### COUNTY EXECUTIVE COMMITTEE CAMPAIGN FINANCE REPORT

# FORM CEC COVER SHEET PG 1

The CEC Instruction Guide explains how to complete this form.		uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00054753	2 Total pages filed: 36
3	COMMITTEE NAME		•	OFFICE USE ONLY
	Collin County Dem	nocratic Party		
	00000000000			ELECTRONICALLY FILED 01/15/2025
4	COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CIT	TY; STATE; ZIP CODE	
	1.551.200	6829 K Avenue, Suite #111		Date Hand-delivered or Date Postmarked
	Change of Address			
		Plano, TX 75074		Receipt # Amount
				Date Processed
				Date Processed
				Date Imaged
5	CAMPAIGN	MS / MRS / MR FIRST		MI
	TREASURER NAME	Mr. Jared		
		NICKNAME LAST		SUFFIX
		Flores		
6	CAMPAIGN TREASURER STREET	STREET ADDRESS (NO PO BOX PLEASE); 2932 Regal Road	APT / SUITE #; CITY;	STATE; ZIP CODE
	ADDRESS			
	(Residence or Business)	Plano, TX 75075		
7	CAMPAIGN	STREET OR PO BOX;	APT / SUITE #; CITY	; STATE; ZIP CODE
	TREASURER MAILING ADDRESS	2932 Regal Road		
	Change of Address	Plano, TX 75075		
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
ľ	TREASURER	(469) 352-5034		
	PHONE			
9	REPORT	X January 15 3(	Oth day before election	Final Report
	TYPE			
		J July 15	h day before election	10th day after campaign treasurer termination
			unoff	
10	PERIOD	Month Day Year	Month Day	Year
	COVERED	5	HROUGH 12/31/202	4
11	ELECTION	ELECTION DATE	ELECTION TYPE	
			Primary Runoff	Other
		11/05/2024	General Special	
⊢		I		
		GO <sup>-</sup>	TO PAGE 2	
Fo	rms provided by Te	xas Ethics Commission www.et	thics.state.tx.us	Version V4.1.0.5dd2ace2

## COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)			
Collin County Democrat	ic Party		00054753	}			
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported					
		B. Opposed					
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
15 CONTRIBUTION TOTALS	PLEDGES, LOAN	ED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold	\$	0.00			
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,621.98			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ED POLITICAL EXPENDITURES	\$	0.00			
	4. TOTAL POLITIC	CAL EXPENDITURES	\$	26,897.51			
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	L CONTRIBUTIONS MAINTAINED AS OF THE LAST	DAY \$	74,340.83			
OUTSTANDING LOAN TOTALS		L AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 E REPORTING PERIOD	THE \$	0.00			
16 AFFIDAVIT		I swear, or affirm, under penalty of pe true and correct and includes all inform under Title 15, Election Code.					
		Mr. Jare	ed Flores				
		Signature of Ca	npaign Treas	urer			
AFFIX NOTARY	STAMP / SEAL ABOV	E					
Sworn to and subscribed	before me, by the said	, tł	nis the	day			
of	of, 20, to certify which, witness my hand and seal of office.						
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offi	cer administering oath			
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2			

SUBTOTALS - CEC	C	FORM CEC OVER SHEET PG 3 3 of 36
17 COMMITTEE NAME Collin County Democratic Party	18 Filer ID 00054753	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 1,621.98
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		<b>\$</b> 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	<b>\$</b> 26,897.51
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	ONS	\$
10. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	<b>\$</b> 570.61

	The Instru	ction Guide explains how to complete thi	s fo	rm.	1	Total pages Schedule A1: Sch: 1/9 Rpt: 4/36	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
- _		y Democratic Party				00054753	
4	Date	5 Full name of contributor out-of-state PAC (IE	D#:	)	7	Amount of Contribution (\$)	
	11/23/2024	Agers, Linda					\$10.53
	ł	6 Contributor address; City; State; Zip Code			1		
	I						
	ļ						
	l	Plano, TX 75023					
8	Principal occu	pation / Job title (See Instructions)	g	Employer (See Instructions	5)		
	Retired			Retired			
⊨	Date	Full name of contributor	<u> </u>	)	Γ	Amount of Contribution (\$)	
	11/25/2024	Anil Kumar, Y	J#				\$10.00
	11/20/2024						Φ10.00
	ļ	Contributor address; City; State; Zip Code					
	ļ						
	ļ						
		Frisco, TX 75035					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Retired			Retired			
Γ	Date	Full name of contributor out-of-state PAC (IE	D#:	)		Amount of Contribution (\$)	
	11/22/2024	Arnold, Wilma					\$31.18
	l	Contributor address; City; State; Zip Code					
	I						
	l						
	I	Plano, TX 75075					
$\vdash$	Principal occu	I Ipation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u> 5)		
	Retired			Retired			
╞	Date	Full name of contributor out-of-state PAC (II	<u> </u>	)	<u> </u>	Amount of Contribution (\$)	
	11/20/2024	Beene, Mike	J#				\$25.00
	11/20/2024						φ23.00
	I	Contributor address; City; State; Zip Code					
	ļ						
	I	Malinnov TV 75071					
		Mckinney, TX 75071	<u> </u>				
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Retired			Retired			
	Date	Full name of contributor out-of-state PAC (IE	D#:	)		Amount of Contribution (\$)	
	11/22/2024	Bell, Sarah					\$15.00
		Contributor address; City; State; Zip Code			1		
	l						
	l						
	I	McKinney, TX 75072					
$\vdash$	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	1 5)		
	Retired			Retired	,		
┝							

