CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00084168 Date Received COMMITTEE Gillespie County Democratic Party **ELECTRONICALLY FILED** NAME 01/25/2025 TREASURER Elmore, Barbara L. (Ms.) NAME Date Hand-delivered or Date Postmarked **ORIGINAL** X January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation 30th day before election Dissolution report Date Processed 8th day before election Other (specify) ORIGINAL PERIOD Month Year Month Day Year Day Date Imaged **COVERED THROUGH** 07/01/2024 12/31/2024 **EXPLANATION OF CORRECTION** I deleted a donation that I inadvertently reported twice 8 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Ms. Barbara L. Elmore Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ____, this the ____ _____, 20_____, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

FORM CEC COUNTY EXECUTIVE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The CEC Instruction Guide explains how to complete this form. 00084168 3 COMMITTEE NAME **OFFICE USE ONLY** Gillespie County Democratic Party Date Received **ELECTRONICALLY FILED** 01/25/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 209 N. Crockett Date Hand-delivered or Date Postmarked Suite 1 Change of Address Fredericksburg, TX 78624 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Barbara L. NAME NICKNAME LAST **SUFFIX** Elmore STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 209 N. Crockett STREET **ADDRESS** Suite 1 (Residence or Business) Fredericksburg, TX 78624 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 209 N. Crockett MAILING **ADDRESS** Fredericksburg, TX 78624 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (830) 992-3144 PHONE REPORT January 15 30th day before election Final Report **TYPE** 10th day after campaign treasurer 8th day before election July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC COVER SHEET PG 2

2 COMMITTEE NAME			1	3 Filer ID	(Ethics Commission Filers)
Gillespie County Demo	ocratic Party			00084168	
4 COMMITTEE ACTIVITY	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			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOAN CONTRIBUTIONS	ED POLITICAL CONTRIBUTION S, OR GUARANTEES OF LOAN MADE ELECTRONICALLY) ort qualifies for the higher itemization	IS, ÒR	\$	2,655.00
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARAN	ITEES OF LOANS)	\$	30,438.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ED POLITICAL EXPENDITURE	S	\$	0.00
	4. TOTAL POLITION	CAL EXPENDITURES		\$	20,203.81
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	L CONTRIBUTIONS MAINTAIN ING PERIOD	ED AS OF THE LAST D	PAY \$	35,389.46
OUTSTANDING LOAN TOTALS		L AMOUNT OF ALL OUTSTANI E REPORTING PERIOD	DING LOANS AS OF TH	HE \$	0.00
6 AFFIDAVIT	-			<u> </u>	
			m, under penalty of perj t and includes all inform Election Code.		
			Ms. Barbara	a L. Elmore	
			Signature of Cam		rer
AFFIX NOTARY	Y STAMP / SEAL ABOV	=			
				s the	day
of	, 20, to certi	y which, witness my hand and s	eal of office.		
Signature of officer ac	dministering oath	Printed name of officer admin	istering oath	Title of office	er administering oath

SUBTOTALS - CEC

FORM CEC **COVER SHEET PG 3**

					4 of 44
17 C0	DMMITTE	EE NAME	18 Filer ID	(Ethics	Commission Filers)
Gi	llespie (
19 S0	HEDULI	C	IDTOTAL AMOUNT		
N/	ME OF	50	JBTOTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	30,438.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS	\$		
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	20,203.81
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
10	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	1,000.00
				•	

The Instruction Guide explains how to complete this form. 2 FILER NAME Gillespie County Democratic Party 4 Date 09/22/2024	1 Total pages Schedule A1: Sch: 1/21 Rpt: 5/44 3 Filer ID (Ethics Commission Filers) 00084168 7 Amount of Contribution (\$) \$15.00 (See Instructions)
Gillespie County Democratic Party 4 Date	00084168 7 Amount of Contribution (\$) \$15.00
4 Date 09/22/2024 S Full name of contributor out-of-state PAC (ID#:	7 Amount of Contribution (\$) \$15.00
09/22/2024 Adams, Cynthia 6 Contributor address; City; State; Zip Code Fredericksburg, TX 78624	\$15.00
	(See Instructions)
8 Principal occupation / Job title (See Instructions) 9 Employer	(See Instructions)
None NA	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$15.00
Fredericksburg, TX 78624	
Principal occupation / Job title (See Instructions) Employer None NA	(See Instructions)
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) \$15.00
Fredericksburg, TX 78624	
Principal occupation / Job title (See Instructions) Employer Not employed	(See Instructions)
Date Full name of contributor 10/22/2024 Adams, Cynthia Contributor address; City; State; Zip Code Fredericksburg, TX 78624) Amount of Contribution (\$) \$15.00
	(See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of Contribution (\$) \$15.00
Fredericksburg, TX 78624 Principal occupation / Job title (See Instructions) Employer	(See Instructions)
None NA	

	MONET	ARY POLITICAL CONTRIBUTIO	NS	i		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.		1	Total pages Schedule A1: Sch: 2/21 Rpt: 6/44	
2	FILER NAME Gillespie Cou	unty Democratic Party			3	Filer ID (Ethics Commission 00084168	n Filers)
4	Date 10/19/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Fredericksburg, TX 78624 pation / Job title (See Instructions)	0 =	mployer (See Instructions			
•	Retired	oation / Job title (See instructions)		IA)		
	Date 10/12/2024	Full name of contributor out-of-state PAC (ID#: Alford, Bradley Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
	Dringinal accu	Fredericksburg, TX 78624		mplayor (Saa Instructions			
	not employed	pation / Job title (See Instructions)	_	mployer (See Instructions))		
	Date 10/21/2024	Full name of contributor out-of-state PAC (ID#: Bentch, Sue, Leonard Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$750.00
		Fredericksburg, TX 78624					
	Principal occu retired	pation / Job title (See Instructions)	E	mployer (See Instructions)		
	Date 10/23/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Not employe	pation / Job title (See Instructions)	E	mployer (See Instructions)		
	Date 09/18/2024	Full name of contributor out-of-state PAC (ID#:_Brightwell, Andrea, Charles Contributor address; City; State; Zip Code Harper, TX 78631				Amount of Contribution (\$)	\$500.00
	Principal occu retired	pation / Job title (See Instructions)	E	mployer (See Instructions)		
		,					

