FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00053090 3 COMMITTEE NAME **OFFICE USE ONLY** Meyerland Area Democrats Club Date Received **ELECTRONICALLY FILED** 07/06/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 310061 Date Hand-delivered or Date Postmarked Houston, TX 77035 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Melanie S. NAME NICKNAME LAST **SUFFIX** Carter STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 4900 Fournance Pl. STREET **ADDRESS** Suite 560 (Residence or Business) Bellaire, TX 77401 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 310061 MAILING **ADDRESS** Houston, TX 77035 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 227-0042 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

| 2 COMMITTEE NAME | | | 13 Filer ID | (Ethics Commission Filers) |
|---|--|---|----------------|----------------------------|
| Meyerland Area Dem | ocrats Club | | 00053090 |) |
| 4 COMMITTEE | 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. Measures | A. Supported | | |
| | (Describe by date and location of election and nature of issue.) | 7. Capported | | |
| | | B. Opposed | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | |
| E CONTRIBUTION | | DOLITICAL CONTRIBUTIONS (OTUER TUAN) | <u> </u> | |
| 5 CONTRIBUTION TOTALS | PLEDGES, LOANS, CONTRIBUTIONS M | O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$ | 0.00 |
| | 2. TOTAL POLITICA | L CONTRIBUTIONS | \$ | 2.072.22 |
| | (OTHER THAN PLE | EDGES, LOANS, OR GUARANTEES OF LOANS) | | 3,072.32 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED | D POLITICAL EXPENDITURES | \$ | 710.29 |
| | 4. TOTAL POLITICA | L EXPENDITURES | \$ | 4,754.61 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL (OF THE REPORTIN | CONTRIBUTIONS MAINTAINED AS OF THE LAS G PERIOD | T DAY \$ | 16,305.08 |
| OUTSTANDING LOAN TOTALS | | AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD | THE \$ | 0.00 |
| 6 AFFIDAVIT | | | l l | |
| 9 7 | | I swear, or affirm, under penalty of p true and correct and includes all info under Title 15, Election Code. | | |
| | | Mrc Mol | anie S. Carter | |
| | | | Campaign Treas | |
| 4551/11071/ | | Signature of C | ampaign meas | urei |
| AFFIX NOTA | RY STAMP / SEAL ABOVE | | | |
| Sworn to and subscrib | ed before me, by the said _ | , | , this the | day |
| of | , 20, to certify | which, witness my hand and seal of office. | | |
| | | | | |
| Signature of officer | administering oath | Printed name of officer administering oath | Title of off | icer administering oath |
| | | | | |

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

| | | | | | 3 of 14 |
|---------------|----------------------|--|--------------|--------------------|-----------|
| 17 CON | ИМІТТЕ | EE NAME | 18 Filer ID | (Ethics Commission | n Filers) |
| Mey | /erland | Area Democrats Club | 00053090 | ` | , |
| | | E SUBTOTALS SCHEDULE | | SUBTOTAL A | MOUNT |
| 1. | X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 3,072.32 |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | |
| 4. | | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION | PR | \$ | |
| 5. | | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION | ATION 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 (| ORGANIZATION | \$ | |
| 9. | 9. SCHEDULE E: LOANS | | | | |
| 10. | X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION: | S | \$ | 4,754.61 |
| 11. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | |
| 12. | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| 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 | \$ | |
| | | | | | |

| | MONEI | ARY POLITICAL CONTRIBUTIONS | SCHEDULE A1 |
|---|---------------------------|--|--|
| | The Instru | ction Guide explains how to complete this form. | 1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/14 |
| 2 | FILER NAME Meyerland A | rea Democrats Club | 3 Filer ID (Ethics Commission Filers) 00053090 |
| 4 | Date 01/15/2025 | Full name of contributor | 7 Amount of Contribution (\$) \$9.60 |
| 8 | Principal occu | Somerville, MA 02144 pation / Job title (See Instructions) 9 Employer (See Instructions) | ons) |
| | Date 01/23/2025 | Full name of contributor | Amount of Contribution (\$) \$69.15 |
| | Principal occu | pation / Job title (See Instructions) Employer (See Instructions) | lons) |
| | Date 01/29/2025 | Full name of contributor x out-of-state PAC (ID#: C00401224) ActBlue Texas Contributor address; City; State; Zip Code | Amount of Contribution (\$) \$20.17 |
| | Principal occu | Somerville, MA 02144 pation / Job title (See Instructions) Employer (See Instructions) | ons) |
| | Date 02/05/2025 | Full name of contributor x out-of-state PAC (ID#: C00401224) ActBlue Texas Contributor address; City; State; Zip Code | Amount of Contribution (\$) \$33.61 |
| | Principal occu | Somerville, MA 02144 pation / Job title (See Instructions) Employer (See Instructions) | ions) |
| | Date 03/12/2025 | Full name of contributor x out-of-state PAC (ID#: C00401224) ActBlue Texas Contributor address; City; State; Zip Code | Amount of Contribution (\$) \$20.17 |
| | Principal occu | Somerville, MA 02144 pation / Job title (See Instructions) Employer (See Instructions) | ons) |
| | | | |

