

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

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|--|--|--|--|--------|
| The GPAC Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00053090 | 2 Total pages filed: 14 | |
| 3 COMMITTEE NAME Meyerland Area Democrats Club | | | OFFICE USE ONLY | |
| | | | Date Received ELECTRONICALLY FILED 07/06/2025 | |
| | | | Date Hand-delivered or Date Postmarked | |
| | | | Receipt # | Amount |
| | | | Date Processed | |
| 4 COMMITTEE ADDRESS | | | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 310061 Houston, TX 77035 | |
| 5 CAMPAIGN TREASURER NAME | | | MS / MRS / MR FIRST MI Mrs. Melanie S. NICKNAME LAST SUFFIX Carter | |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) | | | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4900 Fournance Pl. Suite 560 Bellaire, TX 77401 | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS | | | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 310061 Houston, TX 77035 | |
| 8 CAMPAIGN TREASURER PHONE | | | AREA CODE PHONE NUMBER EXTENSION (713) 227-0042 | |
| 9 REPORT TYPE | | | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff | |
| 10 PERIOD COVERED | | | Month Day Year 01/01/2025 THROUGH Month Day Year 06/30/2025 | |
| 11 ELECTION | | | ELECTION DATE Month Day Year ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | |

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

| | | |
|---|--|--|
| 12 COMMITTEE NAME Meyerland Area Democrats Club | | 13 Filer ID (Ethics Commission Filers) 00053090 |
| 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported |
| | | B. Opposed |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported |
| | | B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |
| | 15 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold |
| EXPENDITURE TOTALS | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 3,072.32 |
| | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 710.29 |
| CONTRIBUTION BALANCE | 4. TOTAL POLITICAL EXPENDITURES | \$ 4,754.61 |
| | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 16,305.08 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |
| 16 AFFIDAVIT <p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <p style="text-align: right;">Mrs. Melanie S. Carter _____ Signature of Campaign Treasurer</p> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p> <p>_____ Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath</p> | | |

