#### 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) 00040715 3 COMMITTEE NAME **OFFICE USE ONLY** Bay Area New Democrats Date Received **ELECTRONICALLY FILED** 07/14/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P. O. Box 890381 Date Hand-delivered or Date Postmarked Change of Address Houston, TX 77289-0381 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Jane NAME NICKNAME LAST **SUFFIX** Menard STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 2405 Duhon Pl. STREET **ADDRESS** (Residence or Business) Seabrook, TX 77586 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 2405 Duhon Pl. MAILING **ADDRESS** Seabrook, TX 77586 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (303) 815-3700 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

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Bay Area New Demo	ocrats		00040715	
14 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.)			
		B. Opposed		
	Officeholders     Assisted			
	(Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	928.27
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,328.27
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	1,764.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	791.90
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u> </u>		•	
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.		
		Ms. Jan	e Menard	
		Signature of Car	mpaign Treasu	rer
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ned before me, by the said	, tł	nis the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Cianatura of officer	administaring asth	Drinted name of officer administration and	Title of effe	oor administering acti
Signature of officer	administering oath	Printed name of officer administering oath	riue oi oiilo	cer administering oath

### **SUBTOTALS - GPAC**

# FORM **GPAC**COVER SHEET PG 3

									3 of 17
17 COMMITTEE NAME 18 Filer ID		(Ethics Co	ommission Filers)						
Bay Area New Democrats 00040715				`	,				
19 SCHED	JLE SUBTOTA	LS						01.10	TOTAL ALIQUET
NAME C	F SCHEDULE							SUB	TOTAL AMOUNT
1. X	SCHEDUL	E A1: MONETAR	Y POLITICAL (	CONTRIBUTIO	ONS			\$	1,328.27
2.	SCHEDULI	E A2: NON-MON	ETARY (IN-KIN	ID) POLITICAI	L CONTRIBU	TIONS		\$	
3.	SCHEDULI	E B: PLEDGED C	ONTRIBUTION	NS				\$	
4.	SCHEDULI ORGANIZ <i>I</i>	E C1: MONETAR ATION	Y CONTRIBUT	IONS FROM	CORPORATI	ON OR LABO	PR	\$	
5.		E C2: NON-MON RGANIZATION	ETARY (IN-KIN	ID) CONTRIBI	UTIONS FRC	M CORPORA	ATION OR	\$	
6.	SCHEDULI	E C3: MONETAR	Y SUPPORT F	ROM CORPO	PRATION OR	LABOR ORG	ANIZATION	\$	
7.	SCHEDULI ORGANIZA	E C4: NON-MON ATION	ETARY SUPPO	ORT FROM CO	ORPORATIO	N OR LABOR		\$	
8.	SCHEDULI	E D: PLEDGED C	:ONTRIBUTIO	NS FROM CO	RPORATION	OR LABOR (	ORGANIZATION	\$	
9.	SCHEDULI	E E: LOANS						\$	
10. X	SCHEDULI	E F1: POLITICAL	EXPENDITUR	ES FROM PC	DLITICAL COI	NTRIBUTION	S	\$	1,764.54
11.	SCHEDULI	E F2: UNPAID IN	CURRED OBL	IGATIONS				\$	
12.	SCHEDULI	E F3: PURCHASI	OF INVESTM	IENTS FROM	POLITICAL (	CONTRIBUTION	ONS	\$	
13.	SCHEDULI	E F4: EXPENDIT	URES MADE B	BY CREDIT CA	ARD			\$	
14.	SCHEDULI	E I: NON-POLITIC	AL EXPENDIT	URES FROM	POLITICAL (	CONTRIBUTION	ONS	\$	
15.	SCHEDULI TO FILER	E K: INTEREST, (	CREDITS, GAIN	NS, REFUNDS	S, AND CONT	RIBUTIONS	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/17			
2	FILER NAME Bay Area Ne	w Democrats		3	Filer ID (Ethics Commission 00040715	n Filers)	
4	Date 02/20/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Peterson, Doug</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$250.00	
		Houst, TX 77062	1				
8	Principal occu retired	pation / Job title (See Instructions)	9 Employer (See Instructions	s)			
	Date 01/16/2025	Full name of contributor out-of-state PAC (ID#: Poritz, Darwin Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00	
	Principal occu	Houston , TX 77062 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)			
	Statistician	,	Aerodyne Industries	,			
Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$25.00		
		Houston , TX 77062					
	Principal occu Statistician	pation / Job title (See Instructions)	Employer (See Instructions Aerodyne Industries	5)			
	Date 03/15/2025	Full name of contributor out-of-state PAC (ID#: Poritz, Darwin  Contributor address; City; State; Zip Code  Houston , TX 77062			Amount of Contribution (\$)	\$25.00	
	Principal occu Statistician	pation / Job title (See Instructions)	Employer (See Instructions Aerodyne Industries	<u> </u> 5)			
	Date 04/29/2025	Full name of contributor out-of-state PAC (ID#: Poritz, Darwin Contributor address; City; State; Zip Code Houston , TX 77062			Amount of Contribution (\$)	\$25.00	
	Principal occupation / Job title (See Instructions)  Statistician  Employer (See Instructions  Aerodyne Industries			5)			
			The state of the s				