| | MONEI | ARY POLITICAL CONTRIBUTIONS | | SCHEDUL | E A1 |
|---|---------------------------|--|-----|--|-------------|
| | The Instru | ction Guide explains how to complete this form. | - 1 | Total pages Schedule A1: Sch: 2/4 Rpt: 5/14 | |
| 2 | FILER NAME Meyerland A | rea Democrats Club | - 1 | Filer ID (Ethics Commission 00053090 | n Filers) |
| 4 | Date 03/19/2025 | 5 Full name of contributor x out-of-state PAC (ID#: C00401224) ActBlue Texas 6 Contributor address; City; State; Zip Code | | Amount of Contribution (\$) | \$288.15 |
| 8 | Principal occu | Somerville, MA 02144 pation / Job title (See Instructions) 9 Employer (See Instruction | ns) | | |
| | Date 03/26/2025 | Full name of contributor | | Amount of Contribution (\$) | \$34.57 |
| | Principal occu | pation / Job title (See Instructions) Employer (See Instruction | ns) | | |
| | Date 04/09/2025 | Full name of contributor | | Amount of Contribution (\$) | \$54.74 |
| | Principal occu | Somerville, MA 02144 pation / Job title (See Instructions) Employer (See Instruction | ns) | | |
| | Date 04/16/2025 | Full name of contributor | | Amount of Contribution (\$) | \$40.34 |
| | Principal occu | Somerville, MA 02144 pation / Job title (See Instructions) Employer (See Instruction | ns) | | |
| | Date 04/23/2025 | Full name of contributor | | Amount of Contribution (\$) | \$729.90 |
| | Principal occu | Somerville, MA 02144 pation / Job title (See Instructions) Employer (See Instruction | ns) | | |
| | | | | | |

| | MONEI | ARY POLITICAL CONTRIBUTIONS | SCHEDULE A1 |
|---|---------------------------|---|---|
| | The Instru | ction Guide explains how to complete this form. | 1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/14 |
| 2 | FILER NAME Meyerland A | area Democrats Club | 3 Filer ID (Ethics Commission Filers) 00053090 |
| 4 | Date 04/30/2025 | Full name of contributor | 7 Amount of Contribution (\$) \$606.00 |
| 8 | Principal occu | Somerville, MA 02144 pation / Job title (See Instructions) 9 Employer (See | e Instructions) |
| | Date 05/07/2025 | Full name of contributor X out-of-state PAC (ID#: C00401224 ActBlue Texas Contributor address; City; State; Zip Code Somerville, MA 02144 | Amount of Contribution (\$) \$39.38 |
| | Principal occu | pation / Job title (See Instructions) Employer (See | e Instructions) |
| | Date 05/14/2025 | Full name of contributor x out-of-state PAC (ID#: C00401224 ActBlue Texas Contributor address; City; State; Zip Code | Amount of Contribution (\$) \$241.05 |
| | Principal occu | Somerville, MA 02144 pation / Job title (See Instructions) Employer (See | e Instructions) |
| | Date 05/21/2025 | Full name of contributor x out-of-state PAC (ID#: C00401224 ActBlue Texas Contributor address; City; State; Zip Code | Amount of Contribution (\$) \$387.99 |
| | Principal occu | pation / Job title (See Instructions) Employer (See | e Instructions) |
| | Date 05/29/2025 | Full name of contributor x out-of-state PAC (ID#: C00401224 ActBlue Texas Contributor address; City; State; Zip Code | Amount of Contribution (\$) \$20.17 |
| | Principal occu | Somerville, MA 02144 pation / Job title (See Instructions) Employer (See | e Instructions) |
| | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | | SCHEDUL | E A1 | |
|---|---------------------------|--|-------------------------------|---|--|-----------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 4/4 Rpt: 7/14 | |
| 2 | FILER NAME Meyerland A | rea Democrats Club | | 3 | Filer ID (Ethics Commission 00053090 | n Filers) |
| 4 | Date 06/04/2025 | 5 Full name of contributor x out-of-state PAC (ID#: C00401224) ActBlue Texas 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$34.57 |
| • | Dringing Loggy | Somerville, MA 02144 | D. Employer (See Instructions | <u></u> | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions) | 5) | | |
| | Date 06/11/2025 | Full name of contributor | C00401224) | | Amount of Contribution (\$) | \$40.34 |
| | Principal occu | Somerville, MA 02144 pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> 5) | | |
| | Date 06/18/2025 | Full name of contributor X out-of-state PAC (ID#: CACT ACT ACT ACT ACT ACT ACT ACT ACT AC | C00401224) | | Amount of Contribution (\$) | \$309.26 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | Date 06/25/2025 | Full name of contributor \(\times\) out-of-state PAC (ID#: \(\textit{G}\) ActBlue Texas Contributor address; City; State; Zip Code Somerville, MA 02144 | C00401224) | | Amount of Contribution (\$) | \$93.16 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u>l </u> | | |
| | | | | | | |