-				
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 2/9 Rpt: 5/36
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
		y Democratic Party		00054753
4	Date	5 Full name of contributor out-of-state PAC (ID#	t:)	7 Amount of Contribution (\$)
	11/25/2024	Carlson, John		\$30.00
		6 Contributor address; City; State; Zip Code		1
	Dringing age	Plano, TX 75023	C Employer (Cap Instruction	
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions Retired	5)
⊨	Date	Full name of contributor out-of-state PAC (ID#	)	Amount of Contribution (\$)
	11/21/2024	Casavant, Michael	·)	\$50.00
	11/21/2024			
		Contributor address; City; State; Zip Code		
		Plano, TX 75075		
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)
	Product Mar		JPMorgan Chase	-,
╞	Date	- 	_	Amount of Contribution (\$)
	11/20/2024	Full name of contributor out-of-state PAC (ID# Caspari, Leaca	F:)	\$30.00
	11/20/2024			
		Contributor address; City; State; Zip Code		
		Farmersville, TX 75442		
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)
	Retired		Retired	
⊨	Date	Full name of contributor out-of-state PAC (ID#	<u>+</u>	Amount of Contribution (\$)
	11/24/2024	Chang, Helen	/	\$20.00
		Contributor address; City; State; Zip Code		
		Plano, TX 75093		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Faculty		DCCCD	
F	Date	Full name of contributor out-of-state PAC (ID#	!:)	Amount of Contribution (\$)
	11/24/2024	De Young, Rita		\$10.00
		Contributor address; City; State; Zip Code		
		Plano, TX 75075		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)
	Retired		Retired	
			·	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 3/9 Rpt: 6/36
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Collin Count	y Democratic Party		00054753
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
11/21/2024	Diaz, Mayra		\$31.18
	6 Contributor address; City; State; Zip Code		•
	Mckinney, TX 75069		
	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
Librarian		Frisco library	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/05/2024	Fair Shot Texas PAC		\$500.00
	Contributor address; City; State; Zip Code		
	Augustin TV 70701		
Dringingloggy	Austin, TX 78701	Employer (Cool Instructions	-
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
11/20/2024	Ferguson, Rebecca		\$10.00
	Contributor address; City; State; Zip Code		
	Wylie, TX 75098		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Retired		Retired	<i>''</i>
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
11/23/2024	Flores, Jared	/	\$62.15
	Contributor address; City; State; Zip Code		
	Plano, TX 75075		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Administrato	r	American Arbitration Ass	sociation
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/23/2024	Gant, Maria		\$10.53
	Contributor address; City; State; Zip Code		1
	Plano, TX 75075		
-	pation / Job title (See Instructions)	Employer (See Instructions	3)
СРА		Contran Corporation	

SCHEDULE	A1
----------	----

⊢						
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 4/9 Rpt: 7/36		
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Collin Count	ty Democratic Party			00054753	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
ľ	11/20/2024	Greenberg, Charles	,	·	, income of Communication (,	\$5.00
	11/20/202	6 Contributor address; City; State; Zip Code				<b>40.00</b>
		b Contributor address, City, State, Zip Code				
		South San Francisco, TX 94080				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> ເ)		
ľ	Data Scientis		Apple	<b>9</b>		
╞				—		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	540 <b>50</b>
	11/20/2024	Guthrie, Doree				\$10.53
		Contributor address; City; State; Zip Code				
		1				
L		Mckinney, TX 75070	-			
		upation / Job title (See Instructions)	Employer (See Instructions	;)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/19/2024	Hoggard, John	!			\$25.00
		Contributor address; City; State; Zip Code				
		Allen, TX 75002				
┢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	ـــــــــــــــــــــــــــــــــــــ		
	Retired		none			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:_	)	_	Amount of Contribution (\$)	
	Dale 11/24/2024	Indrea, Georgiana	/			\$10.53
	11/24/2027					Φ10.00
		Contributor address; City; State; Zip Code				
		Mckinney, TX 75070				
┡	Dringing occu	upation / Job title (See Instructions)	Employer (See Instructions	Ļ		
	Realtor	pation / Job lille (See instructions)	Employer (See Instructions Self Employed	<i>i</i> )		
L	Realion			—		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/22/2024	Jernigan, Richard				\$10.00
		Contributor address; City; State; Zip Code				
		McKinney, TX 75071				
$\square$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
	Video Direct	.or	Cambium Learning			
$\vdash$			<u> </u>			

_							
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/9 Rpt: 8/36	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Collin Count	y Democratic Party				00054753	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	11/20/2024	Jones, Kaitlin					\$10.53
	I	6 Contributor address; City; Sta	ate; Zip Code		1		
		Plano, TX 75023					
8		ipation / Job title (See Instructions)	)	9 Employer (See Instructions	5)		
	Unemployed			Unemployed			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	11/22/2024	Krishna, Sanjay			]		\$20.00
		Contributor address; City; Sta					
		Plano, TX 75025					
_	Principal occu	ipation / Job title (See Instructions)	<u>.</u>	Employer (See Instructions	<u> </u>		
	Software Eng		)	Mavenir	5)		
	Date	Full name of contributor			1	Amount of Contribution (\$)	
	11/23/2024	Lawrence, Amy	out-of-state PAC (ID#:	)			\$15.00
	11/20/2024	Contributor address; City; Sta			•		Ψ10.00
			ale, Zip Coue				
		Murphy, TX 75094					
┢	Principal occu	pation / Job title (See Instructions)	,)	Employer (See Instructions	5)		
	Not employe	;d		Not employed			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/21/2024	Leddon, Teresa					\$50.00
	ł	Contributor address; City; Sta	tate; Zip Code		1		
		Fairview, TX 75069	<u></u>		Ĺ		
	Principal occu Retired	pation / Job title (See Instructions)	)	Employer (See Instructions Retired	5)		
		<u> </u>					
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	<b>#20.00</b>
	11/24/2024	Ley, Adam					\$30.00
		Contributor address; City; Sta	ate; Zip Code				
		Allen, TX 75013					
⊢	Principal occu	pation / Job title (See Instructions)	;)	Employer (See Instructions	<u> </u> s)		
	Electronics E		,	ASSET InterTech, Inc.	-,		
⊢							