	MONEI	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	ı	Total pages Schedule A1: Sch: 3/21 Rpt: 7/44	
2	FILER NAME	unt. Democratic Bent.		ı	Filer ID (Ethics Commissio	n Filers)
_	•	unty Democratic Party		₩	00084168	
4	Date 12/18/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Fredericksburg, TX 78624 pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>		
•	Retiree	salary our life (con medicality)	z zmpioyor (eee meadeane)	-,		
	Date 11/18/2024	Full name of contributor out-of-state PAC (ID#: Burdett, Linda Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Fredericksburg, TX 78624				
	Principal occu Retiree	pation / Job title (See Instructions)	Employer (See Instructions)	s)		
	Date 10/18/2024	Full name of contributor out-of-state PAC (ID#: Burdett, Linda Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Fredericksburg, TX 78624				
	Principal occu Retiree	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#: Childs, Lonnie, Valarie Contributor address; City; State; Zip Code Fredericksburg, TX 78624		•	Amount of Contribution (\$)	\$1,500.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Date 08/09/2024	Full name of contributor out-of-state PAC (ID#:_Collier, Terry, Cathy Contributor address; City; State; Zip Code Fredericksburg, TX 78624)		Amount of Contribution (\$)	\$125.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)	5)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A		
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 4/21 Rpt: 8/44		
2	FILER NAME Gillespie Cou	unty Democratic Party		3	Filer ID (Ethics Commission 00084168	n Filers)	
4	Date 12/09/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$125.00	
_	Deignaignal	Fredericksburg, TX 78624	2. Evanlavar (Can Instructions				
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date 07/09/2024	Full name of contributor out-of-state PAC (ID#: Collier, Terry, Cathy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$125.00	
	Principal occu	Fredericksburg, TX 78624 pation / Job title (See Instructions)	Employer (See Instructions				
	Retired	ballott / 300 title (See Instructions)	Employer (See Instructions	')			
	Date 08/09/2024	Full name of contributor out-of-state PAC (ID#: Collier, Terry, Cathy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$125.00	
		Fredericksburg, TX 78624					
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#: Collier, Terry, Cathy Contributor address; City; State; Zip Code Fredericksburg, TX 78624)		Amount of Contribution (\$)	\$125.00	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	()			
	Date 10/09/2024	Full name of contributor out-of-state PAC (ID#: Collier, Terry, Cathy Contributor address; City; State; Zip Code Fredericksburg, TX 78624			Amount of Contribution (\$)	\$125.00	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	()			
		<u>'</u>					

	MONEI	ARY POLITICAL CO	DNTRIBUTIO	NS		SCHEDUI	E A1
	The Instruc	ction Guide explains how to	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/21 Rpt: 9/44	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Gillespie Cou	unty Democratic Party				00084168	
4	Date 11/09/2024	5 Full name of contributor Collier, Terry, Cathy6 Contributor address; City; State	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$125.00
		Fredericksburg, TX 78624					
8	Principal occu Retired	pation / Job title (See Instructions)		9 Employer (See Instructions)		
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	09/08/2024	D'Eath, Freed, Michael, Brer	nda				\$1,500.00
		Contributor address; City; State	e; Zip Code				
		Stonewall, TX 78671					
		oation / Job title (See Instructions)		Employer (See Instructions)		
	Musicians, e	xecutives		CMT, Inc.			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	07/19/2024	Elmore, Barbara, Don					\$1,500.00
		Contributor address; City; State Fredericksburg, TX 78624	e; Zip Code				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	retired	, ,					
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/01/2024	Galindo, Cheryl	` _	,		`,	\$25.00
		Contributor address; City; State	e; Zip Code				
		San Antonio, TX 78213					
	Principal occu Not employe	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/31/2024	Ghiselli, Robert, Kay					\$1,500.00
		Contributor address; City; State	e; Zip Code				
		Fredericksburg, TX 78624					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions NA)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/21 Rpt: 10/44	
2	FILER NAME Gillespie Co	unty Democratic Party		3	Filer ID (Ethics Commission 00084168	on Filers)
4	Date 09/25/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$1,000.00
_	Deinsinal assu	Fredericksburg, TX 78624	O Familia var (Coo la atrustia an			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 11/18/2024	Full name of contributor out-of-state PAC (ID#:_ Gillespie County Democratic Association Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$800.00
	Principal occu	Predericksburg, TX 78624 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/03/2024	Full name of contributor out-of-state PAC (ID#:_ Gordon, Jolene Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$300.00
		Fredericksburg, TX 78624				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions) NA)		
	Date 09/16/2024	Full name of contributor out-of-state PAC (ID#:_ Hahne, Darren Contributor address; City; State; Zip Code Fredericksburg, TX 78624			Amount of Contribution (\$)	\$50.00
	Principal occu Bookkeeper	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/27/2024	Full name of contributor out-of-state PAC (ID#:_ Hahne, Darren Contributor address; City; State; Zip Code Fredericksburg, TX 78624)		Amount of Contribution (\$)	\$50.00
	Principal occu Bookkeeper	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	Ν	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 7/21 Rpt: 11/44	
2	FILER NAME Gillespie Cou	unty Democratic Party			3	Filer ID (Ethics Commission 00084168	n Filers)
4	Date 09/16/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$150.00
_	5	Fredericksburg, TX 78624	_	5 1 (0 1 1 1	<u></u>		
8	Principal occu Bookkeeper	pation / Job title (See Instructions)	9	Employer (See Instructions Hahne Bookkeeping	5)		
	Date 09/19/2024	Full name of contributor out-of-state PAC (ID#:_ Hahne, Darren Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Dringing agg	Fredericksburg, TX 78624		Employer (See Instructions	<u></u>		
	Bookkeeper	pation / Job title (See Instructions)		Hahne Bookkeeping	»)		
	Date 12/02/2024	Full name of contributor out-of-state PAC (ID#:_ Harris, Gayle Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$150.00
		Fredericksburg, TX 78624					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions NA	s)		
	Date 11/01/2024	Full name of contributor out-of-state PAC (ID#:_ Harris, Gayle Contributor address; City; State; Zip Code Fredericksburg, TX 78624)		Amount of Contribution (\$)	\$150.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/10/2024	Full name of contributor out-of-state PAC (ID#:_ Harris, Gayle Contributor address; City; State; Zip Code Fredericksburg, TX 78624				Amount of Contribution (\$)	\$150.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
		•					