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

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

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | al 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: 1/7 Rpt: 8/14 | Meyerland Area Democrats Club 00053090 | |
| 4 Date | 5 Payee name | |
| 06/02/2025 | Bluehost | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$414.46 | 5335 Gate Pkwy | |
| _ | 2nd Floor | |
| Expenditure from corporate funds | Jacksonville, FL 32256 | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF | Advertising Expense Check if travel outside of Texas. Complete Schedule T. | |
| EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| | Website hosting fees | |
| | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| expenditure to benefit C/OI | | |
| Date | Payee name | |
| 02/21/2025 | Faith Lutheran Church | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$300.00 | 4600 Bellaire Blvd | |
| | | |
| Expenditure from corporate funds | Bellaire, TX 77401-4296 | |
| PURPOSE OF | (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 Monthly meeting facility fees | |
| | iviorially meeting facility fees | |
| Complete <u>ONLY</u> if direct | Candidate/Officeholder name Office sought Office held | _ |
| expenditure to benefit C/OI | · · | |
| Date | Payee name | |
| 03/19/2025 | Faith Lutheran Church | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$450.00 | 4600 Bellaire Blvd | |
| | | |
| Expenditure from corporate funds | Bellaire, TX 77401-4296 | |
| 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. | |
| EVENDIIOKE | Check if Austin, TX, officeholder living expense | |
| | Monthly meeting facility fees | |
| | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| experience to belief 6/01 | ·· | |
| | | |
| | | |
| | | _ |

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Expensions Properties Made By

