TX 77573-7778		
Principal occupation / Job title (See Instructions) Loan Officer		Employer (See Instructions) Gold Star Mortgage Financial
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery, Mimi (Ms.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code League City, TX 77573-7778		
Principal occupation / Job title (See Instructions) Loan Officer		Employer (See Instructions) Gold Star Mortgage Financial

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/64 Rpt: 42/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 09/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery, Mimi (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code League City, TX 77573-7778	
8 Principal occupation / Job title (See Instructions) Loan Officer		9 Employer (See Instructions) Gold Star Mortgage Financial
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery, Mimi (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code League City, TX 77573-7778	
Principal occupation / Job title (See Instructions) Loan Officer		Employer (See Instructions) Gold Star Mortgage Financial
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery, Mimi (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code League City, TX 77573-7778	
Principal occupation / Job title (See Instructions) Loan Officer		Employer (See Instructions) Gold Star Mortgage Financial
Date 12/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery, Mimi (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code League City, TX 77573-7778	
Principal occupation / Job title (See Instructions) Loan Officer		Employer (See Instructions) Gold Star Mortgage Financial
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Rebecca	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Galveston, TX 77550	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/64 Rpt: 43/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 10/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosley, Lloyd <hr/> 6 Contributor address; City; State; Zip Code Hitchcock, TX 77563	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Tech		9 Employer (See Instructions) Chr
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nevil, Catherine <hr/> Contributor address; City; State; Zip Code League City, TX 77008	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newton, Nancy <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77517	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicolaou-Black, Elena <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Memorial Hermann
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nixie, Kathleen (Ms.) <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550-4409	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/64 Rpt: 44/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 09/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noneman, Sindia <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77573	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Director of financial planning and analysis		9 Employer (See Instructions) Iac
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Neal Smith, Susan <hr/> Contributor address; City; State; Zip Code Houston, TX 77059	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olsen, Diane <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Curator - Aquarium		Employer (See Instructions) Moody Gardens
Date 10/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overmier, Elizabeth <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pennington, Jackie <hr/> Contributor address; City; State; Zip Code La Marque, TX 77568	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/64 Rpt: 45/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 09/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pennington, Jackie <hr/> 6 Contributor address; City; State; Zip Code La Marque, TX 77568	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pennington, Jackie <hr/> Contributor address; City; State; Zip Code La Marque, TX 77568	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pettijohn, Terry <hr/> Contributor address; City; State; Zip Code La Marque, TX 77568	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) Anixter
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinson, Margery <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinson, Margery <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/64 Rpt: 46/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 10/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poissant, Margaret	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code Houston, TX 77002		
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) Houston courts
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pope, Penny (Judge)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Galveston, TX 77550-8143		
Principal occupation / Job title (See Instructions) Attorney and Justice of the Peace		Employer (See Instructions) Galveston County
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pope, Penny (Judge)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Galveston, TX 77550-8143		
Principal occupation / Job title (See Instructions) Attorney and Justice of the Peace		Employer (See Instructions) Galveston County
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Protas, Eugene (Mr.)	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code League City, TX 77573		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 08/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purvis, Peggy	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Galveston, TX 77551		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/64 Rpt: 47/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 09/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purvis, Peggy	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Galveston, TX 77551		
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) None
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purvis, Peggy	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Galveston, TX 77551		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purvis, Peggy	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Galveston, TX 77551		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None
Date 10/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purvis, Peggy	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Galveston, TX 77551		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purvis, Peggy	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Galveston, TX 77551		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/64 Rpt: 48/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 12/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purvis, Peggy	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Galveston, TX 77551		
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) None
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERSON, TIFFANY	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Dickinson, TX 77539		
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) pisd
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Elias	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Galveston, TX 77590		
Principal occupation / Job title (See Instructions) Youth Development Specialist		Employer (See Instructions) Boys & Girls Club of Greater Houston
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Elias	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Galveston, TX 77590		
Principal occupation / Job title (See Instructions) Youth Development Specialist		Employer (See Instructions) Boys & Girls Club of Greater Houston
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Elias	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Galveston, TX 77590		
Principal occupation / Job title (See Instructions) Youth Development Specialist		Employer (See Instructions) Boys & Girls Club of Greater Houston