-						
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 6/9 Rpt: 9/36	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		y Democratic Party		1	00054753	,
4	Date	5 Full name of contributor Dut-of-state PAC (ID	)#:)	7	Amount of Contribution (\$)	
	11/23/2024	Martin, Heather				\$25.00
		6 Contributor address; City; State; Zip Code		Ϊ		
		Maliaca TV 75454				
Q	Drincinal occu	Melissa, TX 75454 Ipation / Job title (See Instructions)	9 Employer (See Instructions	<u>)</u>		
0	Consultant		Partner Engineering	5)		
-	Date	Full name of contributor Out-of-state PAC (ID		Т	Amount of Contribution (\$)	
	11/22/2024	Mastenbrook, Shirley	)#:)			\$30.00
	⊥⊥ <i>¦∠∟ı∠⊽∠−</i> ı					Ψ00.00
		כטוונווטענטו מטטופסס, כונץ, סומנכ, בוף כסמכ				
		Plano, TX 75075				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID	)#:)		Amount of Contribution (\$)	
	11/21/2024	McGarry, Kellye				\$31.18
		Contributor address; City; State; Zip Code		1		
	Dringing ogg	Richardson, TX 75080		<u> </u>		
		ipation / Job title (See Instructions) R/Communications	Employer (See Instructions Self Employed	S)		
				1	tt -f Ωt+ibution (Φ)	
	Date 11/21/2024		)#:)		Amount of Contribution (\$)	\$124.10
	11/21/2024	Munro, Marilyn				<b>ΦΙΖ</b> 4.10
		Contributor address; City; State; Zip Code				
		McKinney, TX 75071				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			
	Date	Full name of contributor 🔲 out-of-state PAC (ID	)#:)		Amount of Contribution (\$)	
	11/22/2024	North, Laura				\$15.00
		Contributor address; City; State; Zip Code		1		
		Allen, TX 75013		Ĺ		
		ipation / Job title (See Instructions)	Employer (See Instructions	S)		
	Piogram/Fic	bject Manager	AmerisourceBergen			

The Instru	iction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 7/9 Rpt: 10/36	
2 FILER NAME		3 Filer ID (Ethics Commission F	-ilers)	
	ty Democratic Party		00054753	,
4 Date	5 Full name of contributor Out-of-state PAC (ID#	:)	7 Amount of Contribution (\$)	
11/20/2024	Patel, Kailex			\$8.00
	6 Contributor address; City; State; Zip Code			
	Plano, TX 75074		-	
-	upation / Job title (See Instructions)	9 Employer (See Instructions	3)	
Software En		Capgemini	1	
Date		:)	Amount of Contribution (\$)	
11/20/2024	Perry, Katherine			\$5.36
	Contributor address; City; State; Zip Code			
	Plano, TX 75025		<u> </u>	
	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Writer		Cytiva		
Date		t:)	Amount of Contribution (\$)	
11/24/2024	Pichon, Edward			\$50.00
	Contributor address; City; State; Zip Code			
	Mckinney, TX 75070			
Drincipal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Engineering		E-Qualus Partners LLC	)	
		-		
Date		:)	Amount of Contribution (\$)	<u> </u>
11/22/2024	Pursell, Tracy			\$31.18
	Contributor address; City; State; Zip Code			
	Plano, TX 75025			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Data QC		NewSolutions.org	,	
Date	Full name of contributor Out-of-state PAC (ID#		Amount of Contribution (\$)	
11/23/2024	Saraiya, Naishadh	)		\$30.00
	Contributor address; City; State; Zip Code			+00100
	Plano, TX 75093			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	) 3)	
Retired	· · ·	Retired		

_					
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 8/9 Rpt: 11/36	
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers	·s)
		ty Democratic Party		00054753	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
	11/25/2024	Shenoy, Rekha		\$3	30.00
	1	6 Contributor address; City; State; Zip Code			
	I	Plano, TX 75025			
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	3)	
	Dentist		Prism Health of North Te	exas Dental Care	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	11/23/2024	Sisson, Mary		\$3	30.00
	I	Contributor address; City; State; Zip Code			
		Plano, TX 75023			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	i 3)	
	Writer		Self Employed		
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	11/22/2024	Smith, David	/		30.00
					10.00
		Contributor address; City; State; Zip Code			
		Plano, TX 75075			
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
	Political Con		Self Employed	7	
╞				Amount of Contribution (¢)	
	Date		)	Amount of Contribution (\$)	20.00
	11/22/2024	Snyder, Ann		φ2	20.00
		Contributor address; City; State; Zip Code			
		McKinney, TX 75072			
┡	Dringing occu	-	Employer (See Instructions		
		upation / Job title (See Instructions)	Employer (See Instructions	;)	
	Physician		Self Employed		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	11/21/2024	Stark, Sharon		\$1	10.00
	I	Contributor address; City; State; Zip Code			
		Frisco, TX 75035			
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions		
	Retired		Retired		

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 9/9 Rpt: 12/36 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Collin County Democratic Party 00054753 5 Full name of contributor Amount of Contribution (\$) 4 Date out-of-state PAC (ID#: 7 11/20/2024 \$100.00 Sutka, Jeremy 6 Contributor address; City; State; Zip Code McKinney, TX 75070 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) CEO KJMB Solutions, Inc. Date Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) ) 11/23/2024 \$20.00 White, Donald Contributor address; City; State; Zip Code Plano, TX 75093 Principal occupation / Job title (See Instructions) Employer (See Instructions) Cybersecurity Engineer **TAMKO Building Products**