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A			
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/21 Rpt: 12/44			
2	FILER NAME Gillespie Cou	unty Democratic Party		3	Filer ID (Ethics Commission 00084168	on Filers)		
4	Date 10/07/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$150.00		
_		Fredericksburg, TX 78624						
8	Principal occu Retiree	pation / Job title (See Instructions)	9 Employer (See Instructions	5)				
	Date 10/19/2024	Full name of contributor out-of-state PAC (ID#:_ Hickok, Mary Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$750.00		
	Principal occu	Fredericksburg, TX 78624 pation / Job title (See Instructions)	Employer (See Instructions) 				
	Retired	sation, con the (occ manachons)	Employer (See Instructions	')				
	Date 09/30/2024	Full name of contributor out-of-state PAC (ID#: Jenschke, Laurie Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00		
		Fredericksburg, TX 78624						
	Principal occu Retiree	pation / Job title (See Instructions)	Employer (See Instructions	i)				
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID#:_Keller, Kathleen Contributor address; City; State; Zip Code Kerrville, TX 78028			Amount of Contribution (\$)	\$1,500.00		
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions NA)				
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Keller, Kathleen Contributor address; City; State; Zip Code Kerrville, TX 78028)		Amount of Contribution (\$)	\$100.00		
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions NA	()				
		,						

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	tion Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 9/21 Rpt: 13/44	
2	FILER NAME Gillespie Cou	inty Democratic Party		3	Filer ID (Ethics Commission 00084168	Filers)
4	Date 11/04/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
_	Deireitade	Fredericksburg, TX 78624	2 Familia de Constitución de C			
8	not employed		9 Employer (See Instructions	5)		
	Date 10/04/2024	Full name of contributor out-of-state PAC (ID#: Luck, G. Thomas Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Deinsinal assu	Fredericksburg, TX 78624	Frankrije (Coo kooku etiono	<u></u>		
	not employed	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/04/2024	Full name of contributor out-of-state PAC (ID#: Luck, G. Thomas Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Fredericksburg, TX 78624				
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/04/2024	Full name of contributor out-of-state PAC (ID#:Luck, G. Thomas Contributor address; City; State; Zip Code Fredericksburg, TX 78624)		Amount of Contribution (\$)	\$10.00
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/04/2024	Full name of contributor out-of-state PAC (ID#:Luck, G. Thomas Contributor address; City; State; Zip Code Fredericksburg, TX 78624			Amount of Contribution (\$)	\$10.00
	Principal occu Not employe	oation / Job title (See Instructions)	Employer (See Instructions	5)		
		<u>'</u>				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 10/21 Rpt: 14/44	
2	FILER NAME Gillespie Cou	ınty Democratic Party		3	Filer ID (Ethics Commission 00084168	n Filers)
4	Date 08/13/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$2.00
_		Fredericksburg, TX 78624				
8	Veteran	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 12/06/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$200.00
	Dringing! aggr	Fredericksburg, TX 78624	Employer (See Instructions	_		
	retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/06/2024	Full name of contributor out-of-state PAC (ID#: McBride, Bill, Sharan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00
		Fredericksburg, TX 78624				
	Principal occu Retiree	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 10/06/2024	Full name of contributor out-of-state PAC (ID#:_McBride, Bill, Sharan Contributor address; City; State; Zip Code Fredericksburg, TX 78624)		Amount of Contribution (\$)	\$200.00
	Principal occu retired	oation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$200.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions)		
		,				

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 11/21 Rpt: 15/44	
2	FILER NAME Gillespie Cou	unty Democratic Party		3	Filer ID (Ethics Commission 00084168	n Filers)
4	Date 07/15/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$150.00
	Dringing Loon	Fredericksburg, TX 78624	2. Employer (See Instructions			
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	•)		
	Date 08/15/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$150.00
	Principal occu	Fredericksburg, TX 78624 pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Retired					
	Date 09/15/2024	Full name of contributor ut-of-state PAC (ID#: Mear, Sharon Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$150.00
		Fredericksburg, TX 78624				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 12/15/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$150.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$150.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	()		
		1				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 12/21 Rpt: 16/44	
2	FILER NAME Gillespie Cou	ınty Democratic Party		3	Filer ID (Ethics Commission 00084168	n Filers)
4	Date 11/15/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$150.00
_	Deignaignal	Fredericksburg, TX 78624) Familia var (Con Instructions			
8	Retired	pation / Job title (See Instructions)	Employer (See Instructions	•)		
	Date 09/14/2024	Full name of contributor)		Amount of Contribution (\$)	\$500.00
		Georgetown, TX 78628-6919				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 11/16/2024	Full name of contributor out-of-state PAC (ID#: Norman, Roger, Gerri Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$350.00
		Fredericksburg, TX 78624-2674				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/22/2024	Full name of contributor out-of-state PAC (ID#:O'Neill, Kathy Contributor address; City; State; Zip Code Fredericksburg, TX 78624			Amount of Contribution (\$)	\$750.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#: Pace, Bill, Carol Contributor address; City; State; Zip Code Frederickburg, TX 78624			Amount of Contribution (\$)	\$50.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 13/21 Rpt: 17/44	
2	FILER NAME Gillespie Cor	unty Democratic Party		3	Filer ID (Ethics Commission 00084168	Filers)
4	Date 11/13/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$50.00
_		Frederickburg, TX 78624				
8	retired	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/13/2024	Full name of contributor out-of-state PAC (ID#: Pace, Bill, Carol Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	Frederickburg, TX 78624 pation / Job title (See Instructions)	Employer (See Instructions) 		
	retired	odition / Job title (See mandellons)	Employer (See manucuons	')		
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID#: Pace, Bill, Carol Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		Frederickburg, TX 78624				
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/13/2024	Full name of contributor out-of-state PAC (ID#:_Pace, Bill, Carol Contributor address; City; State; Zip Code Frederickburg, TX 78624			Amount of Contribution (\$)	\$50.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 07/13/2024	Full name of contributor out-of-state PAC (ID#: Pace, Bill, Carol Contributor address; City; State; Zip Code Frederickburg, TX 78624			Amount of Contribution (\$)	\$50.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUT	SCHEDULE A				
	The Instruc	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 14/21 Rpt: 18/44	
2	FILER NAME Gillespie Cou	unty Democratic Party			3	Filer ID (Ethics Commission 00084168	on Filers)
4	Date 09/03/2024	 Full name of contributor out-of-state PAC (II Paul, Roger, Liz Contributor address; City; State; Zip Code 	D#:)	7	Amount of Contribution (\$)	\$1,500.00
8	Principal occu	Fredericksburg, TX 78624 pation / Job title (See Instructions)	9	Employer (See Instructions	 - s)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (II Pepper, Andy, Ingrid Contributor address; City; State; Zip Code Fredericksburg, TX 78624	D#:	NA)		Amount of Contribution (\$)	\$1,000.00
	Principal occupation / Job title (See Instructions) Owner/president TIPS			Employer (See Instructions	<u>l </u>		
	Date 08/19/2024	Full name of contributor out-of-state PAC (II Pepper, Andy, Ingrid Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$500.00
	Principal occu Owner/presid	Predericksburg, TX 78624 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 10/26/2024	Full name of contributor out-of-state PAC (II				Amount of Contribution (\$)	\$500.00
	Principal occu Lodging own	pation / Job title (See Instructions) ner		Employer (See Instructions Self	<u>(</u>		
	Date Full name of contributor out-of-state PAC (ID#:) 12/15/2024 Rowan, Dana Contributor address; City; State; Zip Code Kingwood, TX 77345				Amount of Contribution (\$)	\$20.00	
	Principal occu not employed	pation / Job title (See Instructions) d		Employer (See Instructions	s)		
			•				