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/64 Rpt: 49/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 09/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Elias <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77590	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Youth Development Specialist		9 Employer (See Instructions) Boys & Girls Club of Greater Houston
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Elias <hr/> Contributor address; City; State; Zip Code Galveston, TX 77590	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Youth Development Specialist		Employer (See Instructions) Boys & Girls Club of Greater Houston
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Elias <hr/> Contributor address; City; State; Zip Code Galveston, TX 77590	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Youth Development Specialist		Employer (See Instructions) Boys & Girls Club of Greater Houston
Date 12/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Elias <hr/> Contributor address; City; State; Zip Code Galveston, TX 77590	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Youth Development Specialist		Employer (See Instructions) Boys & Girls Club of Greater Houston
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reisweg, Claire <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$29.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/64 Rpt: 50/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 09/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reisweg, Claire	7 Amount of Contribution (\$) \$29.00
6 Contributor address; City; State; Zip Code Houston, TX 77006		
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Self
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reisweg, Claire	Amount of Contribution (\$) \$29.00
Contributor address; City; State; Zip Code Houston, TX 77006		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reisweg, Claire	Amount of Contribution (\$) \$29.00
Contributor address; City; State; Zip Code Houston, TX 77006		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self
Date 10/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richert, Scott	Amount of Contribution (\$) \$60.00
Contributor address; City; State; Zip Code Galveston, TX 77551		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Dickinson ISD
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivers, Constance (Ms.)	Amount of Contribution (\$) \$60.00
Contributor address; City; State; Zip Code Galveston, TX 77554-2912		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/64 Rpt: 51/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 10/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivers, Constance (Ms.)	7 Amount of Contribution (\$) \$40.00
	6 Contributor address; City; State; Zip Code Galveston, TX 77554-2912	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Sheryl	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code HOUSTON, TX 77014	
Principal occupation / Job title (See Instructions) HR Manager		Employer (See Instructions) Niagara Bottling
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Raymond	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Dickinson, TX 77539	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Robert	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code League City, TX 77573	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Derreck (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Texas City, TX 77591-4667	
Principal occupation / Job title (See Instructions) Constable		Employer (See Instructions) Galveston County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/64 Rpt: 52/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 09/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Bernadette <hr/> 6 Contributor address; City; State; Zip Code Dickinson, TX 77539	7 Amount of Contribution (\$) \$14.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russo, Matt <hr/> Contributor address; City; State; Zip Code Dickinson, TX 77539	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hodge Firm
Date 07/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Mark (Mr.) <hr/> Contributor address; City; State; Zip Code Texas City, TX 77568-1519	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Law Enforcement		Employer (See Instructions) Harris County
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Mark (Mr.) <hr/> Contributor address; City; State; Zip Code Texas City, TX 77568-1519	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Law Enforcement		Employer (See Instructions) Harris County
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Shelia (Ms.) <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Engineering Manager		Employer (See Instructions) Lockheed Martin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/64 Rpt: 53/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 09/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Kay <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77550	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Brendetta <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Brendetta Scott
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Deon <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$49.00
Principal occupation / Job title (See Instructions) Military		Employer (See Instructions) Coast Guard
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Deon <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Military		Employer (See Instructions) Coast Guard
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selquiest, Julius <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) student		Employer (See Instructions) student