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimb Fees Office Overhead/Rental i Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contrac The Instruction Guide explains how to complete this	Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Labor OTHER (enter a category not listed above)								
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)								
-	Sch: 1/23 Rpt: 13/36	Collin County Democratic Party	00054753								
4	Date 11/12/2024	Payee name APG&E									
6	Amount (\$) \$204.65	Payee address; City; State; Zip Code 6161 Savoy Drive Houston, TX 77036									
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if Austin, TX, officeholder living expense         Image: Check if Austin, TX, officeholder living expense       Image: Check if Austin, TX, officeholder living expense											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	12/09/2024	APG&E									
	Amount (\$) \$150.28	Payee address; City; State; Zip Code 6161 Savoy Drive									
	PURPOSE OF EXPENDITURE		eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	10/27/2024	ActBlue Texas									
	Amount (\$) \$3.97	Payee address; City; State; Zip Code PO Box 441146									
		Somerville, MA 02144									
	PURPOSE OF EXPENDITURE		iption eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense t card fees								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains h	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	· · · ·	1011 10 201		2	Filer ID (Ethics Commission Filers)				
L.	Sch: 2/23 Rpt: 14/36	2	Collin County Democratic Party	00054753							
4	Date	5	Payee name								
	11/06/2024		ActBlue Texas								
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le						
	\$2.99		PO Box 441146								
			Somerville, MA 02144								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description						
	OF EXPENDITURE		Solicitation/Fundraising Expense				ide of Texas. Complete Schedule T.				
					Credit card fe		, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name Of	ffice sou	Jht		Office held				
	expenditure to benefit C/OI										
	Date		Payee name								
	11/10/2024		ActBlue Texas								
	Amount (\$)		Payee address; City; State;	Zip Co	le						
	\$2.97		PO Box 441146								
			Somerville, MA 02144								
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schere	dule)	(b) Description		the of Tauran Departure Debadule T				
	EXPENDITURE		Solicitation/Fundraising Expense				ide of Texas. Complete Schedule T. , officeholder living expense				
					Credit card fe						
	Complete ONLY if direct		Candidate/Officeholder name Of	ffice sou	Jht		Office held				
	expenditure to benefit C/OI	4									
	Date		Payee name								
	11/17/2024		ActBlue Texas								
	Amount (\$)		Payee address; City; State;	Zip Co	le						
	\$0.40		PO Box 441146								
			Somerville, MA 02144								
	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description						
	OF EXPENDITURE		Solicitation/Fundraising Expense				ide of Texas. Complete Schedule T.				
					Credit card fe		, officeholder living expense				
	Complete ONLY if direct		Candidate/Officeholder name Of	ffice soug	iht		Office held				
	expenditure to benefit C/OI			1 2000							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2				2	Filer ID (Ethics Commission Filers)				
Ţ	Sch: 3/23 Rpt: 15/36	2	Collin County Democratic Party			3	00054753				
4	Date 11/24/2024	5	Payee name ActBlue Texas								
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le						
•	\$3.97	-	PO Box 441146	p 00.							
	\$0.01										
			Somerville, MA 02144								
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description						
	EXPENDITURE		Solicitation/Fundraising Expense				ide of Texas. Complete Schedule T. , officeholder living expense				
					Credit card fe						
					Credit card it	.00					
0	Complete ONLY if direct		Candidate/Officeholder name Of	fice cour	.bt		Office held				
9	expenditure to benefit C/Oł		Landidate/Onicenoider name Or	ffice sou	Int		Office field				
	Date		Payee name								
	12/01/2024		ActBlue Texas								
	Amount (\$)		Payee address; City; State;	Zip Co	le						
	\$2.38		PO Box 441146								
			Somerville, MA 02144								
	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description						
	OF EXPENDITURE		Solicitation/Fundraising Expense				ide of Texas. Complete Schedule T.				
							, officeholder living expense				
					Credit card fe	es					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice sou	lht		Office held				
	expenditure to benefit e/or	'									
	Date		Payee name								
	12/08/2024		ActBlue Texas								
	Amount (\$)		Payee address; City; State;	Zip Co	le						
	\$1.20		PO Box 441146								
			Somerville, MA 02144								
	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dulo)	(b) Description						
	OF	(~)	Solicitation/Fundraising Expense	dule)		outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE		Solicitation/1 undraising Expense		Check if Austin	, TX	, officeholder living expense				
					Credit card fe	ees					
	Complete ONLY if direct		Candidate/Officeholder name Of	ffice sou	ht		Office held				
	expenditure to benefit C/OI	H									

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2				2	Filer ID (Ethics Commission Filers)				
L.	Sch: 4/23 Rpt: 16/36		Collin County Democratic Party			3	00054753				
4	Date 12/15/2024		Payee name ActBlue Texas								
6	Amount (\$) \$1.39		Payee address; City; State; PO Box 441146 Somerville, MA 02144	; Zip Co	de						
8     PURPOSE     (a) Category (See Categories listed at the top of this schedule)     (b) Description       0F     Solicitation/Fundraising Expense     Check if travel outside of T							ide of Texas. Complete Schedule T. , officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	Jht		Office held				
	Date		Payee name								
	12/22/2024		ActBlue Texas								
	Amount (\$) \$4.94		Payee address; City; State; PO Box 441146 Somerville, MA 02144	; Zip Co	de						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Solicitation/Fundraising Expense	edule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	Jht		Office held				
	Date		Payee name								
	12/29/2024		ActBlue Texas								
	Amount (\$) \$3.18		Payee address; City; State; PO Box 441146	; Zip Co	de						
			Somerville, MA 02144								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Solicitation/Fundraising Expense	edule)		, TX	ide of Texas. Complete Schedule T. , officeholder living expense ;				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Dffice sou	jht		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nittee Legal Services The Instruction Guide explai	Offic Pollii Print Sala	e Overh ng Expe ing Exp ries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2	· · · ·				2	Filer ID	(Ethics Commission Filers)		
-	Sch: 5/23 Rpt: 17/36		Collin County Democratic Party					00054753			
4	Date 12/31/2024		Payee name ActBlue Texas								
6	Amount (\$) \$0.79	F	Payee address; City; Sta PO Box 441146 Somerville, MA 02144	ıte; Zip	Cod	9					
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense       (b) Description         Image: Check if Austin, TX, officeholder living expense       Image: Check if Austin, TX, officeholder living expense         Credit card fees											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	soug	nt		Office he	eld		
	Date	F	Payee name								
	11/01/2024		Amazon.com								
	Amount (\$) \$38.21	2	10 Terry Ave North	ıte; Zip	Cod	9					
	PURPOSE OF EXPENDITURE	(a) (	Seattle, WA 98109 Category (See Categories listed at the top of this Event Expense	schedule)	(		n, TX,	de of Texas. Comp officeholder living atch party do	expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	soug	nt		Office he	eld		
	Date	F	Payee name								
	11/21/2024		Atmos Energy								
	Amount (\$) \$94.84		Payee address; City; Sta PO Box 740353	ıte; Zip	Cod	e					
			Cincinnati, OH 45274								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this Dffice Overhead/Rental Expense	schedule)	(			de of Texas. Comp , officeholder living			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	soug	nt		Office he	eld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/E Gift/Aw nmittee Legal S	Expense leverage Expense lards/Memorials Expense Services <b>nstruction Guide ex</b>	C P P S	Office Overl Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2					• • • • • •	3	Filer ID	(Ethics Commission Filers)
-	Sch: 6/23 Rpt: 18/36		Collin County De	mocratic Party					00054753	
4	Date 12/31/2024		Payee name Atmos Energy							
6 Amount (\$) \$94.84 PO Box 740353 Cincinnati, OH 45274										
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Natural gas										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehol	der name	Offi	ice soug	ht		Office he	ld
	Date		Payee name							
	11/01/2024		Beyond the Slog	an Consulting						
	Amount (\$)     Payee address;     City;     State;     Zip Code       \$5,000.00     2710 Routh Creek       Richardson, TX 75082									
	PURPOSE OF EXPENDITURE	(a)	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside Check if Austin, TX, of					ide of Texas. Complete Schedule T. , officeholder living expense e electronic billboard		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officehol	der name	Offi	ice soug	ht		Office he	ld
	Date		Payee name							
	12/20/2024		Bumperactive LL	.C						
	Amount (\$) \$41.57		Payee address; 5907 Burnet Roa	City; Id	State; 2	Zip Cod	e			
			Austin, TX 78757	7						
	PURPOSE OF EXPENDITURE	OF Solicitation/Eundraising Expense								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehol	der name	Offi	ice soug	ht		Office he	ld

