CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00082127 Date Received COMMITTEE **Bayou Blue Democrats ELECTRONICALLY FILED** NAME 03/26/2025 TREASURER Levy, Rachael NAME Date Hand-delivered or Date Postmarked **ORIGINAL** 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) March 5 ORIGINAL PERIOD Month Month Year Day Year Day Date Imaged **COVERED THROUGH** 01/26/2025 02/25/2025 **EXPLANATION OF CORRECTION** The original report listed the expenditures as non-political expenditures, but I realized they should have been categorized as political expenditures. Therefore, I filed this amended report. 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. Rachael Levy 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. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath

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

FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00082127 3 COMMITTEE NAME **OFFICE USE ONLY Bayou Blue Democrats** Date Received **ELECTRONICALLY FILED** 03/26/2025 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 2645 Westgate Houston, TX 77098 Date Hand-delivered or Date Postmarked CAMPAIGN MS / MRS / MR **FIRST** MI **TREASURER** Receipt # Amount Rachael NAME Date Processed **NICKNAME** LAST **SUFFIX** Date Imaged Levy CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 2645 Westgate STREET **ADDRESS** (Residence or Business) Houston, TX 77098 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 2645 Westgate MAILING **ADDRESS** Houston, TX 77098 AREA CODE **CAMPAIGN** PHONE NUMBER **EXTENSION TREASURER PHONE** (312) 415-3934 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 X March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 01/26/2025 02/25/2025

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Bayou Blue Democrats		.		000821	.27
L4 COMMITTEE ACTIVITY	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2 Manauron	A. Supported			
	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.)				
	1				
L5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTF OR GUARANTEES (IADE ELECTRONICA qualifies for the higher it	ALLY)	\$	76.05
	2. TOTAL POLITICA	L CONTRIBUTION	NS	\$	1.046.11
	(OTHER THAN PLEI	DGES, LOANS, OR C	GUARANTEES OF LOANS)	*	1,046.11
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$	0.00	
	4. TOTAL POLITICA	L EXPENDITURES	S	\$	278.10
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		T DAY \$	0.00	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		THE \$	0.00	
L6 AFFIDAVIT					
		true ar	r, or affirm, under penalty of p nd correct and includes all info Title 15, Election Code.	perjury, that tl ormation requ	ne accompanying report is uired to be reported by me
			Rach	nael Levy	
			Signature of C	ampaign Tre	asurer
AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed	hefore me by the said		,	this the	day
	_, 20, to certify \				day
	- <u>- ,</u>	,			
Signature of officer ad	lministering oath	Printed name of offic	er administering oath	Title of	officer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

				4 of 6
17 COMMIT	FEE NAME	18 Filer ID	(Ethics Commis	ssion Filers)
Bayou E	lue Democrats	00082127		
19 SCHEDU	LE SUBTOTALS	<u> </u>	CUDICITA	· ALCOUNT
NAME O	SORIOTA	AL AMOUNT		
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				1,046.11
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				
3. SCHEDULE B: PLEDGED CONTRIBUTIONS				
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION				
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			\$	
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION			\$	
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION			\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			
9. SCHEDULE E: LOANS			\$	
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			\$	278.10
11.	11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
12.	12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS			
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

MONET	TARY POLITICAL CONTRIBUT	TIONS		SCHEDUL	E A1
The Instru	ction Guide explains how to complete thi	s form.	- 1		
2 FILER NAME Bayou Blue Democrats				Filer ID (Ethics Commission Filers 00082127	
Date 02/25/2025	5 Full name of contributor out-of-state PAC (II ACTBLUE TEXAS 6 Contributor address; City; State; Zip Code	D#:)	7 A	Amount of Contribution (\$)	\$970.06
	Somerville, MA 02144				
Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruction	ns)		
	The Instru FILER NAME Bayou Blue Date 02/25/2025	The Instruction Guide explains how to complete this FILER NAME Bayou Blue Democrats Date 02/25/2025 5 Full name of contributor out-of-state PAC (I ACTBLUE TEXAS) 6 Contributor address; City; State; Zip Code	Bayou Blue Democrats Date 5 Full name of contributor out-of-state PAC (ID#:) ACTBLUE TEXAS 6 Contributor address; City; State; Zip Code Somerville, MA 02144	The Instruction Guide explains how to complete this form. FILER NAME Bayou Blue Democrats Date 02/25/2025 6 Contributor address; City; State; Zip Code Somerville, MA 02144	The Instruction Guide explains how to complete this form. Total pages Schedule A1: Sch: 1/1 Rpt: 5/6

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to comp	elete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 6/6	Bayou Blue Democrats	00082127
4 Date	5 Payee name	<u>'</u>
02/03/2025	Intuit Mailchimp	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$47.97	405 N. Angier Avenue NE	
Expenditure from corporate funds	Atlanta, GA 30308	
8 PURPOSE OF	, , ,	Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	E-mail platform	Check if days dustine of Texas. Complete Scriedale 1.
		E-mail platform
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/O	Н	
Date	Payee name	
02/21/2025	SiteGround Hosting	
Amount (\$)	Payee address; City; State; Zip Code 901 N Pitt ST, STE 325	
\$230.13	901 N Pill S1, S1E 325	
Expenditure from		
corporate funds	Alexandria, VA 22314	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)) Description
EXPENDITURE	Website	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Website Platform
		Wester Haderin
Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/O		Cinio Hold