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/64 Rpt: 54/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 09/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Settle, David	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Friendswood, TX 77546		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shea, Marcia	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Friendswood, TX 77546		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheaffer, Jack	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Galveston, TX 77550-5041		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shields, Glenna	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Dickinson, TX 77539		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shoemaker, Janice	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Texas City, TX 77590		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/64 Rpt: 55/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 10/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Michael <hr/> 6 Contributor address; City; State; Zip Code Texas City, TX 77591	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Parks/Rec		9 Employer (See Instructions) City of Galveston
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Randall <hr/> Contributor address; City; State; Zip Code Texas City, TX 77590	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simons, Marla <hr/> Contributor address; City; State; Zip Code Chesterfield , MO 63017	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slabaugh, Don <hr/> Contributor address; City; State; Zip Code Okemos, MI 48864-2076	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Investment advisor		Employer (See Instructions) self
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Emily <hr/> Contributor address; City; State; Zip Code Texas City, TX 77691	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/64 Rpt: 56/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 09/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Wilmon <hr/> 6 Contributor address; City; State; Zip Code La Marque, TX 77568	7 Amount of Contribution (\$) \$140.00
8 Principal occupation / Job title (See Instructions) Hitchcock PD		9 Employer (See Instructions) Police Chief
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Wilmon <hr/> Contributor address; City; State; Zip Code La Marque, TX 77568	Amount of Contribution (\$) \$90.00
Principal occupation / Job title (See Instructions) Hitchcock PD		Employer (See Instructions) Police Chief
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith-Castro, Jennifer (Ms.) <hr/> Contributor address; City; State; Zip Code League City, TX 77573-4802	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Biologist		Employer (See Instructions) USFWS
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith-Castro, Jennifer (Ms.) <hr/> Contributor address; City; State; Zip Code League City, TX 77573-4802	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Biologist		Employer (See Instructions) USFWS
Date 07/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sonstein, Frances <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/64 Rpt: 57/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 08/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sonstein, Frances	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Galveston, TX 77551		
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) None
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sonstein, Frances	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Galveston, TX 77551		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None
Date 10/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sonstein, Frances	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Galveston, TX 77551		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sonstein, Frances	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Galveston, TX 77551		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None
Date 12/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sonstein, Frances	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Galveston, TX 77551		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/64 Rpt: 58/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 07/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spain, Charles <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77006-5018	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Justice		9 Employer (See Instructions) 14th District Court of Appeals, Tx
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spain, Charles <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-5018	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Justice		Employer (See Instructions) 14th District Court of Appeals, Tx
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spain, Charles <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-5018	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Justice		Employer (See Instructions) 14th District Court of Appeals, Tx
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spain, Charles <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-5018	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Justice		Employer (See Instructions) 14th District Court of Appeals, Tx
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spain, Charles <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-5018	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) Justice		Employer (See Instructions) 14th District Court of Appeals, Tx

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/64 Rpt: 59/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sparks, Michael <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77551	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stairs, Paul <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steans, Tracie <hr/> Contributor address; City; State; Zip Code Texas City, TX 77591	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Smaller events
Date 10/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinberg, Susan (Ms.) <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546-4460	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Data Integrator		Employer (See Instructions) KBR Inc.
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stratman, Sharon <hr/> Contributor address; City; State; Zip Code Texas City, TX 77590	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/64 Rpt: 60/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 09/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Temple, Jacinta <hr/> 6 Contributor address; City; State; Zip Code Texas City, TX 77591	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Nurse		9 Employer (See Instructions) Dickinson ISD
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Connie <hr/> Contributor address; City; State; Zip Code Dickinson, TX 77539	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Joycelyn <hr/> Contributor address; City; State; Zip Code Texas City, TX 77591	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Barbara <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Utmb
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Barbara <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Utmb