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDUL	E A1	
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 15/21 Rpt: 19/44	
2	FILER NAME Gillespie Cor	unty Democratic Party		3	Filer ID (Ethics Commission 00084168	n Filers)
4	Date 11/15/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$20.00
_	Pointing I area	Kingwood, TX 77345	O Frankrije (Cook brother)			
8	Retiree	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Date 07/04/2024	Full name of contributor out-of-state PAC (ID#: Rylander, Ronstadt, Kent, Laura Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00
	Principal occu	Fredericksburg, TX 78624 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Retired	,				
	Date 10/06/2024	Full name of contributor out-of-state PAC (ID#:_ Shilkun, Ken and Tina Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Fredericksburg, TX 78624				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ Tait, Lane Contributor address; City; State; Zip Code Fredericksburg, TX 78624			Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/10/2024	Full name of contributor out-of-state PAC (ID#:_ Tait, Lane Contributor address; City; State; Zip Code Fredericksburg, TX 78624			Amount of Contribution (\$)	\$50.00
	Principal occu Retiree	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO		E A1			
	The Instruc	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 16/21 Rpt: 20/44	
2	FILER NAME Gillespie Cou	unty Democratic Party			3	Filer ID (Ethics Commission 00084168	n Filers)
4	Date 07/19/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$100.00
•	Dringing aggu	Fredericksburg, TX 78624	_	Employer (See Instructions	,, 		
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions None	5)		
	Date 09/03/2024	Full name of contributor				Amount of Contribution (\$)	\$100.00
	Principal occu	Fredericksburg, TX 78624 pation / Job title (See Instructions)		Employer (See Instructions	 - s)		
	Retired			None			
	Date 11/01/2024	Full name of contributor)		Amount of Contribution (\$)	\$100.00
		Fredericksburg, TX 78624					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions None	5)		
	Date 12/01/2024	Full name of contributor out-of-state PAC (ID#:_ Truitt, Larry and Shirley Contributor address; City; State; Zip Code Fredericksburg, TX 78624)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions None	5)		
	Date 07/31/2024	Full name of contributor out-of-state PAC (ID#:_ Vaclav, Jerry Contributor address; City; State; Zip Code Fredericksburg, TX 78624				Amount of Contribution (\$)	\$125.00
		pation / Job title (See Instructions) ed property manager		Employer (See Instructions	s)		
		·					

	MONEI	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 17/21 Rpt: 21/44	
2	FILER NAME	unty Democratic Party		3	Filer ID (Ethics Commission 00084168	n Filers)
4		5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
•	08/31/2024	Vaclav, Jerry 6 Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$125.00
8	Principal occu	Fredericksburg, TX 78624 pation / Job title (See Instructions)	9 Employer (See Instructions)	<u> </u>		
		ed property manager	, , , , (,		
	Date 12/31/2024	Full name of contributor out-of-state PAC (ID#: Vaclav, Jerry Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$125.00
		Fredericksburg, TX 78624				
	Principal occupation / Job title (See Instructions) Self-employed property manager Employer (See Instruction					
	Date 09/30/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$125.00
		Fredericksburg, TX 78624				
		pation / Job title (See Instructions) ed property manager	Employer (See Instructions)	5)		
	Date 10/31/2024	Full name of contributor out-of-state PAC (ID#: Vaclav, Jerry Contributor address; City; State; Zip Code Fredericksburg, TX 78624			Amount of Contribution (\$)	\$125.00
	•	pation / Job title (See Instructions) ed property manager	Employer (See Instructions))		
	Date 11/30/2024	Full name of contributor out-of-state PAC (ID#: Vaclav, Jerry Contributor address; City; State; Zip Code Fredericksburg, TX 78624			Amount of Contribution (\$)	\$125.00
	•	pation / Job title (See Instructions) ed property manager	Employer (See Instructions))		