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exper Imittee Legal Services The Instruction Guide e		Office Over Polling Exp Printing Exp Salaries/Wa	heac ense pense ages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Sabadula E1:	1		-Aprains		inpre		5	Filer ID (Ethics Commission Filers)	_
1	Total pages Schedule F1: Sch: 7/23 Rpt: 19/36		FILER NAME Collin County Democratic Party						Filer ID       (Ethics Commission Filers)         00054753	
4	Date	5	Payee name					•		_
	11/26/2024		Canva							
6	Amount (\$) \$12.95		Payee address; City; 2140 S Dupont Highway Camden, DE 19934	State	; Zip Coo	de				
8	PURPOSE	(a)	Category (See Categories listed at the top	of this sch	(eluber	(b)	Description			_
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description         Image: Check if Austin, TX, officeholder living expense       Image: Check if Austin, TX, officeholder living expense         Image: Web design       Web design										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(	Office soug	ght			Office held	
	Date		Payee name							_
	12/26/2024		Canva							
	Amount (\$)		Payee address; City;	State	; Zip Coo	de				-
	\$12.95		2140 S Dupont Highway Camden, DE 19934							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Office Overhead/Rental Expens		nedule)	(b)			ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(	Office soug	ght			Office held	
	Date		Payee name							=
	12/13/2024		Collin County NAACP							
	Amount (\$) \$1,000.00		Payee address; City; 3901 San Mateo Drive	State	; Zip Coo	de				
			Plano, TX 75023							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Event Expense	of this sch	nedule)	(b)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense hip	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(	Office soug	ght			Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Fees Food/Beverage Ex Gift/Awards/Memor Legal Services The Instruction		Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pense 'ages/	e Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FII FR NAME						3	Filer ID	(Ethics Commission Filers)
-	Sch: 8/23 Rpt: 20/36			ty Democrati	c Party				9	00054753	
4	Date 11/12/2024		Payee name Constant Co	ontact Inc.							
6	Amount (\$) \$300.61										
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Communications											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholder name	· (	Office sou	ght			Office he	eld
	Date		Payee name								
	12/10/2024		Constant Co	ontact Inc.							
	Amount (\$) \$300.61		Payee addres 1601 Trape Waltham, N	lo Road	State;	; Zip Co	de				
	PURPOSE OF EXPENDITURE	(a)	Category (Se		at the top of this sch Expense	edule)			, TX,	de of Texas. Com officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offi	ceholder name	e C	Office sou	ght			Office he	eld
	Date		Payee name								
	10/31/2024		Frisco Hall								
	Amount (\$) \$1,220.00		Payee addres 12005 Ford		State;	; Zip Co	de				
			Dallas, TX 7								
	PURPOSE OF EXPENDITURE		Category <sub>(Se</sub> Event Expe		at the top of this sch	iedule)			, тх,	de of Texas. Com officeholder living atch party lo	, expense
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offi	ceholder name	: C	Dffice sou	ght			Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
_	Tatal same Oshadula E4			<b>9</b> Files ID (5thiss Commission Files)						
1	Total pages Schedule F1: Sch: 9/23 Rpt: 21/36	Collin County Democratic Party		3 Filer ID (Ethics Commission Filers) 00054753						
4	Date	Payee name								
	11/04/2024	Frontier								
6	Amount (\$)	Payee address; City; State;	Zip Code							
	\$143.76	PO Box 74047								
		Sincippoti OH 45274 0407								
		Cincinnati, OH 45274-0407								
8	PURPOSE OF	Category (See Categories listed at the top of this schere								
	EXPENDITURE	Office Overhead/Rental Expense		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense						
			Internet serv							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Of	ffice sought	Office held						
	Date	Payee name								
	12/04/2024	Frontier								
	Amount (\$)		Zip Code							
	\$143.76	PO Box 74047								
	φ145.70	0 00% 74047								
		Cincinnati, OH 45274-0407								
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched Office Overhead/Rental Expense	Check if trave	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense <b>/iCE</b>						
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	andidate/Officeholder name Of	ffice sought	Office held						
	Date	Payee name								
	11/01/2024	Gay, Errin								
	Amount (\$)	Payee address; City; State;	Zip Code							
	\$1,679.29	.912 Fresno Rd	•							
	. ,									
		Plano, TX 75074								
	PURPOSE OF	Category (See Categories listed at the top of this sched								
	EXPENDITURE	Salaries/Wages/Contract Labor		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense						
-	Complete ONLY if direct	andidate/Officeholder name Of	ffice sought	Office held						
	expenditure to benefit C/OI									