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/64 Rpt: 61/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 10/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Barbara	7 Amount of Contribution (\$) \$30.00
6 Contributor address; City; State; Zip Code Galveston, TX 77550		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Utmb
Date 09/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Barbara	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Galveston, TX 77550		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Utmb
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torregrossa, Bernice	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Galveston, TX 77551		
Principal occupation / Job title (See Instructions) Fitness Instructor		Employer (See Instructions) Self
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tromm, Curtis (Mr.)	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Galveston, TX 77550-5042		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not Employed
Date 10/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trujillo-Torres, Brandi	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code League City, TX 77573		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/64 Rpt: 62/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 10/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urps, Albert <hr/> 6 Contributor address; City; State; Zip Code Texas City, TX 77591	7 Amount of Contribution (\$) \$170.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VELA, BEVERLY <hr/> Contributor address; City; State; Zip Code FRIENDSWOOD, TX 77546	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) self-employed web developer		Employer (See Instructions) self-employed web developer
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez, Kat <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Physician assistant		Employer (See Instructions) UTMB
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade, Clay <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) UTMB
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walton, Catherine <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/64 Rpt: 63/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 09/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, Cheryl	7 Amount of Contribution (\$) \$40.00
6 Contributor address; City; State; Zip Code Texas city, TX 77591		
8 Principal occupation / Job title (See Instructions) self		9 Employer (See Instructions) self
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, Cheryl (Ms.)	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Galveston, TX 77551		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UTMB
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weisgarber, Ann	Amount of Contribution (\$) \$259.00
Contributor address; City; State; Zip Code Galveston, TX 77554		
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) self-employed
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weisgarber, Ann	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Galveston, TX 77554		
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) self-employed
Date 09/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welfort, Maryanne	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Galveston, TX 77551		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/64 Rpt: 64/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 07/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White , Gregory	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Dickinson, TX 77539		
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) None
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White , Gregory	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Dickinson, TX 77539		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None
Date 08/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White , Gregory	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Dickinson, TX 77539		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None
Date 09/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White , Gregory	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Dickinson, TX 77539		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White , Gregory	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Dickinson, TX 77539		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/64 Rpt: 65/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 09/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White , Gregory	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Dickinson, TX 77539		
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) None
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White , Gregory	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Dickinson, TX 77539		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White , Gregory	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Dickinson, TX 77539		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White , Gregory	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Dickinson, TX 77539		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White , Gregory	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Dickinson, TX 77539		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/64 Rpt: 66/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 12/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White , Gregory	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Dickinson, TX 77539		
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) None
Date 12/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White , Gregory	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Dickinson, TX 77539		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) None
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitetree, Amy	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Pearland, TX 77584		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Ut health
Date 08/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitmire, Jana	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code League City, TX 77573		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Mary	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code League City, TX 77573		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/64 Rpt: 67/95
2 FILER NAME Galveston County Democratic Party		3 Filer ID (Ethics Commission Filers) 00015825
4 Date 10/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, James <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77573	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Regulatory Affairs		9 Employer (See Instructions) Apollo Endosurgery
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Kevin <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodson, Sue (Ms.) <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) Not employed
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) stephens, elise <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) tolhurst, steven <hr/> Contributor address; City; State; Zip Code Dickinson, TX 77539	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Steven Tolhurst

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/28 Rpt: 68/95	2 FILER NAME Galveston County Democratic Party	3 Filer ID (Ethics Commission Filers) 00015825
---	--	--

4 Date 07/07/2024	5 Payee name ActBlue Texas
-----------------------------	--------------------------------------

6 Amount (\$) \$3.57 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB fees
---------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 07/14/2024	Payee name ActBlue Texas
--------------------	-----------------------------

Amount (\$) \$0.76 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB fees
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 07/21/2024	Payee name ActBlue Texas
--------------------	-----------------------------

Amount (\$) \$0.99 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB fees
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/28 Rpt: 69/95	2 FILER NAME Galveston County Democratic Party	3 Filer ID (Ethics Commission Filers) 00015825
4 Date 07/28/2024	5 Payee name ActBlue Texas	
6 Amount (\$) \$5.88 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/04/2024	Payee name ActBlue Texas	
Amount (\$) \$0.76 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB feea
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/11/2024	Payee name ActBlue Texas	
Amount (\$) \$31.40 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/28 Rpt: 70/95	2 FILER NAME Galveston County Democratic Party	3 Filer ID (Ethics Commission Filers) 00015825
4 Date 08/18/2024	5 Payee name ActBlue Texas	
6 Amount (\$) \$6.92 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/25/2024	Payee name ActBlue Texas	
Amount (\$) \$3.97 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/01/2024	Payee name ActBlue Texas	
Amount (\$) \$114.32 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/28 Rpt: 71/95	2 FILER NAME Galveston County Democratic Party	3 Filer ID (Ethics Commission Filers) 00015825
4 Date 09/08/2024	5 Payee name ActBlue Texas	
6 Amount (\$) \$25.51 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/15/2024	Payee name ActBlue Texas	
Amount (\$) \$56.64 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/22/2024	Payee name ActBlue Texas	
Amount (\$) \$16.41 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/28 Rpt: 72/95	2 FILER NAME Galveston County Democratic Party	3 Filer ID (Ethics Commission Filers) 00015825
---	--	--

4 Date 09/29/2024	5 Payee name ActBlue Texas
-----------------------------	--------------------------------------

6 Amount (\$) \$32.61 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB fees
---------------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 10/06/2024	Payee name ActBlue Texas
--------------------	-----------------------------

Amount (\$) \$13.06 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031
---	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB fees
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 10/13/2024	Payee name ActBlue Texas
--------------------	-----------------------------