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 18/21 Rpt: 22/44		
2	FILER NAME Gillespie Cou	ınty Democratic Party		3	Filer ID (Ethics Commission 00084168	ı Filers)	
4	Date 10/08/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00	
_		Fredericksburg, TX 78624					
8	Principal occur Retiree	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date 08/13/2024	Full name of contributor out-of-state PAC (ID#:_ Whited, Eileen Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00	
	Principal occur	Fredericksburg, TX 78624 pation / Job title (See Instructions)	Employer (See Instructions	_			
	Retired	valion / 300 title (See matractions)	NA	')			
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_Whited, Keith, Eileen Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00	
		Fredericksburg, TX 78624					
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	i)			
	Date 11/13/2024	Full name of contributor out-of-state PAC (ID#:_ Whited, Keith, Eileen Contributor address; City; State; Zip Code Fredericksburg, TX 78624			Amount of Contribution (\$)	\$50.00	
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions)			
	Date 10/13/2024	Full name of contributor out-of-state PAC (ID#:_ Whited, Keith, Eileen Contributor address; City; State; Zip Code Fredericksburg, TX 78624			Amount of Contribution (\$)	\$50.00	
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	5)			

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 19/21 Rpt: 23/44		
2	FILER NAME Gillespie Cou	ınty Democratic Party		3	Filer ID (Ethics Commission 00084168	on Filers)	
4	Date 09/13/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$50.00	
		Fredericksburg, TX 78624					
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	s)			
	Date 08/13/2024	Full name of contributor out-of-state PAC (ID#:_ Whited, Keith, Eileen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00	
	Principal occur	Fredericksburg, TX 78624 pation / Job title (See Instructions)	Employer (See Instructions	<u>;)</u>			
	Retired	oalion / Job title (See matractions)	Employer (See instructions	·)			
	Date 07/13/2024	Full name of contributor out-of-state PAC (ID#:_ Whited, Keith, Eileen Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$50.00	
		Fredericksburg, TX 78624					
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	s)			
	Date 09/20/2024	Full name of contributor out-of-state PAC (ID#:_Williams, Oliver, Angelica Contributor address; City; State; Zip Code Fredericksburg, TX 78624			Amount of Contribution (\$)	\$1,000.00	
		pation / Job title (See Instructions) ger/homemaker	Employer (See Instructions NA	5)			
	Date 09/05/2024	Full name of contributor out-of-state PAC (ID#:_ Williamson, Marc, Camille Contributor address; City; State; Zip Code Fredericksburg, TX 78624			Amount of Contribution (\$)	\$1,000.00	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions NA	5)			

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 20/21 Rpt: 24/44	
2	FILER NAME Gillespie Cou	unty Democratic Party			3	Filer ID (Ethics Commission 00084168	n Filers)
4	Date 07/01/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$334.00
8	Principal occu	Fredericksburg, TX 78624 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	Date 08/01/2024	Full name of contributor out-of-state PAC (ID#:_ Wilson, Lee, Gayle Contributor address; City; State; Zip Code Fredericksburg, TX 78624		NA)	•	Amount of Contribution (\$)	\$334.00
	Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions	<u> </u>		
	Date 09/01/2024	Full name of contributor out-of-state PAC (ID#:_ Wilson, Lee, Gayle Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$334.00
		Fredericksburg, TX 78624 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 10/05/2024	Full name of contributor out-of-state PAC (ID#: Wilson, Lee, Gayle Contributor address; City; State; Zip Code Fredericksburg, TX 78624		NA)	-	Amount of Contribution (\$)	\$334.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	<u>s)</u>		
	Date Full name of contributor out-of-state PAC (ID#:) 11/01/2024 Wilson, Lee, Gayle Contributor address; City; State; Zip Code Fredericksburg, TX 78624				Amount of Contribution (\$)	\$400.00	
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			-				