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	( F S	Office Over Polling Exp Printing Exp Salaries/Wa	ense Iges/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 expl	ains ho	ow to com	plete this form.	-			
1	Total pages Schedule F1: Sch: 10/23 Rpt: 22/36	2	FILER NAME Collin County Democratic Party				3	Filer ID       (Ethics Commission Filers)         00054753		
4	Date	5	Payee name							
	11/15/2024		Gay, Errin							
6	Amount (\$)	7		tate;	Zip Cod	е				
	\$1,381.20		1912 Fresno Rd							
			Plano, TX 75074							
8	PURPOSE	(a)	Category (See Categories listed at the top of th	is sched	lule)	b) Description				
	OF EXPENDITURE		Salaries/Wages/Contract Labor					ide of Texas. Complete Schedule T. , officeholder living expense		
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Off	fice soug	ht		Office held		
	Date		Payee name							
	11/29/2024		Gay, Errin							
	Amount (\$)		Payee address; City; S	tate;	Zip Cod	е				
	\$387.87		1912 Fresno Rd							
			Plano, TX 75074							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of th Salaries/Wages/Contract Labor	is sched	lule) (			ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Off	fice soug	ht		Office held		
	Date		Payee name							
	12/13/2024		Gay, Errin							
	Amount (\$)		Payee address; City; S	tate;	Zip Cod	е				
	\$690.25		1912 Fresno Rd							
			Plano, TX 75074							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of th Salaries/Wages/Contract Labor	is sched	lule) (			ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Off	fice soug	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens nmittee Legal Services The Instruction Guide ex		Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pense 'ages/	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2						3	Filer ID (Ethics Commission Filers)	
1	Sch: 11/23 Rpt: 23/36	2	Collin County Democratic Party					3	00054753	
4	Date	5	Payee name							
	11/07/2024		Gina,							
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de				
	\$13.99		2400 McCullough Ave							
			San Antonio, TX 78212							
8	PURPOSE OF	(a)	Category (See Categories listed at the top of		edule)	(b)	Description			
	EXPENDITURE		Solicitation/Fundraising Expense	<b>!</b>					de of Texas. Complete Schedule T.	
									officeholder living expense	
							10/5/24 gala	eve	епі - эреакег	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office sou	ght			Office held	
	Date		Payee name							
	11/07/2024		Gina,							
	Amount (\$)		Payee address; City;	State	; Zip Co	de				
	\$26.71		2400 McCullough Ave		,p					
	Ψ20.71									
			San Antonio, TX 78212							
	PURPOSE OF	(a)	Category (See Categories listed at the top of	f this sch	edule)	(b)	Description			
	EXPENDITURE		Solicitation/Fundraising Expense	•					de of Texas. Complete Schedule T. , officeholder living expense	
							10/5/24 gala			
							10/3/24 yala	eve	ent - speaker	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office sou	ght			Office held	
	Date		Payee name							
	11/07/2024		Gina,							
	Amount (\$)		Payee address; City;	State	; Zip Co	de				
	\$37.64		2400 McCullough Ave							
			C C							
			San Antonio, TX 78212							
	PURPOSE OF	(a)	Category (See Categories listed at the top of		edule)	(b)	Description			
	EXPENDITURE		Solicitation/Fundraising Expense	<b>!</b>					de of Texas. Complete Schedule T.	
									officeholder living expense	
							10/5/24 gala	eve	епі - Speakei	
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	ght			Office held	
	expenditure to benefit C/OI	1								

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 12/23 Rpt: 24/36		Collin County Democratic Party				00054753			
4	Date 11/07/2024		Payee name Gina,							
6				, Zin Co						
0	Amount (\$) \$548.96		Payee address; City; State 2400 McCullough Ave	; Zip Co	Je					
			5							
			San Antonio, TX 78212							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description					
	OF EXPENDITURE		Solicitation/Fundraising Expense				ide of Texas. Complete Schedule T.			
							, officeholder living expense			
					10/5/24 gala	eve	eni - speakei			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	Office sou	Jht		Office held			
	expenditure to benefit C/OI									
	Date		Payee name							
	11/07/2024		Gina,							
	Amount (\$)		Payee address; City; State	; Zip Co	de					
	\$14.72		2400 McCullough Ave							
			San Antonio, TX 78212							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description					
	OF EXPENDITURE		Solicitation/Fundraising Expense				ide of Texas. Complete Schedule T.			
					10/5/24 gala		, officeholder living expense			
					10/3/24 gala	CVC	shi speaker			
	Complete ONLY if direct		andidate/Officeholder name	Office sou	jht		Office held			
	expenditure to benefit C/OI	Н								
	Date		Payee name							
	11/04/2024		Google LLC							
	Amount (\$)		Payee address; City; State	; Zip Co	de					
	\$30.70		1600 Amphitheatre Pkwy							
			Mountain View, CA 94043							
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description					
	OF EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T.			
							, officeholder living expense			
					Google Work	sha				
-	Complete ONLY if direct		andidate/Officeholder name	Office sou	nht		Office held			
	expenditure to benefit C/Oł			Chice Sou	jin					
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           By -         Gift/Awards/Memorials Expense			Travel in District Travel Out of District	uipment & Related Expense			
1	Total pages Schedule F1:	2	· · · ·		<u> </u>	3	Filer ID	(Ethics Commission Filers)	
-	Sch: 13/23 Rpt: 25/36		Collin County Democratic Party				00054753	(	
4	Date 12/02/2024		Payee name Google LLC						
6	Amount (\$) \$30.70		Payee address; City; State; 1600 Amphitheatre Pkwy Mountain View, CA 94043	Zip Cod	e				
8	PURPOSE OF EXPENDITURE		<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Office Overhead/Rental Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Google Workspace</li> </ul>						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Of	ffice soug	ht		Office hel	d	
	Date		Payee name						
	11/19/2024		ntuit Inc.						
	Amount (\$) \$122.59		Payee address; City; State; 2800 E. Commerce Center Place	Zip Cod	е				
		·	Tucson, AZ 85706						
PURPOSE OF EXPENDITURE			Category (See Categories listed at the top of this sched Accounting/Banking	dule) (		I, TX,	de of Texas. Comp officeholder living e INE		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name Of	ffice soug	ht		Office hel	d	
	Date		Payee name						
	11/19/2024		ntuit Inc.						
	Amount (\$) \$165.23		Payee address; City; State; 2800 E. Commerce Center Place	Zip Cod	e				
			Tucson, AZ 85706						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sched Accounting/Banking	dule) (		, TX,	de of Texas. Comp officeholder living e i <b>ne</b>		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Of	ffice soug	ht		Office hel	d	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	ILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)	—					
	Sch: 14/23 Rpt: 26/36	Collin County Democratic Pa	rty		00054753				
4	Date 12/19/2024	ayee name ntuit Inc.							
6	Amount (\$) \$165.23	ayee address; City; 800 E. Commerce Center F fucson, AZ 85706	State; Zip Coo lace	le					
8	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the accounting/Banking	top of this schedule)		outside of Texas. Complete Schedule T. n, TX, officeholder living expense Online				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ht	Office held				
	Date	ayee name							
	12/19/2024	ntuit Inc.							
	Amount (\$) \$122.59	ayee address; City; 800 E. Commerce Center F ucson, AZ 85706	State; Zip Coo Place	le					
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the counting/Banking	top of this schedule)		outside of Texas. Complete Schedule T. n, TX, officeholder living expense Online				
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office soug	ht	Office held				
	Date	ayee name							
	12/13/2024	enneth L. Maun Tax Asses	sor-Collector						
	Amount (\$) \$109.28	ayee address; City; PO Box 8046	State; Zip Coo	le					
		1cKinney, TX 75070-8046	i						
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the Office Overhead/Rental Expe			outside of Texas. Complete Schedule T. n, TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office soug	ht	Office held	_			