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 14

| | | |
|---|---|---|
| 17 COMMITTEE NAME Meyerland Area Democrats Club | | 18 Filer ID (Ethics Commission Filers) 00053090 |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 3,072.32 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 5. | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 6. | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 7. | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 8. | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 9. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 10. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 4,754.61 |
| 11. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 13. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 14. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 15. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/14 |
| 2 FILER NAME Meyerland Area Democrats Club | | 3 Filer ID (Ethics Commission Filers) 00053090 |
| 4 Date 01/15/2025 | 5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00401224) ActBlue Texas <hr/> 6 Contributor address; City; State; Zip Code Somerville, MA 02144 | 7 Amount of Contribution (\$) \$9.60 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 01/23/2025 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00401224) ActBlue Texas <hr/> Contributor address; City; State; Zip Code Somerville, MA 02144 | Amount of Contribution (\$) \$69.15 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/29/2025 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00401224) ActBlue Texas <hr/> Contributor address; City; State; Zip Code Somerville, MA 02144 | Amount of Contribution (\$) \$20.17 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 02/05/2025 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00401224) ActBlue Texas <hr/> Contributor address; City; State; Zip Code Somerville, MA 02144 | Amount of Contribution (\$) \$33.61 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 03/12/2025 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00401224) ActBlue Texas <hr/> Contributor address; City; State; Zip Code Somerville, MA 02144 | Amount of Contribution (\$) \$20.17 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/14 |
| 2 FILER NAME Meyerland Area Democrats Club | | 3 Filer ID (Ethics Commission Filers) 00053090 |
| 4 Date 03/19/2025 | 5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00401224) ActBlue Texas <hr/> 6 Contributor address; City; State; Zip Code Somerville, MA 02144 | 7 Amount of Contribution (\$) \$288.15 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 03/26/2025 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00401224) ActBlue Texas <hr/> Contributor address; City; State; Zip Code Somerville, MA 02144 | Amount of Contribution (\$) \$34.57 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 04/09/2025 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00401224) ActBlue Texas <hr/> Contributor address; City; State; Zip Code Somerville, MA 02144 | Amount of Contribution (\$) \$54.74 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 04/16/2025 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00401224) ActBlue Texas <hr/> Contributor address; City; State; Zip Code Somerville, MA 02144 | Amount of Contribution (\$) \$40.34 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 04/23/2025 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00401224) ActBlue Texas <hr/> Contributor address; City; State; Zip Code Somerville, MA 02144 | Amount of Contribution (\$) \$729.90 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/14 |
| 2 FILER NAME Meyerland Area Democrats Club | | 3 Filer ID (Ethics Commission Filers) 00053090 |
| 4 Date 04/30/2025 | 5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00401224) ActBlue Texas <hr/> 6 Contributor address; City; State; Zip Code Somerville, MA 02144 | 7 Amount of Contribution (\$) \$606.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 05/07/2025 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00401224) ActBlue Texas <hr/> Contributor address; City; State; Zip Code Somerville, MA 02144 | Amount of Contribution (\$) \$39.38 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 05/14/2025 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00401224) ActBlue Texas <hr/> Contributor address; City; State; Zip Code Somerville, MA 02144 | Amount of Contribution (\$) \$241.05 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 05/21/2025 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00401224) ActBlue Texas <hr/> Contributor address; City; State; Zip Code Somerville, MA 02144 | Amount of Contribution (\$) \$387.99 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 05/29/2025 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00401224) ActBlue Texas <hr/> Contributor address; City; State; Zip Code Somerville, MA 02144 | Amount of Contribution (\$) \$20.17 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/14 |
| 2 FILER NAME Meyerland Area Democrats Club | | 3 Filer ID (Ethics Commission Filers) 00053090 |
| 4 Date 06/04/2025 | 5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00401224) ActBlue Texas <hr/> 6 Contributor address; City; State; Zip Code Somerville, MA 02144 | 7 Amount of Contribution (\$) \$34.57 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 06/11/2025 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00401224) ActBlue Texas <hr/> Contributor address; City; State; Zip Code Somerville, MA 02144 | Amount of Contribution (\$) \$40.34 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 06/18/2025 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00401224) ActBlue Texas <hr/> Contributor address; City; State; Zip Code Somerville, MA 02144 | Amount of Contribution (\$) \$309.26 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 06/25/2025 | Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00401224) ActBlue Texas <hr/> Contributor address; City; State; Zip Code Somerville, MA 02144 | Amount of Contribution (\$) \$93.16 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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
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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
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 | 2 FILER NAME Meyerland Area Democrats Club | 3 Filer ID (Ethics Commission Filers) 00053090 |
| 4 Date 06/02/2025 | 5 Payee name Bluehost | |
| 6 Amount (\$) \$414.46 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 5335 Gate Pkwy 2nd Floor Jacksonville, FL 32256 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website hosting fees |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/21/2025 | Payee name Faith Lutheran Church | |
| Amount (\$) \$300.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 4600 Bellaire Blvd Bellaire, TX 77401-4296 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly meeting facility fees |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/19/2025 | Payee name Faith Lutheran Church | |
| Amount (\$) \$450.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 4600 Bellaire Blvd Bellaire, TX 77401-4296 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly meeting facility fees |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 2/7 Rpt: 9/14 | 2 FILER NAME Meyerland Area Democrats Club | 3 Filer ID (Ethics Commission Filers) 00053090 |