FILER NAME Gillespie Co Date		form.	1 Total pa	ges Schedule A1:		
Gillespie Co Date		he Instruction Guide explains how to complete this form.				
	unty Democratic Party		3 Filer ID 000841	(Ethics Commission	ı Filers)	
L2/01/2024 Wilson, Lee, Gayle 6 Contributor address; City; State; Zip Code				of Contribution (\$)	\$400.00	
Data star et a cas	Fredericksburg, TX 78624	le Frankrije (Control Indian				
Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See InstructionsNA	5)			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide expla		Wages	/Contract Labor		OTHER (enter a	category not listed ab	ove)
			The Instruction Guide expla	uns now to co	mpie	ete this form.	_			
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 1/17 Rpt: 26/44	Gillespie C	ounty Democratic Party					00084168		
4	Date	5 Payee name								
	10/28/2024	All In Prope	erty Management							
6	Amount (\$)	7 Payee addre	ess; City; Si	tate; Zip Co	ode					
	\$3,050.00	412 S. Ada	ms St. #1162	•						
	, . ,									
		Fradoriakal	ourg TV 70604							
		Fredericksi	ourg, TX 78624							
8	PURPOSE OF		see Categories listed at the top of thi	s schedule)	(b)	Description				
	EXPENDITURE	Office Ove	head/Rental Expense					de of Texas. Comp officeholder living		
						November-De			expense	
						November D		inder rent		
_	On and the ONE Wife disease	0	*	04:				O#: !	1-1	
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ıgnt			Office he	eia	
	<u> </u>									
	Date	Payee name	!							
	12/27/2024	All In Prope	erty Management							
	Amount (\$)	Payee addre	ess; City; St	tate; Zip Co	ode					
	\$1,450.00	412 S. Ada	ms St. #1162							
		 Eredericks	ourg, TX 78624							
	DUDDOCE				/b\					
	PURPOSE OF		ee Categories listed at the top of thi	s schedule)	(D)	Description Check if travel	nutei	de of Texas. Com	nlete Schedule T	
	EXPENDITURE	Office Ove	head/Rental Expense			=		officeholder living		
						January office			·	
						-				
	Complete ONLY if direct	L Candidate/Off	iceholder name	Office sou	l Jaht			Office he	eld	
	expenditure to benefit C/OI				·· 9···					
	<u> </u>									
	Date	Payee name								
	07/19/2024	Atmos Ene	rgy							
	Amount (\$)	Payee addre	•	tate; Zip Co	ode					
	\$146.62	P.O. Box 7	40353							
		Cincinnati,	OH 45274-0353							
	PURPOSE	(a) Category (s	ee Categories listed at the top of thi	e echodulo)	(b)	Description				
	OF		rhead/Rental Expense	s scriedule)	()		outsi	de of Texas. Com	olete Schedule T.	
	EXPENDITURE					Check if Austin	, TX	officeholder living	expense	
						Utility bill				
	Complete ONLY if direct		iceholder name	Office sou	ight			Office he	eld	
	expenditure to benefit C/OI	Н								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/17 Rpt: 27/44	Gillespie County Democratic Party 00084168
4	Date	5 Payee name
	07/19/2024	Atmos Energy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$146.62	P.O. Box 740353
		Cincinnati, OH 45274-0353
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Utility
		Otility
<u>_</u>	Complete ONU V if alice	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	08/26/2024	Atmos Energy
	Amount (\$)	Payee address; City; State; Zip Code
	\$158.67	P.O. Box 740353
		Cincinnati, OH 45274-0353
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Utility
		- Cunty
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	
	Date	Payee name
	09/21/2024	Atmos Energy
	Amount (\$)	Payee address; City; State; Zip Code
	\$158.67	P.O. Box 740353
		Cincinnati, OH 45274-0353
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Utility
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/17 Rpt: 28/44	Gillespie County Democratic Party 00084168
4	Date	5 Payee name
	10/11/2024	Atmos Energy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$158.67	P.O. Box 740353
		Cincinnati, OH 45274-0353
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Utility
		Gunty County
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	11/23/2024	Atmos Energy
	Amount (\$)	Payee address; City; State; Zip Code
	\$158.67	P.O. Box 740353
		Cincinnati, OH 45274-0353
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Utility
		Stiffy
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		
	Date	Payee name
	12/15/2024	Atmos Energy
	Amount (\$)	Payee address; City; State; Zip Code
	\$162.71	P.O. Box 740353
		Cincinnati, OH 45274-0353
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Utility bill
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services	Salari	-	es/Contract Labor		OTHER (enter a	a category not listed above)
					iide explains how to	comp	olete this form.			
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 4/17 Rpt: 29/44		Gillespie Co	unty Democrati	c Party				00084168	
4	Date	5	Payee name							
	10/08/2024		Attic Storag	Э						
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code	:			
	\$770.00		405 S. Was	nington						
			Fredericksb	urg, TX 78624						
8	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedule)	(b) Description			
	OF EXPENDITURE			ment/Reimburs			Check if travel	outsi	ide of Texas. Con	nplete Schedule T.
	LAFENDITORE						\Box		, officeholder livin	g expense
							Storage for o	ne	year	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Office	ough	t		Office h	eld
	experialitare to beliefit eroi	'								
	Date		Payee name							
	12/16/2024		Bentch, Sue	!						
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code				
	\$82.27		205 N. Bow	e St.						
			Fredericksb	urg, TX 78624						
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedule)	(b) Description			
	OF EXPENDITURE			ment/Reimburs			Check if travel	outsi	ide of Texas. Con	nplete Schedule T.
	LAFENDITORE						ш		, officeholder livin	
							Reimbursem	ent	issue pap	ers for precinct meeting
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	Office s	sough	t		Office h	eld
	experientare to benefit or of									
	Date		Payee name							
	08/30/2024		Busy Bee B	usiness Center						
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code				
	\$476.30		412 S. Adar	ns						
			Fredericksb	urg, TX 78624						
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedule)	(b) Description			
	OF EXPENDITURE		Printing Exp		,		Check if travel	outsi	ide of Texas. Con	nplete Schedule T.
	EXPENDITORE								, officeholder livin	g expense
							Letters to vot	ters	i	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Office	ough	t		Office h	eld
L	experiorare to belieff C/OI									
						_				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 5/17 Rpt: 30/44	Gillespie County Democratic Party	00084168			
4	Date	5 Payee name				
	10/15/2024	Busy Bee Business Center				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$314.92	412 S. Adams				
	l					
		Fredericksburg, TX 78624				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	I Tilliang Expense	evel outside of Texas. Complete Schedule T. estin, TX, officeholder living expense			
	l	Cards to vo				
	l					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI					
_	Date	Payee name				
	07/29/2024	Charter Communications				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$140.06	PO Box 60074				
	 . • . • .	10 50/, 000.				
		City of Industry, CA 91716-0074				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF		evel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Au	stin, TX, officeholder living expense			
	l	Cable and	phone			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	08/30/2024	Charter Communications				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$140.50	PO Box 60074				
	l					
		City of Industry, CA 91716-0074				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overficad/Nertial Experise	ivel outside of Texas. Complete Schedule T.			
	l	Cable and	istin, TX, officeholder living expense			
	l	Subject and	priorie			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	eee iie.			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Le	gal Services ne Instruction Guide explair		/ages/	Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 6/17 Rpt: 31/44		nty Democratic Party					00084168	,
4	Date	5 Payee name							
	09/27/2024	Charter Comn	nunications						
6	Amount (\$) \$140.58	7 Payee address; PO Box 60074 City of Industr	•	te; Zip Co	de				
8	PURPOSE	-	Categories listed at the top of this s	cohodulo)	(b)	Description			
	OF EXPENDITURE		ad/Rental Expense	scriedule)		Check if travel of	TX,	de of Texas. Comp officeholder living	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Office	holder name	Office sou	ght			Office he	ld
	Date	Payee name							
	10/26/2024	Charter Comn	nunications						
	Amount (\$) \$140.54	Payee address; PO Box 60074 City of Industr	•	te; Zip Co	de				
	PURPOSE	(a) Category (soc)	Categories listed at the top of this s	echodulo)	(b)	Description			
	OF EXPENDITURE		ad/Rental Expense	scriedule)		Check if travel of	TX,	de of Texas. Composition officeholder living	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Office	holder name	Office sou	ght			Office he	eld
	Date	Payee name							
	12/02/2024	Charter Comn	nunications						
	Amount (\$) \$140.54	Payee address; PO Box 60074	<i>,</i>	te; Zip Co	de				
		City of Industr	y, CA 91716-0074						
	PURPOSE OF EXPENDITURE		Categories listed at the top of this s ad/Rental Expense	schedule)		Ш	TX,	de of Texas. Comp officeholder living	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Office	holder name	Office sou	ght			Office he	eld