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:		<b>3</b> Filer ID (Ethics Commission Filers)					
1	Sch: 15/23 Rpt: 27/36	Collin County Democratic Party	00054753					
4	Date 11/26/2024	5 Payee name Legacy Plano Master LLC						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
Ū	\$2,884.08	PO Box 803289 Dallas, TX 75380-3289						
_		i						
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense nt					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	12/27/2024	Legacy Plano Master LLC						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$2,949.01	PO Box 803289						
		Dallas, TX 75380-3289						
PURPOSE OF EXPENDITURE			utside of Texas. Complete Schedule T. TX, officeholder living expense nt					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	11/19/2024	Matthews,						
-	Amount (\$)	Payee address; City; State; Zip Code						
	\$92.56	3917 Montrose Drive						
		Plano, TX 75025						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense noval					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Poling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)						
	Sch: 16/23 Rpt: 28/36	Collin County Democratic Party	00054753						
4	Date 11/04/2024	Payee name NGP VAN Inc.							
6	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,311.12	PO Box 392264 Pittsburgh, PA 15251-9264							
8	PURPOSE	a) Category (or orthographic list of the tag of the orthographic) (b) Description							
	OF	F Solicitation/Fundraising Expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	12/02/2024	NGP VAN Inc.							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$200.80	PO Box 392264							
		Pittsburgh, PA 15251-9264							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense <b>ES</b>						
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	11/25/2024	NGP VAN Inc.							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$474.37	PO Box 392264							
		Pittsburgh, PA 15251-9264							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense See monthly fee						
<b></b>	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)						
	Sch: 17/23 Rpt: 29/36	Collin County Democratic Party	00054753						
4	Date 12/03/2024	5 Payee name NGP VAN Inc.							
6	Amount (\$) \$474.37	7 Payee address; City; State; Zip Code PO Box 392264 Pittsburgh, PA 15251-9264							
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description         Image: Check if Comparison of the compari									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	11/19/2024	Otter.ai, Inc.							
	Amount (\$) \$92.58	Payee address; City; State; Zip Code 800 W El Camino Real							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense <b>:es software</b>						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	12/04/2024	Otter.ai, Inc.							
	Amount (\$) \$88.47	Payee address; City; State; Zip Code 800 W El Camino Real							
		Mountain View, TX 94040							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense <b>:es software</b>						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           gift/Awards/Memorials Expense         Printing Expense			Travel in District Travel Out of Dist	quipment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAME		•		3	Filer ID	(Ethics Commission Filers)
-	Sch: 18/23 Rpt: 30/36	-	Collin County Democratic Party				Ū	00054753	()
4	Date	5	Payee name						
	11/05/2024		Party City Plano East						
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	de				
	\$51.94		3308 North Central Expwy						
			Plano, TX 75074						
8	PURPOSE	<u> </u>		- dula)	(b) Descr	intion			
Ŭ	OF	(,	Category (See Categories listed at the top of this sch Event Expense	edule)			outsi	de of Texas. Comp	lete Schedule T.
	EXPENDITURE				Ch	eck if Austin,	ΤX,	officeholder living	expense
					Elect	ion night	Wa	atch party dc	or
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	Office sou	ght			Office he	ld
	Date		Payee name						
	12/09/2024		Plano Police Department - Alarms Unit	t					
	Amount (\$)		-	Zip Co	de				
	\$100.00		PO Box 860358	, <u>Lip</u> 00					
	\$100.00								
			Plano, TX 75086						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Descr	•			
	EXPENDITURE		Office Overhead/Rental Expense Check if travel outside of Texa Check if Austin, TX, officehold						
						n permit	17,	oncendider invirig	expense
					7 (1011)	permit			
_	Complete ONLY if direct		candidate/Officeholder name C	Office sou	nht			Office he	Id
	expenditure to benefit C/Oł				Jin			Onice he	
_	Data								
	Date 11/07/2024		Payee name Prosperity Bank						
_									
	Amount (\$)			; Zip Co	de				
	\$35.00		PO Box 869105						
			Plano, TX 75086						
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Descr	ription			
	OF EXPENDITURE		Fees					de of Texas. Comp	
								officeholder living	expense
					διυρ	check fe	e		
	0							011	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		candidate/Officeholder name	Office sou	gnt			Office he	Ia
		•							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Legal Service	ge Expense Iemorials Expense	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Solicitation/Fundraising Expens Transportation Equipment & Re Travel in District Travel Out of District OTHER (enter a category not lis	lated Expense
1	Total pages Sabadula E1:	1					12	Ethics Cor	nmission Filers)
1	Total pages Schedule F1: Sch: 19/23 Rpt: 31/36		Collin County Democ	ratic Party			3	Filer ID (Ethics Cor 00054753	
4	Date	5	Payee name				•		
	10/30/2024		Simplisafe Inc.						
6	Amount (\$) \$34.63	7	Payee address; Cit 294 Washington St Boston, MA 02108	y; State;	; Zip Coo	le			
8	PURPOSE	(a)	Category (See Categories	listed at the top of this sch	edule)	(b) Description			
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Security monitoring						τ.			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder n	ame C	Office soug	ht		Office held	
	Date		Payee name						
	12/02/2024		Simplisafe Inc.						
	Amount (\$)		Payee address; Cit	y; State;	Zip Coo	le			
	\$34.63		294 Washington St Boston, MA 02108						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories Office Overhead/Ren		edule)		η, TX,	ide of Texas. Complete Schedule , officeholder living expense ring	т.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H							
	Date		Payee name						
	12/30/2024		Simplisafe Inc.						
	Amount (\$) \$34.63		Payee address; Cit 294 Washington St	y; State;	; Zip Coo	le			
			Boston, MA 02108						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories Office Overhead/Ren		edule)		η, TX,	ide of Texas. Complete Schedule , officeholder living expense ring	т.
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder n	ame C	Office soug	ht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:		<b>3</b> Filer ID (Ethics Commission Filers)						
	Sch: 20/23 Rpt: 32/36	Collin County Democratic Party	00054753						
4	Date 11/08/2024	9 Payee name Tijerina,							
6	Amount (\$) \$785.23	Payee address; City; State; Zip Code 2304 Eldger Drive Plano, TX 75025							
8	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense watch party food						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	11/08/2024	Tijerina,							
	Amount (\$) \$409.03	Payee address; City; State; Zip Code 2304 Eldger Drive Plano, TX 75025							
	PURPOSE OF EXPENDITURE	a) Category (See Categories listed at the top of this schedule) [b) Description Event Expense Check if travel o Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense Watch party food						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	12/16/2024	USPS (McKinney)							
	Amount (\$) \$73.00	Payee address; City; State; Zip Code 550 N Central Expy							
		McKinney, TX 75070							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reinbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)						
	Sch: 21/23 Rpt: 33/36	Collin County Democratic Party	00054753						
4	Date 12/16/2024	Payee name USPS (McKinney)							
6	Amount (\$) \$29.20	<sup>7</sup> Payee address; City; State; Zip Code 550 N Central Expy McKinney, TX 75070							
8	PURPOSE OF EXPENDITURE		uutside of Texas. Complete Schedule T. TX, officeholder living expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	11/15/2024	United States Treasury							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,011.18	Internal Revenue Service Ogden, UT 84201							
	PURPOSE OF EXPENDITURE		uutside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	12/16/2024	United States Treasury							
	Amount (\$) \$899.62	Payee address; City; State; Zip Code Internal Revenue Service							
		Ogden, UT 84201							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)						
	Sch: 22/23 Rpt: 34/36	Collin County Democratic Party	00054753						
4	Date 12/11/2024	Payee name VistaPrint							
6	Amount (\$) \$125.84	Payee address; City; State; Zip Code 275 Wyman Street							
		Waltham, MA 02451							
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	11/18/2024	Vonage Business Inc							
_	Amount (\$)	Payee address; City; State; Zip Code							
	\$142.73	Dept. 3151							
		Dallas, TX 75312-3151							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense <b>rVİCE</b>						
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	12/16/2024	Vonage Business Inc							
	Amount (\$) \$142.73	Payee address; City; State; Zip Code Dept. 3151							
		Dallas, TX 75312-3151							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense <b>rVICE</b>						
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held						