| 4 Date 06/11/2025 | 5 Payee name Faith Lutheran Church | |
| 6 Amount (\$) \$300.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 4600 Bellaire Blvd Bellaire, TX 77401-4296 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly meeting facility fees |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/17/2025 | Payee name Fire House Pizza | |
| Amount (\$) \$294.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 5424 Bissonnet St Bellaire, TX 77401 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for monthly meeting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/21/2025 | Payee name Fire House Pizza | |
| Amount (\$) \$266.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 5424 Bissonnet St Bellaire, TX 77401 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for monthly meeting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 3/7 Rpt: 10/14 | 2 FILER NAME Meyerland Area Democrats Club | 3 Filer ID (Ethics Commission Filers) 00053090 |
| 4 Date 06/13/2025 | 5 Payee name Fire House Pizza | |
| 6 Amount (\$) \$320.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 5424 Bissonnet St Bellaire, TX 77401 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for monthly meeting |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 01/17/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Mailchimp | | |
| Amount (\$) \$117.26 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code c/o The Rocket Science Group, LLC 675 Ponce De Leon Ave NE, Suite 5000 Atlanta, GA 30338 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Electronic marketing and email services |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 02/18/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Mailchimp | | |
| Amount (\$) \$117.26 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code c/o The Rocket Science Group, LLC 675 Ponce De Leon Ave NE, Suite 5000 Atlanta, GA 30338 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Electronic marketing and email services |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 4/7 Rpt: 11/14 | 2 FILER NAME Meyerland Area Democrats Club | 3 Filer ID (Ethics Commission Filers) 00053090 |
| 4 Date 03/17/2025 | 5 Payee name Mailchimp | |
| 6 Amount (\$) \$117.26 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code c/o The Rocket Science Group, LLC 675 Ponce De Leon Ave NE, Suite 5000 Atlanta, GA 30338 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Electronic marketing and email services |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/17/2025 | Candidate/Officeholder name Office sought Office held | |
| Amount (\$) \$117.26 <input type="checkbox"/> Expenditure from corporate funds | Payee name Mailchimp Payee address; City; State; Zip Code c/o The Rocket Science Group, LLC 675 Ponce De Leon Ave NE, Suite 5000 Atlanta, GA 30338 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Electronic marketing and email services |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 05/19/2025 | Candidate/Officeholder name Office sought Office held | |
| Amount (\$) \$117.26 <input type="checkbox"/> Expenditure from corporate funds | Payee name Mailchimp Payee address; City; State; Zip Code c/o The Rocket Science Group, LLC 675 Ponce De Leon Ave NE, Suite 5000 Atlanta, GA 30338 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Electronic marketing and email services |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 5/7 Rpt: 12/14 | 2 FILER NAME Meyerland Area Democrats Club | 3 Filer ID (Ethics Commission Filers) 00053090 |
| 4 Date 06/17/2025 | 5 Payee name Mailchimp | |
| 6 Amount (\$) \$130.59 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code c/o The Rocket Science Group, LLC 675 Ponce De Leon Ave NE, Suite 5000 Atlanta, GA 30338 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Electronic marketing and email services |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/20/2025 | Payee name VP Productions | |
| Amount (\$) \$300.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 4912 Mount Vernon St Houston, TX 77006 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photography at monthly meetings |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/02/2025 | Payee name Zoom Video Communications Inc | |
| Amount (\$) \$113.65 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 55 Almaden Blvd, 6th Floor San Jose, CA 95113 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting software |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 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 02/03/2025 | 5 Payee name Zoom Video Communications Inc | |
| 6 Amount (\$) \$113.65 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 55 Almaden Blvd, 6th Floor San Jose, CA 95113 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting software |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 03/03/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Zoom Video Communications Inc | | |
| Amount (\$) \$113.65 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 55 Almaden Blvd, 6th Floor San Jose, CA 95113 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting software |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/02/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Zoom Video Communications Inc | | |
| Amount (\$) \$113.65 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 55 Almaden Blvd, 6th Floor San Jose, CA 95113 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting software |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

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
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

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

The Instruction Guide explains how to complete this form.

| | | |
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| 1 Total pages Schedule F1: Sch: 7/7 Rpt: 14/14 | 2 FILER NAME Meyerland Area Democrats Club | 3 Filer ID (Ethics Commission Filers) 00053090 |
|--|--|--|

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|-----------------------------|--|
| 4 Date 05/02/2025 | 5 Payee name Zoom Video Communications Inc |
|-----------------------------|--|

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|---|---|
| 6 Amount (\$) \$113.65 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 55 Almaden Blvd, 6th Floor San Jose, CA 95113 |
|---|---|

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|---------------------------------|--|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting software |
|---------------------------------|--|--|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|---|
| Date 06/02/2025 | Payee name Zoom Video Communications Inc |
|--------------------|---|

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|--|--|
| Amount (\$) \$114.72 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 55 Almaden Blvd, 6th Floor San Jose, CA 95113 |
|--|--|

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|-------------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting software |
|-------------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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