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	T	<u> </u>	"1 >
1	Total pages Schedule F1: Sch: 7/17 Rpt: 32/44	2 FILER NAME Gillespie County Democratic Party 3 Filer ID (Ethics Commission F 00084168	liers)
4	Date	5 Payee name	
	07/04/2024	Chicken Express	
6	Amount (\$) \$259.80	7 Payee address; City; State; Zip Code 1125 HWY 16 South	
		Fredericksburg , TX 78624	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense	
	LA ENDITORE	Check if Austin, TX, officeholder living expense July 4th picnic	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	07/19/2024	City of Fredericksburg	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$106.13	126 West Main St.	
		Fredericksburg , TX 78624	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense	
		Utility bill	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Daves name	
	09/16/2024	Payee name City of Fredericksburg	
	09/10/2024		
	Amount (\$)	Payee address; City; State; Zip Code	
	\$127.05	126 West Main St.	
		Fredericksburg , TX 78624	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	LAI LIIDITORE	Check if Austin, TX, officeholder living expense	
		Utility bill	
	Operation ONE VIII II	Our distance (Office health annuary Control of the	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment		The Instruction Guide explains how to com	plete	this form.	
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID	(Ethics Commission Filers)
	Sch: 8/17 Rpt: 33/44		Gillespie County Democratic Party		00084168	
4	Date	5	Payee name		·	
	10/22/2024		City of Fredericksburg			
6	Amount (\$)	7	Payee address; City; State; Zip Code	е		
	\$107.22		126 West Main St.			
			Fredericksburg , TX 78624			
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	b) D	Pescription	
	OF EXPENDITURE		Office Overhead/Rental Expense		Check if travel outside of Texas. Compl	
				Ļ	Check if Austin, TX, officeholder living of Itility bill	expense
					tility bill	
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office sough	ht	Office hel	d .
ľ	expenditure to benefit C/O		and date, emberiolaer hame		Omoc no.	u
_	Date	Т	Payee name			
	11/15/2024		City of Fredericksburg			
_	Amount (\$)	╁	Payee address; City; State; Zip Code	Δ		
	\$74.45		126 West Main St.	C		
	Ψ1-1-10		120 West Main St.			
			Erodoricksburg TV 79624			
		ļ.,	Fredericksburg , TX 78624			
	PURPOSE OF	(a)	,	D) [0	Description Check if travel outside of Texas. Complete	late Schedule T
	EXPENDITURE		Office Overhead/Rental Expense	F	Check if Austin, TX, officeholder living	
				ī	Itility bill	
	Complete ONLY if direct		Candidate/Officeholder name Office sough	ht	Office hel	d
	expenditure to benefit C/O	Н				
	Date		Payee name			
	08/17/2024		City of Fredericksburg			
	Amount (\$)		Payee address; City; State; Zip Code	е		
	\$103.94		126 West Main St.			
			Fredericksburg , TX 78624			
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	b) D	Description	
	OF EXPENDITURE		Office Overhead/Rental Expense		Check if travel outside of Texas. Compl	lete Schedule T.
	LAPENDITORE			Ė	Check if Austin, TX, officeholder living	expense
				Ĺ	Itility bill	
	Complete ONLY if direct	Ļ	Candidate/Officeholder name Office soud	ht	Office hal	d
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sough	ııı	Office hel	u

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/17 Rpt: 34/44	Gillespie County Democratic Party 00084168
4	Date	5 Payee name
	12/15/2024	City of Fredericksburg
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$74.45	126 West Main St.
		Fredericksburg, TX 78624
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Utility bill
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┡	·	
	Date	Payee name
L	07/10/2024	Collier, Cathy
	Amount (\$)	Payee address; City; State; Zip Code
	\$532.25	408 Cora
l		
		Fredericksburg, TX 78624
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Post card stamps
l		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	08/10/2024	Collier, Terry
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$78.10	408 Cora
l		Fredericksburg, TX 78624
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Loan Repayment/Reimbursement Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Buttons and stickers
L		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefit 6/01	·

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 10/17 Rpt: 35/44	Gillespie County Democratic Party		00084168
4	Date	5 Payee name		·
	08/07/2024	Collier, Terry		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$51.94	408 Cora		
		Frederickshurs TV 70004		
Ļ	PURPOSE	Fredericksburg, TX 78624	<i>(</i> 1-)	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(a)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Loan repayment rembalsement		Check if Austin, TX, officeholder living expense
				Pledge cards
9	Complete ONLY if direct	Candidate/Officeholder name Office sour	nht	Office held
	expenditure to benefit C/OI		JIIL	Office field
⊨	Date	Payee name		
	10/10/2024	Collier, Terry		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$184.99	PO Box 169		
		Fredericksburg, TX 78624		
	PURPOSE OF		(b)	Description
	EXPENDITURE	Loan Repayment/Reimbursement		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Printing of slate cards
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ght	Office held
L	experience to belief to be			
	Date	Payee name		
L	08/07/2024	Collier, Terry	40	
	Amount (\$) \$51.94	Payee address; City; State; Zip Coo 408 Cora	ue	
	402.01	100 0014		
		Fredericksburg, TX 78624		
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Loan Repayment/Reimbursement		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Pledge cards
				3
T	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
L	expenditure to benefit C/OI	1		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/17 Rpt: 36/44	Gillespie County Democratic Party 00084168
4	Date	5 Payee name
	08/10/2024	Collier, Terry
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$78.10	408 Cora
	!	
	1	Fredericksburg, TX 78624
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	2/11 2/12/12	Check if Austin, TX, officeholder living expense Reimbursement for buttons and stickers
	!	Reimbursement for buttons and stickers
_	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	——————————————————————————————————————	
	Date	Payee name
	10/03/2024	Collier, Terry
	Amount (\$)	Payee address; City; State; Zip Code
	\$292.00	408 Cora
		Fredericksburg, TX 78624
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Stamps
	!	Stamps
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
	Date	Payee name
	10/09/2024	Collier, Terry
	Amount (\$)	Payee address; City; State; Zip Code
	\$219.00	408 Cora
	!	
		Fredericksburg, TX 78624
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
	!	Stamps
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experialitate to benefit 6/61	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

