CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

	Ethics Commission Filers) 2	Total pages filed:		OFFICE U	SE ONLY
00084836		15		Date Received	
3 COMMITTEE NAME	Texas Democrats Small I	Business Caucus		ELECTRONICAL 01/20/2025	LY FILED
4 TREASURER NAME	Flores, Benjamin				
5 ORIGINAL				Date Hand-delivered or D	Date Postmarked
5 ORIGINAL REPORT TYPE	X January 15	Runoff		Receipt #	Amount
	July 15		paign treasurer resignation		Amount
	30th day before election	Dissolution report		Date Processed	
	8th day before election	Other (specify)			
6 ORIGINAL PERIO COVERED	D Month Day Year 07/01/2024	Month THROUGH 12/3	Day Year 1/2024	Date Imaged	
7 EXPLANATION O	F CORRECTION				
number of transaction	s and the dollar value total are t	ne same.			
8 AFFIDAVIT					
		I swear, or affirm and correct.	, under penalty of perjury	ι, that this corrected ι	report is true
		Check the box no	ext to any and all applical	ble statements:	
		was made	al reports: I swear or a in good faith and without nt the information contain	an intent to mislead	
		report not la that the rep swear, or a	orts: I swear, or affirm, ater than the 14th busine oort as originally filed is in affirm, that any error or on ade in good faith.	ss day after the date accurate or incomple	I learned ete. I
			Benjamin F	lores	
			Signature of Campa		
AFFIX NOTARY	STAMP / SEAL ABOVE			-	
Sworn to and sub	oscribed before me, by the said		, this t	he	day
		which, witness my hand and sea			
Signature of o	fficer administering oath	Printed name of officer adminis	stering oath	Title of officer admini	stering oath
	Remember To Atta	ch Any Part Of The Cam ed To Report And Explai	paign Finance Rep		
Forms provided by T	avas Ethics Commission	www.othics.stato.tv.	10		V/1 1 0 5dd2aco2

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

Tł	ne GPAC Instruction	Guide explains how to complete this forn		1 Filer ID (Ethics Commission Filers 00084836	s)	2 Total pages filed: 15
3	COMMITTEE NAME					OFFICE USE ONLY
	Texas Democrats	Small Business Caucus				Date Received ELECTRONICALLY FILED
						01/20/2025
4		ADDRESS / PO BOX; APT / SUITE #;	CITY	; STATE;	ZIP CODE	
	ADDRESS	9104 Autumn Falls Dr				Date Hand-delivered or Date Postmarked
	Change of Address					
		Fort Worth, TX 76118				Receipt # Amount
						Date Processed
						Date Imaged
						Date imaged
5	CAMPAIGN	MS / MRS / MR FIRST				MI
	TREASURER NAME	Benjamin				
		NICKNAME LAST				SUFFIX
		Flores				
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEAS	<u>-)</u> .	APT / SUIT	E#; CITY;	STATE; ZIP CODE
ľ	TREASURER	2500 Hamman Road	_),	AFT7 SOIT	L <i>#</i> , CITT,	STATE, ZIF CODE
	STREET ADDRESS					
	(Residence or Business)	Bay City, TX 77414				
7	CAMPAIGN	STREET OR PO BOX;		APT / SUI	ITE #; CITY;	STATE; ZIP CODE
	TREASURER MAILING	2500 Hamman Road				
	ADDRESS					
	Change of Address	Bay City, TX 77414				
8	CAMPAIGN	AREA CODE PHONE NUMBER	E	XTENSION		
	TREASURER PHONE	(512) 987-3585				
	THOME					
9	REPORT TYPE	X January 15	30tl	n day before election		Dissolution (Attach PAC-DR)
			8th	day before election		10th day after campaign treasurer
		July 15	Rur	off		termination
					Acath Devi	Malar
	PERIOD COVERED	Month Day Year 07/01/2024	тні	ROUGH	Month Day 12/31/2024	Year
		0110112024			12/31/202-	Ŧ
11	LELECTION	ELECTION DATE		ELEC	CTION TYPE	
		Month Day Year	Pri	mary R	Runoff	Other
		11/05/2024	Ge	eneral S	Special	
			_			
Γ		· · ·				
		G	о т	O PAGE 2		
Fo	rms provided by Te	xas Ethics Commission www	.eth	ics.state.tx.us		Version V4.1.0.5dd2ace2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Democrats Small	Business Caucus		00084836	
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, LOANS, CONTRIBUTIONS M	 POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold 	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	335.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	352.54
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT		l swear, or affirm, under penalty of pe true and correct and includes all inforr under Title 15, Election Code.		
		Benjam	in Flores	
		Signature of Car	mpaign Treasu	rer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tł	nis the	day
of	, 20, to certify v	vhich, witness my hand and seal of office.		
Signature of officer adr	ninistering oath	Printed name of officer administering oath	Title of offic	cer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2