Amount (\$) \$68.59 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031
---	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB fees
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/28 Rpt: 73/95	2 FILER NAME Galveston County Democratic Party	3 Filer ID (Ethics Commission Filers) 00015825
4 Date 10/20/2024	5 Payee name ActBlue Texas	
6 Amount (\$) \$126.42 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/27/2024	Payee name ActBlue Texas	
Amount (\$) \$62.63 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/03/2024	Payee name ActBlue Texas	
Amount (\$) \$3.53 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/28 Rpt: 74/95	2 FILER NAME Galveston County Democratic Party	3 Filer ID (Ethics Commission Filers) 00015825
4 Date 11/10/2024	5 Payee name ActBlue Texas	
6 Amount (\$) \$7.30 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/17/2024	Payee name ActBlue Texas	
Amount (\$) \$0.40 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/24/2024	Payee name ActBlue Texas	
Amount (\$) \$0.40 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/28 Rpt: 75/95	2 FILER NAME Galveston County Democratic Party	3 Filer ID (Ethics Commission Filers) 00015825
4 Date 12/01/2024	5 Payee name ActBlue Texas	
6 Amount (\$) \$3.57 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/08/2024	Candidate/Officeholder name Payee name ActBlue Texas	
Amount (\$) \$4.76 <input type="checkbox"/> Expenditure from corporate funds	Office sought Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/15/2024	Candidate/Officeholder name Payee name ActBlue Texas	
Amount (\$) \$1.16 <input type="checkbox"/> Expenditure from corporate funds	Office sought Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/28 Rpt: 76/95	2 FILER NAME Galveston County Democratic Party	3 Filer ID (Ethics Commission Filers) 00015825
4 Date 12/22/2024	5 Payee name ActBlue Texas	
6 Amount (\$) \$0.40 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2024	Payee name ActBlue Texas	
Amount (\$) \$3.57 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/06/2024	Payee name Akira	
Amount (\$) \$273.93 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 500 Baybrook Mall Friendswood, TX 77546	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP "Thank You" gifts to core volunteers (8 members)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/28 Rpt: 77/95	2 FILER NAME Galveston County Democratic Party	3 Filer ID (Ethics Commission Filers) 00015825
--	--	--

4 Date 10/31/2024	5 Payee name An X'perience Catering-Stephanie McCardell
-----------------------------	---

6 Amount (\$) \$700.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 355 Century Oaks Lane La Marque, TX 77568
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP Catering/(food/deserts/drinks/plates and set)for Presidential Election Watch Night Party @
---------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 11/05/2024	Payee name Bell, Howard
--------------------	----------------------------

Amount (\$) \$100.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 9517 Blue Bonnet Texas City, TX 77591
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP Poll Greeter- Week 2
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 07/27/2024	Payee name Beyond Burger
--------------------	-----------------------------