Contributions/ Properties

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

| Candidate/Officeholder/Politica Credit Card Payment | l Committee | Legal Services | Salaries/ | Wages | s/Contract Labor | | OTHER (enter a | category not listed above) | |
|---|------------------|---|-------------------------|-------|--------------------------------|-------|---------------------|----------------------------|------|
| orodic odra i dymoni | | The Instruction Gui | de explains how to co | omple | ete this form. | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAME | | | | | 3 | Filer ID | (Ethics Commission File | ers) |
| Sch: 2/7 Rpt: 9/14 | Meyerland A | rea Democrats | Club | | | | 00053090 | | |
| 4 Date | 5 Payee name | | | | | | | | |
| 06/11/2025 | Faith Luther | an Church | | | | | | | |
| 6 Amount (\$) | 7 Payee addres | s; City; | State; Zip Co | ode | | | | | |
| \$300.00 | 4600 Bellair | e Blvd | | | | | | | |
| | | | | | | | | | |
| Expenditure from corporate funds | Bellaire, TX | 77401-4296 | | | | | | | |
| 8 PURPOSE | | | | (h) | Description | | | | |
| OF | | e Categories listed at the | e top of this schedule) | (0) | Description Check if travel (| nutsi | de of Texas, Com | plete Schedule T. | |
| EXPENDITURE | Event Exper | ise | | | | | officeholder living | | |
| | | | | | Monthly meet | ting | facility fees | 6 | |
| | | | | | - | | - | | |
| 9 Complete ONLY if direct | Candidate/Offic | ceholder name | Office sou | ught | | | Office h | eld | |
| expenditure to benefit C/OI | | | | _ | | | | | |
| Date | Payee name | | | | | | | | |
| 03/17/2025 | Fire House | Dizza | | | | | | | |
| | | | Otata: 7ia O | 1 - | | | | | |
| Amount (\$) | Payee addres | | State; Zip C | oae | | | | | |
| \$294.00 | 5424 Bissor | inet St | | | | | | | |
| Expenditure from | | | | | | | | | |
| corporate funds | Bellaire, TX | 77401 | | | | | | | |
| PURPOSE | (a) Category (Se | e Categories listed at the | e top of this schedule) | (b) | Description | | | | |
| OF EXPENDITURE | | age Expense | , | | Check if travel | outsi | de of Texas. Com | plete Schedule T. | |
| EXPENDITORE | | | | | ш | | officeholder living | g expense | |
| | | | | | Food for mon | ıthly | y meeting | | |
| | | | | | | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Offic | ceholder name | Office sou | ught | | | Office h | eld | |
| experiorities to benefit C/OI | -1 | | | | | | | | |
| Date | Payee name | | | | | | | | |
| 04/21/2025 | Fire House I | Pizza | | | | | | | |
| Amount (\$) | Payee addres | s; City; | State; Zip Co | ode | | | | | |
| \$266.00 | 5424 Bissor | net St | | | | | | | |
| | | | | | | | | | |
| Expenditure from corporate funds | Bellaire, TX | 77401 | | | | | | | |
| PURPOSE | | | | (h) | Description | | | | |
| OF | | e Categories listed at the age Expense | e top of this schedule) | (5) | | outsi | de of Texas. Com | iplete Schedule T. | |
| EXPENDITURE | 1 Oou/Bever | age Expense | | | ш | | officeholder living | | |
| | | | | | Food for mon | thl | y meeting | | |
| | | | | | | | | | |
| Complete ONLY if direct | Candidate/Offic | ceholder name | Office sou | ught | | | Office h | eld | |
| expenditure to benefit C/OI | Н | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
pense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

| Candidate/Officeholder/Politica Credit Card Payment | | Wages/Contract Labor | OTHER (enter a category not | listed above) |
|--|--|----------------------|-----------------------------------|---------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics C | ommission Filers) |
| Sch: 3/7 Rpt: 10/14 | Meyerland Area Democrats Club | | 00053090 | on mission r liers) |
| 4 Date | 5 Payee name | | | |
| 06/13/2025 | Fire House Pizza | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Co | ode | | |
| \$320.00 | 5424 Bissonnet St | | | |
| | | | | |
| Expenditure from corporate funds | Bellaire, TX 77401 | | | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| EXPENDITURE | Food/Beverage Expense | _ | outside of Texas. Complete Schedu | ıle T. |
| | | Food for mon | , TX, officeholder living expense | |
| | | T GGG TOT THIOT | itiny meeting | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sou | <u> </u> ught | Office held | |
| expenditure to benefit C/OI | Н | | | |
| Date | Payee name | | | |
| 01/17/2025 | Mailchimp | | | |
| Amount (\$) | Payee address; City; State; Zip Co | ode | | |
| \$117.26 | c/o The Rocket Science Group, LLC | | | |
| | 675 Ponce De Leon Ave NE, Suite 5000 | | | |
| Expenditure from corporate funds | Atlanta, GA 30338 | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| OF EXPENDITURE | Advertising Expense | I <u>—</u> | outside of Texas. Complete Schedu | ıle T. |
| | | 🗀 | , TX, officeholder living expense | 205 |
| | | Liectionic ma | arketing and email servi | 063 |
| Complete ONLY if direct | Candidate/Officeholder name Office sou | <u>I</u> ıght | Office held | |
| expenditure to benefit C/OI | H | | | |
| Date | Payee name | | | |
| 02/18/2025 | Mailchimp | | | |
| Amount (\$) | Payee address; City; State; Zip Co | ode | | |
| \$117.26 | c/o The Rocket Science Group, LLC | | | |
| | 675 Ponce De Leon Ave NE, Suite 5000 | | | |
| Expenditure from corporate funds | Atlanta, GA 30338 | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| OF EXPENDITURE | Advertising Expense | ı <u></u> | outside of Texas. Complete Schedu | ıle T. |
| | | | , TX, officeholder living expense | 000 |
| | | LIEGUOTIIC ITI | arketing and email servi | ueo |
| Complete ONLY if direct | Candidate/Officeholder name Office sou | <u>l</u> Jght | Office held | |
| expenditure to benefit C/OI | | | 220 | |
| | | | | |
| | | | | |
| | | | | |