FORM GPAC COVER SHEET PG 3 4 of 15

17 COMMITTI	EE NAME	18 Filer ID	(Ethics Comn	nission Filers)
Texas De	mocrats Small Business Caucus	00084836		
	E SUBTOTALS SCHEDULE		SUBTO	AL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	335.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O	RGANIZATION	\$	
9. X	SCHEDULE E: LOANS		\$	0.00
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	0.00
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	0.00
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$	53.25
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

SUBTOTALS - GPAC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Ir	nstru	ction Guide explains how to complete this f	form.	1 Total pages Sch: 1/4 F	s Schedule A1: Rpt: 5/15	
2 FILER I	NAME				Ethics Commissior	n Filers)
		ocrats Small Business Caucus		00084836		
4 Date		5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	Contribution (\$)	
11/16/2	2024	Blackwell, Jonathan				\$50.00
		6 Contributor address; City; State; Zip Code				
		Lubbock, TX 79416				
8 Principa	al occu	pation / Job title (See Instructions)	9 Employer (See Instructions			
HVAC	Smar	t Building Sales	Johnson Controls			
Date		Full name of contributor out-of-state PAC (ID#:)	Amount of	Contribution (\$)	
10/21/2	2024	Canales, Judith				\$20.00
		Contributor address; City; State; Zip Code				
l		Eagle Pass, TX 78852				
Principa	al occu	pation / Job title (See Instructions)	Employer (See Instructions)		
Not En	mploye	¢d	Not Employed			
Date		Full name of contributor out-of-state PAC (ID#:)	Amount of	Contribution (\$)	
12/20/2	2024	Davis, Larry				\$20.00
		Contributor address; City; State; Zip Code				
		Greenville, TX 75401				
		pation / Job title (See Instructions)	Employer (See Instructions			
Not En	mploye	?d	Not Employed			
Date		Full name of contributor out-of-state PAC (ID#:)	Amount of	Contribution (\$)	
10/18/2	2024	Flores, Benjamin				\$20.00
1		Contributor address; City; State; Zip Code				
1						
		Bay City, TX 77414				
Principa	al occu	pation / Job title (See Instructions)	Employer (See Instructions			
Consu	ultant		Benjamin Flores			
Date		Full name of contributor out-of-state PAC (ID#:)	Amount of	Contribution (\$)	
07/01/2	2024	Graham, Coretta				\$10.00
		Contributor address; City; State; Zip Code				
1						
1						
		Corpus Christi, TX 78466				
Principa	al occu	pation / Job title (See Instructions)	Employer (See Instructions			
Lawye	er		Self-employed			
			1			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 2/4 Rpt: 6/15	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	\neg
	ocrats Small Business Caucus		00084836	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
12/02/2024	Graham, Coretta		\$10.	.00
	6 Contributor address; City; State; Zip Code			
	Corpus Christi, TX 78466			
8 Principal occu Lawyer	ipation / Job title (See Instructions)	9 Employer (See Instructions Self-employed	;)	
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)	_
10/15/2024	Kirksey, Trenton	/	\$20.	00
			+	.00
	Houston, TX 77077			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Not Employe	ed	Not Employed		
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/11/2024	Krause, Annette	/	\$20.	00
10, 11, 201	Contributor address; City; State; Zip Code			
	Dallas, TX 73703			
Not Employe	upation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	;)	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/17/2024	Krishnan, Elangovan	/	\$20.	0.00
	Contributor address; City; State; Zip Code			
	Continuation address, Gity, State, Zip Code			
	Houston, TX 77030			
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	۲ ۵)	
Physician Sc		Dr Elangovan Krishnan	,	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/10/2024	Mallet, Penny		\$20.	00.
	Contributor address; City; State; Zip Code			
	Lewisville, TX 75077			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)	
Retired		Retired		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 3/4 Rpt: 7/15	
2 FILER NAME			3 Filer ID (Ethics Commission F	-ilers)
	ocrats Small Business Caucus		00084836	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
10/20/2024				\$25.00
	6 Contributor address; City; State; Zip Code			
	Dallas, TX 75229			
	upation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Design Con	sultant	Parker Bright LLC		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/21/2024				\$20.00
	Contributor address; City; State; Zip Code			
	Katy, TX 77494			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions		
Real Estate	Developer	Bedrock International G	roup, LLC	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/27/2024				\$20.00
	Contributor address; City; State; Zip Code			
	Humble, TX 77388			
	upation / Job title (See Instructions)	Employer (See Instructions	·)	
Not Employe	ed	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
10/21/2024				\$20.00
	Contributor address; City; State; Zip Code			
	El Paso, TX 79932			
-	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Not Employe	ed	Not Employed		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
12/23/2024	Thompson, Nacole			\$20.00
	Contributor address; City; State; Zip Code			
	Cedar Park, TX 78630			
-	upation / Job title (See Instructions)	Employer (See Instructions	<i>;</i>)	
Not Employe	ed	Not Employed		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/4 Rpt: 8/15 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Democrats Small Business Caucus 00084836 4 Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 7 12/20/2024 White, Willie \$20.00 6 Contributor address; City; State; Zip Code Livingston, TX 77351 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Officer Jack White Enterprises, Inc.