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overh Food/Beverage Expense Polling Expe By - Gift/Awards/Memorials Expense Printing Expe			yment/Reimbur rhead/Rental Ex pense pense ages/Contract L	ent/Reimbursement Solicitation/Fundraising Expense ad/Rental Expense Transportation Equipment & Related Expense se Travel in District ise Travel Out of District es/Contract Labor OTHER (enter a category not listed above			Equipment & Related Expense t strict			
1	Total pages Schedule F1:	2					2			Filer ID	(Ethics Commission Filers)	
-	Sch: 23/23 Rpt: 35/36	[		y Democratic Pa	ırty					00054753		
Δ	Date	5	Payee name									
-	11/26/2024	ľ		Communication	s Inc.							
6	Amount (\$)	7	Payee addres	s; City;	State:	Zip Co	de					_
	\$53.30		55 Amaden									
			San Jose, C	A 95113								
8	PURPOSE	(a)	Category (Se	e Categories listed at the	top of this sch	edule)	(b) Descrip	tion				
	OF			ead/Rental Expe		,	Chec	k if travel o	outsic	de of Texas. Com	nplete Schedule T.	
	EXPENDITURE						Chec	k if Austin,	TX,	officeholder living	g expense	
							Monthl	ly fee				
9	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name		Office sou	nht			Office h	eld	
ľ	expenditure to benefit C/OI						,			enice n		
	Date		Payee name									
	12/26/2024		Zoom Video	Communication	s Inc.							
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$53.30		55 Amaden	-		•						
	\$00.00			Bird								
			San Jose, C	A 95113								
	PURPOSE	(a)	Category (ca	e Categories listed at the	ton of this och	odulo)	(b) Descrip	ntion				_
	OF	Ľ				euulej			outsic	de of Texas. Com	nplete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Expense			Check if Austin, TX, officeholder living expense					g expense		
							Monthl	ly fee				
	Complete ONLY if direct		Candidate/Offic	eholder name		Dffice sour	nht			Office h	eld	_
	expenditure to benefit C/OI		Sundiduic/Onic	cholder hame			Jiit			Onice In		

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	cti	on Guide explains how to complete this form.	1	1 Total pages Schedule K: Sch: 1/1 Rpt: 36/36			
2	FILER NAME			3	Filer I	D (Ethics Commission	Filers)	
			emocratic Party		00054	4753		
4	Date	5	Name of person from whom amount is received			8 Amount (\$)		
	10/31/2024		Prosperity Bank				\$56.07	
		6	Address of person from whom amount is received; City; State; Zip Code					
			Plano, TX 75086					
		7	Purpose for which amount is received Check if	ooliti	cal cont	ribution returned to filer		
			Bank Interest					
	Date		Name of person from whom amount is received			Amount (\$)		
	11/30/2024		Prosperity Bank				\$54.33	
			Address of person from whom amount is received; City; State; Zip Code					
			tribution returned to filer					
		cai coni						
	Date		Amount (\$)					
	12/31/2024		Name of person from whom amount is received Prosperity Bank			Amount (\$)	\$56.21	
	12,01,202 1		Address of person from whom amount is received; City; State; Zip Code				\$00.L1	
			Plano, TX 75086					
				ooliti	cal cont	tribution returned to filer		
			Bank Interest			-		
	Date		Name of person from whom amount is received			Amount (\$)		
	11/05/2024		The Reiss Group				\$404.00	
			Address of person from whom amount is received; City; State; Zip Code					
			McKinney, TX 75069					
			Purpose for which amount is received Check if	ooliti	cal cont	tribution returned to filer		
			Refund for unused ad					