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

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

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|--|
| 1 Total pages Schedule F1: | <u> </u> |
| Sch: 4/7 Rpt: 11/14 | Meyerland Area Democrats Club 00053090 |
| 4 Date | 5 Payee name |
| 03/17/2025 | Mailchimp |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$117.26 | c/o The Rocket Science Group, LLC |
| Expenditure from | 675 Ponce De Leon Ave NE, Suite 5000 |
| corporate funds | Atlanta, GA 30338 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Advertising Expense |
| EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | Electronic marketing and email services |
| | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 04/17/2025 | Mailchimp |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$117.26 | c/o The Rocket Science Group, LLC |
| · | 675 Ponce De Leon Ave NE, Suite 5000 |
| Expenditure from | Atlanta, GA 30338 |
| corporate funds | 1 |
| 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 |
| | Electronic marketing and email services |
| | |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 05/19/2025 | Mailchimp |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$117.26 | c/o The Rocket Science Group, LLC |
| Ψ111.20 | |
| Expenditure from | 675 Ponce De Leon Ave NE, Suite 5000 |
| corporate funds | Atlanta, GA 30338 |
| 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 |
| | Electronic marketing and email services |
| Complete ONII V If all a | Condidate/Officeholder name |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| , | |
| | |
| | |
| | |

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 Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

| Credit Card Payment | The Instruction Guide explains how to comp | lete this form. |
|---|---|--|
| 1 Total pages Schedule F1: | · · · · · · · · · · · · · · · · · · · | 3 Filer ID (Ethics Commission Filers) |
| Sch: 5/7 Rpt: 12/14 | Meyerland Area Democrats Club | 00053090 |
| 4 Date | 5 Payee name | • |
| 06/17/2025 | Mailchimp | |
| 6 Amount (\$) \$130.59 | 7 Payee address; City; State; Zip Codec/o The Rocket Science Group, LLC675 Ponce De Leon Ave NE, Suite 5000 | |
| Expenditure from corporate funds | Atlanta, GA 30338 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Electronic marketing and email services |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sought | Office held |
| Date | Payee name | |
| 05/20/2025 | VP Productions | |
| Amount (\$) \$300.00 | Payee address; City; State; Zip Code 4912 Mount Vernon St | |
| Expenditure from corporate funds | Houston, TX 77006 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Photography at monthly meetings |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| Date | Payee name | |
| 01/02/2025 | Zoom Video Communications Inc | |
| Amount (\$) \$113.65 | Payee address; City; State; Zip Code 55 Almaden Blvd, 6th Floor | |
| Expenditure from corporate funds | San Jose, CA 95113 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting software |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|--|
| 4 Tatal manua Cabadula E4. | S EU S NAME |
| 1 Total pages Schedule F1: Sch: 6/7 Rpt: 13/14 | 2 FILER NAME Meyerland Area Democrats Club 3 Filer ID (Ethics Commission Filers) 00053090 |
| 4 Date | 5 Payee name |
| 02/03/2025 | Zoom Video Communications Inc |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$113.65 | 55 Almaden Blvd, 6th Floor |
| | |
| Expenditure from corporate funds | San Jose, CA 95113 |
| 8 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. |
| EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | Meeting software |
| | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experientare to benefit 6/61 | <u> </u> |
| Date | Payee name |
| 03/03/2025 | Zoom Video Communications Inc |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$113.65 | 55 Almaden Blvd, 6th Floor |
| | |
| Expenditure from corporate funds | San Jose, CA 95113 |
| 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 Meeting software |
| | Meeting Software |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| Date | Payee name |
| 04/02/2025 | Zoom Video Communications Inc |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$113.65 | 55 Almaden Blvd, 6th Floor |
| | |
| Expenditure from corporate funds | San Jose, CA 95113 |
| 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 |
| | Meeting software |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | |
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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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

| Candidate/Officeholder/Politica Credit Card Payment | 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: 7/7 Rpt: 14/14 | Meyerland Area Democrats Club 00053090 |
| 4 Date | 5 Payee name |
| 05/02/2025 | Zoom Video Communications Inc |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$113.65 | 55 Almaden Blvd, 6th Floor |
| Expenditure from corporate funds | San Jose, CA 95113 |
| 8 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 |
| | Meeting software |
| Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 06/02/2025 | Zoom Video Communications Inc |
| | |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$114.72 | 55 Almaden Blvd, 6th Floor |
| Expenditure from corporate funds | San Jose, CA 95113 |
| 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 |
| | Meeting software |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
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