l	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
L	Sch: 12/17 Rpt: 37/44	Gillespie County Democratic Party		00084168
4	Date	5 Payee name		
Ļ	09/18/2024	Collier, Terry		
6	Amount (\$) \$26.95	7 Payee address; City; State; Zip Coc 408 Cora	de	
	φ20.93	406 Cora		
		Fredericksburg, TX 78624		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Loan Repayment/Reimbursement		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Envelopes
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/Ol	1		
	Date	Payee name		
	10/26/2024	Fredericksburg Standard		
l	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$1,655.00	712 West Main Street		
L		Fredericksburg, TX 78624		
	PURPOSE OF	c , (ere canagement and are top or any canadement,	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
				Weekly ads
L				
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	jht	Office held
┡	·			
l	Date 11/06/2024	Payee name Fredericksburg Standard		
H	Amount (\$)	Payee address; City; State; Zip Coo	10	
	\$2,245.00	712 West Main Street	ie.	
	,_,_ ,			
		Fredericksburg, TX 78624		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l				Political ads
T	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/Ol	1		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/17 Rpt: 38/44	Gillespie County Democratic Party 00084168
4	Date	5 Payee name
	10/14/2024	Fredericksburg Standard
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,250.00	712 West Main Street
		Fredericksburg, TX 78624
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Political ad
		1 Shillotal da
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies warms
	10/26/2024	Payee name Fredericksburg Standard
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,655.00	712 West Main Street
		Fredericksburg, TX 78624
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Pre-Election advertising, general message
		The Election advertising, general message
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	11/02/2024	Harland Clarke/First United Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.37	1710 N. Llano
		Fredericksburg, TX 78624
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Checks
	Complete ONLY if direct	Condidate/Office helder no rec
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	<u> </u>	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising Expense Event Expense Loan Repayment/Reimbu

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 14/17 Rpt: 39/44	Gillespie County Democratic Party 00084168			
4	Date	5 Payee name			
	08/05/2024	Hill Country Appliance Repair LLC			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$260.00	4205 Lower Crabapple Rd			
		Fredericksburg, TX 78624			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense			
	LAI LINDITORE	Check if Austin, TX, officeholder living expense			
		Repair of office refrigerator			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/O				
_	Data				
	Date 09/14/2024	Payee name Krasner, Herb			
		· · · · · · · · · · · · · · · · · · ·			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$300.00	203 Quail Run			
		O 1 I TV 70000			
		Spicewood, TX 78669			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Varid signs (b) Description Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Yard signs Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		50 signs			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	1			
	Date	Payee name			
	08/18/2024	Kristin Hook Campaign			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$400.00	P.O. Box 17073			
		San Antonio, TX 78761			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.			
	EXI ENDITORE	Check if Austin, TX, officeholder living expense			
		Yard signs			
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OH				
1					

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)		
_		The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:			
	Sch: 15/17 Rpt: 40/44	Gillespie County Democratic Party 00084168		
4	Date	5 Payee name		
	09/10/2024	State Farm Insurance		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$425.00	211 East Austin St.		
		Fredericksburg, TX 78624		
8	PURPOSE			
١	OF	(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.		
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Renter's insurance		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	1		
	Date	Payee name		
	09/14/2024	Texas Democratic Party		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$26.00	P.O. Box 15707		
	Ψ20.00	1.0. Box 13101		
		A . (f) TV 70704		
		Austin, TX 78761		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Pins and stickers		
		T IIIS UNU SUONOIS		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI			
	Date	Payee name		
	07/28/2024	Vaclav, Jerry		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$550.00	701 East San Antonio St.		
		Fredericksburg, TX 78624		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Loan Repayment/Reimbursement		
	LAI LINDITORE	Check if Austin, TX, officeholder living expense		
		Yard signs		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 16/17 Rpt: 41/44	Gillespie County Democratic Party 00084168			
4	Date	5 Payee name			
	08/04/2024	Vaclav, Jerry			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$22.19	701 East San Antonio St.			
		Fredericksburg, TX 78624			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Food/Beverage Expense			
	EXPENDITORE	Check if Austin, TX, officeholder living expense			
		Water for mini-convention			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	Complete ONLY if direct expenditure to benefit C/OI				
_	Data				
	Date	Payee name			
	09/25/2024	Vaclav, Jerry			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$200.00	701 East San Antonio St.			
		Fredericksburg, TX 78624			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Harris yard signs			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	1			
	Date	Payee name			
	12/06/2024	Vaclav, Jerry			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$39.43	701 East San Antonio St.			
		Fredericksburg, TX 78624			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Executive meeting			
	Operation ONE V. C. F.	Openhalte (Office health a grant of the control of			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 17/17 Rpt: 42/44	Gillespie County Democratic Party 00084168			
4	Date	5 Payee name			
	10/12/2024	Vaclav, Jerry			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$63.51	701 East San Antonio St.			
		Fredericksburg, TX 78624			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Computer speakers			
		Computer Speakers			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/O				
\vdash	Dete				
	Date	Payee name			
	07/03/2024	W.B. Liquors			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$319.66	706 East Main			
		Fredericksburg , TX 78624			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense July 4th picnic			
		Suly 4th pichic			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·			
	Date	Payee name			
	08/31/2024	Wedig, Lynette			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$440.00	508 Fairway			
		Kerrville, TX 78028			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Advertising Expense			
		Check if Austin, TX, officeholder living expense			
		4X6 Highway signs			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
L					

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 43/44 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Gillespie County Democratic Party 00084168 5 Name of person from whom amount is received 8 Amount (\$) 10/07/2024 134 PAC LLC \$1,000.00 6 Address of person from whom amount is received; City; State; Zip Code Mineral Wells, TX 76068 7 Purpose for which amount is received Check if political contribution returned to filer Billboard

TEXT ANNOTATION					
	Sch: 1/1 Rpt: 44/44				
FILER NAME	Filer ID (Ethics Commission Filers)				
Gillespie County Democratic Party	00084168				
Schedule					
K					
Information entered by filer as a memo:					
This money from a PAC was not returned to the PAC because it was a contribution to help pay for a billboard the Gillespie County Democratic Party erected during the previous reporting period. The billboard payment went to Alluvit LLC in Mineral Wells on June 5, 2024, and was \$7,045. There is a gap in time from one reporting period to another because we had to apply for a grant to get the money.					