PLEDGED CONTRIBUTIONS SCHEDULE **B** 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 9/15 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Democrats Small Business Caucus 00084836 4 \$ 0.00 TOTAL OF UNITEMIZED PLEDGES In-kind description 5 Date 6 Full name of pledgor out-of-state PAC (ID#: 8 Amount of 9 1 (If applicable) pledge (\$) 7 Pledgor Address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

LOANS					SCHEDUL	ЕE
The Instructio	n Guide explains ho	w to complete this f	form.	-	iges Schedule E: 1 Rpt: 10/15	
2 FILER NAME Texas Democrat	s Small Business Caucu	IS		3 Filer ID 000848	(Ethics Commission F 336	ilers)
⁴ TOTAL OF UN	ITEMIZED LOANS				\$	0.00
5 Date of loan	7 Name of lender	out-of-state PA	AC (ID#:)	9 Loan Amount (\$)	
6 Is lender a financial institution?	8 Lender address;	City; State;	Zip Code		10 Interest Rate11 Maturity Date	
12 Principal occupatic	on / Job title (See Instructior	IS)	13 Employer (See Instructions	6)		
14 Description of Colla	ateral		15 Check if personal funds we	ere deposited	l into political account (See Instructions)	
16 GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guarantee	ed (\$)
not applicable	18 Guarantor address;	City; State;	Zip Code			
20 Principal occupatio	in		21 Employer (See Instructions	6)	1	

ee name Blue ee Address; City; State; Zip . Box 441146 nerville, MA 02144 egory (See instructions for examples of acceptable categories) s ee name Blue ee Address; City; State; Zip . Box 441147 nerville, MA 02145 egory (See instructions for examples of acceptable categories) s ee name Blue ee Address; City; State; Zip . Box 441148 herville, MA 02146	Fees	(See instructions regarding type of information required.
. Box 441146 herville, MA 02144 agory (See instructions for examples of acceptable categories) s ee name Blue ee Address; City; State; Zip . Box 441147 herville, MA 02145 agory (See instructions for examples of acceptable categories) s ee name Blue ee Address; City; State; Zip . Box 441148	Fees (b) Description	
egory (See instructions for examples of acceptable categories) S ee name Blue ee Address; City; State; Zip . Box 441147 herville, MA 02145 egory (See instructions for examples of acceptable categories) S ee name Blue ee Address; City; State; Zip . Box 441148	Fees (b) Description	
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. Box 441147 herville, MA 02145 agory (See instructions for examples of acceptable categories) s ee name Blue ee Address; City; State; Zip . Box 441148		(See instructions regarding type of information required.
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egory (See instructions for examples of acceptable categories) S	(b) Description Fees	(See instructions regarding type of information required.
ee name Blue		
ee Address; City; State; Zip . Box 441149		
nerville, MA 02147 gory (See instructions for examples of acceptable categories) S	(b) Description Fees	(See instructions regarding type of information required.
	ee Address; City; State; Zip . Box 441149 herville, MA 02147 gory (See instructions for examples of acceptable categories)	ee Address; City; State; Zip . Box 441149 herville, MA 02147 gory (See instructions for examples of acceptable categories) (b) Description

Amo Expe corp P EXP	20/2024 20/2024 punt (\$) 1.98 enditure from porate funds URPOSE OF PENDITURE	 5 Payee name ActBlue 7 Payee Address; City; State; Zip P.O. Box 441150 Somerville, MA 02148 (a) Category (See instructions for examples of acceptable categories) 		
Expe corp P EXP	1.98 enditure from porate funds URPOSE OF	P.O. Box 441150 Somerville, MA 02148		
Corp	orate funds URPOSE OF			
EXP Date	OF	(a) Category (See instructions for examples of acceptable categories)		
		Fees	(b) Description Fees	(See instructions regarding type of information required.
10/2	9 20/2024	Payee name ActBlue		
	ount (\$) 0.79	Payee Address; City; State; Zip P.O. Box 441151		
	enditure from oorate funds	Somerville, MA 02149		
	URPOSE OF PENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description Fees	(See instructions regarding type of information required.
Date	9	Payee name		
10/2	20/2024	ActBlue		
т Ехре	0.79 enditure from	Payee Address; City; State; Zip P.O. Box 441152 Somerville, MA 02150		
	orate funds	(a) Category (See instructions for examples of acceptable categories)	(h) Description	(See instructions regarding type of information required.
	OF	Fees	Fees	(
Date 10/2	e 20/2024	Payee name ActBlue		
Amo	ount (\$)	Payee Address; City; State; Zip		
	0.99 enditure from porate funds	P.O. Box 441153 Somerville, MA 02151		
	URPOSE OF PENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description Fees	(See instructions regarding type of information required.