Amount (\$) \$203.22 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 10510 EF Lowrey Expressway Texas City, TX 77591
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP PC Monthly Training Brunch
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/28 Rpt: 78/95	2 FILER NAME Galveston County Democratic Party	3 Filer ID (Ethics Commission Filers) 00015825
4 Date 10/20/2024	5 Payee name Beyond Burger	
6 Amount (\$) \$21.63 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 10510 EF Lowrey Expressway Texas City, TX 77591	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP Meeting and Training w/Poll Watchers
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2024	Payee name Beyond Burger	
Amount (\$) \$95.20 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 10510 EF Lowrey Expressway Texas City, TX 77591	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP Meeting and Training w/Poll Watchers
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/27/2024	Payee name Brooks, Amber	
Amount (\$) \$300.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2501 19th Ave North Texas City, TX 77590	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP Poll Greeter- Week 1
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/28 Rpt: 79/95	2 FILER NAME Galveston County Democratic Party	3 Filer ID (Ethics Commission Filers) 00015825
4 Date 11/05/2024	5 Payee name Brooks, Amber	
6 Amount (\$) \$360.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2501 19th Ave North Texas City, TX 77590	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP Poll Greeter- Week 2
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/13/2024	Payee name CVS Pharmacy	
Amount (\$) \$14.28 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 204 Newman Rd La Marque, TX 77568	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP Office Supplies-Copy paper
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/27/2024	Payee name Charles, Gloria	
Amount (\$) \$400.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4902 Finns Landing St. League City, TX 77573	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP Poll Greeter- Week 1
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/28 Rpt: 80/95	2 FILER NAME Galveston County Democratic Party	3 Filer ID (Ethics Commission Filers) 00015825
4 Date 11/05/2024	5 Payee name Charles, Gloria	
6 Amount (\$) \$560.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4902 Finns Landing St. League City, TX 77573	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP Poll Greeter- Week 2
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/26/2024	Payee name CiCi's Pizza	
Amount (\$) \$94.02 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2980 Gulf Frwy S League City, TX 77573	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP CTA Volunteer Lunch-lit dropping
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2024	Payee name College of the Mainland	
Amount (\$) \$300.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1200 Amburn Rd. Texas City, TX 77591-2435	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP Venue for Presidential Election Watch Night Party @ COM
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/28 Rpt: 81/95	2 FILER NAME Galveston County Democratic Party	3 Filer ID (Ethics Commission Filers) 00015825
4 Date 11/04/2024	5 Payee name College of the Mainland	
6 Amount (\$) \$200.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1200 Amburn Rd. Texas City, TX 77591-2435	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COM Security for GCDP Venue for Presidential Election Watch Night Party @ COM
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/16/2024	Payee name Conoco Gas	
Amount (\$) \$30.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1101 TX-123 San Marcos, TX 78666	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP Chair Fuel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/05/2024	Payee name Denny's	
Amount (\$) \$43.80 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1201 Hwy 146 N Texas City, TX 77550	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP Meeting w/CTA Coordinator
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/28 Rpt: 82/95	2 FILER NAME Galveston County Democratic Party	3 Filer ID (Ethics Commission Filers) 00015825
4 Date 10/28/2024	5 Payee name Direct Event Insurance Brokerage, LLC	
6 Amount (\$) \$515.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 9223 Peninsula Dr Dallas, TX 75218-2734	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP Venue Insurance Coverage for Presidential Election Watch Night Party @ COM
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/05/2024	Payee name Dollar Tree	
Amount (\$) \$14.88 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code Gulfway Plaza 11025 Delaney Rd La Marque, TX 77568	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) supplies	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP Supplies for the Presidential Election Watch Night Party @ COM
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/29/2024	Payee name END's Sports Lounge	
Amount (\$) \$234.08 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 428 Texas Ave Texas City, TX 77590	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP Post Card Writing Party-for Presidential Election
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/28 Rpt: 83/95	2 FILER NAME Galveston County Democratic Party	3 Filer ID (Ethics Commission Filers) 00015825
4 Date 11/02/2024	5 Payee name G-County Apparel	
6 Amount (\$) \$312.41 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 199 Vauthier St Ste A La Marque, TX 77568-3600	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) T-shirts/merchandise	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP T-shirts for merchandise
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/22/2024	Payee name Galveston County Daily News	
Amount (\$) \$1,035.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 8522 Teichman Rd Galveston, TX 77554	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP Voting Info Ads in local county newspaper
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/19/2024	Payee name Galveston County Democratic Party Primary Fund	
Amount (\$) \$950.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 756 Friendswood, TX 77549-0756	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Loan to cover primary cost
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/28 Rpt: 84/95	2 FILER NAME Galveston County Democratic Party	3 Filer ID (Ethics Commission Filers) 00015825
4 Date 11/24/2024	5 Payee name Gibson, Tedric	
6 Amount (\$) \$174.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 8028 Aspen Texas City, TX 77591	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP Security Guard=\$140.00 for the Presidential Election Watch Night Party @ COM/Stamps-\$34.00-
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/06/2024	Payee name H-E-B #662	
Amount (\$) \$45.61 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3502 Palmer Highway Texas City, TX 77590-6548	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP Monthly Meeting Snacks/Water
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/11/2024	Payee name H-E-B #662	
Amount (\$) \$57.01 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3502 Palmer Highway Texas City, TX 77590-6548	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP Monthly Meeting Snacks/Water
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/28 Rpt: 85/95	2 FILER NAME Galveston County Democratic Party	3 Filer ID (Ethics Commission Filers) 00015825
--	--	--

4 Date 10/21/2024	5 Payee name H-E-B #662
-----------------------------	-----------------------------------

6 Amount (\$) \$74.39	7 Payee address; City; State; Zip Code 3502 Palmer Highway Texas City, TX 77590-6548
---------------------------------	---

Expenditure from corporate funds

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP Monthly Meeting Snacks/Water
---------------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 12/16/2024	Payee name Holiday Inn - San Marcos
--------------------	--

Amount (\$) \$549.70	Payee address; City; State; Zip Code 105 Bintu Drive San Marcos, TX 78666
-------------------------	---

Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP Chair Lodging-SDEC/TDCCA Meeting/Voting
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 09/14/2024	Payee name Hoppes Grill
--------------------	----------------------------

Amount (\$) \$128.04	Payee address; City; State; Zip Code 10000 Emmitt F Lowry Xprsswy Texas City, TX 77591
-------------------------	--

Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP CTA Volunteer Lunch-block walking
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/28 Rpt: 86/95	2 FILER NAME Galveston County Democratic Party	3 Filer ID (Ethics Commission Filers) 00015825
4 Date 09/28/2024	5 Payee name Hoppes Grill	
6 Amount (\$) \$207.73 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 10000 Emmitt F Lowry Xprsswy Texas City, TX 77591	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP CTA Volunteer Lunch-block walking
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/06/2024	Payee name Hyatt Regency Austin	
Amount (\$) \$62.71 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 208 Barton Springs Road Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SDEC/TDCCA Quarterly Meeting-Austin
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/06/2024	Payee name Hyatt Regency Austin	
Amount (\$) \$503.92 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 208 Barton Springs Road Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SDEC/TDCCA Quarterly Meeting-Austin
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/28 Rpt: 87/95	2 FILER NAME Galveston County Democratic Party	3 Filer ID (Ethics Commission Filers) 00015825
--	--	--

4 Date 08/23/2024	5 Payee name Innovative Solutions IT
-----------------------------	--

6 Amount (\$) \$540.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 10862 Redstone Ct Missouri City, TX 77459-3278
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candidate Yard Signs/Post Cards/Mailers/Lit for Presidential Election
---------------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 08/28/2024	Payee name Innovative Solutions IT
--------------------	---------------------------------------

Amount (\$) \$3,368.41 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 10862 Redstone Ct Missouri City, TX 77459-3278
--	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candidate Yard Signs/Post Cards/Mailers/Lit for Presidential Election
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 10/04/2024	Payee name Innovative Solutions IT
--------------------	---------------------------------------

Amount (\$) \$680.90 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 10862 Redstone Ct Missouri City, TX 77459-3278
--	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candidate Yard Signs/Post Cards/Mailers/Lit for Presidential Election
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/28 Rpt: 88/95	2 FILER NAME Galveston County Democratic Party	3 Filer ID (Ethics Commission Filers) 00015825
4 Date 10/04/2024	5 Payee name Innovative Solutions IT	
6 Amount (\$) \$1,222.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 10862 Redstone Ct Missouri City, TX 77459-3278	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candidate Yard Signs/Post Cards/Mailers/Lit for Presidential Election
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/27/2024	Payee name Kelly's Country Cooking	
Amount (\$) \$79.80 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1502 West Main St League City, TX 77573	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP Meeting w/COBD and CTA Chair
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/15/2024	Payee name Marais	
Amount (\$) \$1,162.22 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2015 FM 517 Rd E Dickinson, TX 77539-8654	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense YDofGC/GCDP host Talk w/Talarico venue/food/tea/soda
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/28 Rpt: 89/95	2 FILER NAME Galveston County Democratic Party	3 Filer ID (Ethics Commission Filers) 00015825
4 Date 10/27/2024	5 Payee name McAfee Jr., Joe Curtis (Mr.)	
6 Amount (\$) \$400.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1529 3rd Ave N Texas City, TX 77590-7327	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP Poll Greeter- Week 1
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/05/2024	Payee name McAfee Jr., Joe Curtis (Mr.)	
Amount (\$) \$400.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1529 3rd Ave N Texas City, TX 77590-7327	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP Poll Greeter- Week 2
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/05/2024	Payee name Patio, Lillie	
Amount (\$) \$160.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2304 Jackson St La Marque, TX 77568	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP Poll Greeter- Week 2
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/28 Rpt: 90/95	2 FILER NAME Galveston County Democratic Party	3 Filer ID (Ethics Commission Filers) 00015825
--	--	--