Total pages Schedule I:	2 FILER NAME		3 Filer ID (Ethics Commission Filers
Sch: 3/5 Rpt:	Texas Democrats Small Business Caucus		00084836
Date	5 Payee name		
10/27/2024	ActBlue		
Amount (\$) 0.79	7 Payee Address; City; State; Zip P.O. Box 441154		
Expenditure from corporate funds	Somerville, MA 02152		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description Fees	(See instructions regarding type of information required.
Date	Payee name		
10/27/2024	ActBlue		
Amount (\$) 0.79	Payee Address; City; State; Zip P.O. Box 441155		
Expenditure from corporate funds	Somerville, MA 02153		
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description	(See instructions regarding type of information required.
OF EXPENDITURE	Fees	Fees	
Date	Payee name		
10/27/2024	ActBlue		
Amount (\$)	Payee Address; City; State; Zip		
0.79	P.O. Box 441156		
Expenditure from corporate funds	Somerville, MA 02154		
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	•	(See instructions regarding type of information required.
OF EXPENDITURE	Fees	Fees	
Date	Payee name		
12/01/2024	ActBlue		
Amount (\$) 0.79	Payee Address;City; State; ZipP.O. Box 441157		
Expenditure from corporate funds	Somerville, MA 02155		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (Fees	(b) Description Fees	(See instructions regarding type of information required.

Sch: 4/5 Rpt: Texas Democrats Small Business Caucus 00084836 Date 5 Payse name ActBlue Arount (8) 7 Payse Address: City: State: Zip 0.40 P.O. Box 441158 Somerville, MA 02156 PURPOSE (a) Category (See instructions for examples of acceptable categories) (b) Description Porter Payse name (b) Description (See instructions regarding type of information for examples of acceptable categories) Date Payse name (b) Description (See instructions regarding type of information for examples of acceptable categories) Date Payse Address; City: State; Zip (b) Description (See instructions regarding type of information for examples of acceptable categories) Date Payse Address; City: State; Zip (b) Description (See instructions regarding type of information for examples of acceptable categories) Date Payse frame (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information for Fees Date Payse frame (city: State; Zip (b) Description (See instructions regarding type of information for Fees PuRPOSE City: State; Zip (a) Category (See instructions for examples of acc	Total pages Cabadula I	2 EHED NAME		3 Filer ID (Ethics Commission Filers
12/08/2024 ActBlue Amount (\$) 7 Payee Address; City; State; Zip 0.40 P.O. Box 441158 Expenditure from corporate funds Somerville, MA 02156 PURPOSE or EXPENDITURE (a) Category (See instructions for examples of acceptable categories) (b) Description Fees (See instructions regarding type of information rec Fees Date 12/22/2024 Payee name ActBlue Payee Address; City; State; Zip 0.79 P.O. Box 441159 Somerville, MA 02157 PURPOSE or porporte funds (a) Category (See instructions for examples of acceptable categories) (b) Description Fees (See instructions regarding type of information rec Fees Date 0.79 P.O. Box 441159 Somerville, MA 02157 (See instructions regarding type of information rec Fees Date 0.79 Payee name ActBlue Somerville, MA 02158 (See instructions regarding type of information rec Fees Date 0.79 P.O. Box 441160 Somerville, MA 02158 (See instructions regarding type of information rec Fees PuRPOSE erpenditure from 12/29/2024 (a) Category (See instructions for examples of acceptable categories) (b) Description Fees (See instructions regarding type of information rec Fees Date 12/29/2024 Payee name ActBlue (See instructions regarding type of information rec Fees (Payee name ActBlue Anount (\$) Payee name ActBlue <th>Total pages Schedule I: Sch: 4/5 Rpt:</th> <th>2 FILER NAME Texas Democrats Small Business Caucus</th> <th></th> <th></th>	Total pages Schedule I: Sch: 4/5 Rpt:	2 FILER NAME Texas Democrats Small Business Caucus		
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11/30/2024	Veritex Community Bank	
Amount (\$)		State; Zip
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Expenditure from corporate funds	Dallas, TX 75214	
PURPOSE OF		s of acceptable categories) (b) Description (See instructions regarding type of information required.
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