4 Date 07/11/2024	5 Payee name Public Storage
-----------------------------	---------------------------------------

6 Amount (\$) \$208.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5009 FM 1764 Rd La Marque, TX 77568-2465
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense storage space rental
---------------------------------	---	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 08/13/2024	Payee name Public Storage
--------------------	------------------------------

Amount (\$) \$257.40 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5009 FM 1764 Rd La Marque, TX 77568-2465
--	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Storage
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 09/11/2024	Payee name Public Storage
--------------------	------------------------------

Amount (\$) \$257.40 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5009 FM 1764 Rd La Marque, TX 77568-2465
--	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Storage
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/28 Rpt: 91/95	2 FILER NAME Galveston County Democratic Party	3 Filer ID (Ethics Commission Filers) 00015825
4 Date 10/10/2024	5 Payee name Public Storage	
6 Amount (\$) \$257.40 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5009 FM 1764 Rd La Marque, TX 77568-2465	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Storage
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/19/2024	Candidate/Officeholder name Public Storage	
Amount (\$) \$257.40 <input type="checkbox"/> Expenditure from corporate funds	Office sought 5009 FM 1764 Rd La Marque, TX 77568-2465	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Storage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/10/2024	Candidate/Officeholder name Quality Inn	
Amount (\$) \$89.27 <input type="checkbox"/> Expenditure from corporate funds	Office sought 2320 FM-2004 Texas City, TX 77591	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP Chair Lodging
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 25/28 Rpt: 92/95	2 FILER NAME Galveston County Democratic Party	3 Filer ID (Ethics Commission Filers) 00015825
4 Date 10/03/2024	5 Payee name Scale to Win	
6 Amount (\$) \$3,221.29 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 13742 Harper St Santa Ana, CA 92703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP CTA Texting Tool for campaign messaging
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/30/2024	Payee name Scale to Win	
Amount (\$) \$1,530.44 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 13742 Harper St Santa Ana, CA 92703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP CTA Texting Tool for campaign messaging
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/07/2024	Payee name Scale to Win	
Amount (\$) \$629.13 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 13742 Harper St Santa Ana, CA 92703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP CTA Texting Tool for campaign messaging
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 26/28 Rpt: 93/95	2 FILER NAME Galveston County Democratic Party	3 Filer ID (Ethics Commission Filers) 00015825
4 Date 11/05/2024	5 Payee name Sowell, Lloyd	
6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5015 Oak Ln Texas City, TX 77591	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP DJ/Entertainment for the Presidential Election Watch Night Party @ COM
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/02/2024	Payee name Spring Creek BBQ	
Amount (\$) \$25.22 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2710 Gulf Frwy Dickinson, TX 77539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP Comms Committee Meeting-discuss website and social media
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/02/2024	Payee name Spring Creek BBQ	
Amount (\$) \$89.79 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2710 Gulf Frwy Dickinson, TX 77539	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP Comms Committee Meeting-discuss website and social media
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 27/28 Rpt: 94/95	2 FILER NAME Galveston County Democratic Party	3 Filer ID (Ethics Commission Filers) 00015825
4 Date 09/12/2024	5 Payee name Target	
6 Amount (\$) \$31.53 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1801 Gulf Fwy Dickinson, TX 77539-3207	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP Monthly Meeting Snacks/Water
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/26/2024	Payee name Texas First Bank	
Amount (\$) \$29.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3000 FM 1764 La Marque, TX 77568-2452	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Overdraft Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2024	Payee name The Blossom Hotel	
Amount (\$) \$1,044.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7118 Bertner Ave Houston, TX 77030	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP County Chair Expense-Lodge-Chair Mental Health workshop
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 28/28 Rpt: 95/95	2 FILER NAME Galveston County Democratic Party	3 Filer ID (Ethics Commission Filers) 00015825
--	--	--

4 Date 10/27/2024	5 Payee name Wanyoke, Tanecha
-----------------------------	---

6 Amount (\$) \$400.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 8026 Aspen Texas City, TX 77591
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP Poll Greeter- Week 1
---------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 11/05/2024	Payee name Wanyoke, Tanecha
--------------------	--------------------------------

Amount (\$) \$460.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 8026 Aspen Texas City, TX 77591
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP Poll Greeter- Week 2
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--