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/17
2	FILER NAME Bay Area New Democrats	<b>3</b> Filer ID (Ethics Commission Filers) 00040715
4	Date 05/01/2025  5 Full name of contributor out-of-state PAC (ID#: Poritz, Darwin  6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$25.00
8	Houston, TX 77062  Principal occupation / Job title (See Instructions)  9 Employer (See Inst	ructions)
	Statistician Aerodyne Industr	
	Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$) \$25.00
	Houston, TX 77062  Principal occupation / Job title (See Instructions)  Statistician  Employer (See Instructions)  Aerodyne Industr	

#### 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/12 Rpt: 6/17	Bay Area New Democrats 00040715
4 Date	5 Payee name
01/01/2025	ACLU
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	P.O. Box 8306
Expenditure from	
corporate funds	houston, TX 77288
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	donation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	H
Date	Payee name
01/22/2025	ACLU
Amount (\$)	Payee address; City; State; Zip Code
\$167.00	P.O. Box 8306
Expenditure from	
corporate funds	houston, TX 77288
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Conation
	donation.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	H
Date	Payee name
01/16/2025	ActBLUE
Amount (\$)	Payee address; City; State; Zip Code
\$0.99	366 Summer St
Expenditure from	
corporate funds	Somerville, MA 02144
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	fee for processing contributions
	iso is. processing contributions
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	H

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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: 2/12 Rpt: 7/17	Bay Area New Democrats 00040715
4 Date	5 Payee name
02/20/2025	ActBLUE
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.99	366 Summer St
Expenditure from corporate funds	Somerville, MA 02144
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	fee for processing contribution
	loo for processing contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	Paras name
Date	Payee name
03/15/2025	ActBLUE
Amount (\$)	Payee address; City; State; Zip Code
\$0.99	366 Summer St
Expenditure from	
corporate funds	Somerville, MA 02144
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	fee for processing contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to beliefit 6/01	•
Date	Payee name
04/29/2025	ActBLUE
Amount (\$)	Payee address; City; State; Zip Code
\$0.99	366 Summer St
Expenditure from corporate funds	Somerville, MA 02144
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	fee for processing contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitie to beliefft C/Of	•

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/12 Rpt: 8/17	Bay Area New Democrats  00040715
4 Date	5 Payee name
05/01/2025	ActBLUE
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.99	366 Summer St
Expenditure from corporate funds	Somerville, MA 02144
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking
	Check if Austin, TX, officeholder living expense
	fee for processing contribution
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/02/2025	ActBLUE
00/02/2025	
Amount (\$)	Payee address; City; State; Zip Code
\$0.99	366 Summer St
Expenditure from corporate funds	Somerville, MA 02144
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE	Check if Austin, TX, officeholder living expense
	fee for processing contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Oi	
Date	Payee name
03/30/2025	ActBLUE
Amount (\$)	Payee address; City; State; Zip Code
\$0.79	366 Summer St
- Francisco Co	
Expenditure from corporate funds	Somerville, MA 02144
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	, , ,
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	fee for processing contribution
	loo tot processing continuation
0 1. 6	
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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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 complete this form.	
1 Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID (Ethics Comm	ission Filers)
Sch: 4/12 Rpt: 9/17	Bay Area New Democrats 00040715	
4 Date	5 Payee name	
01/16/2025	Boykins, Roger	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$18.39	1239 Berkeley Lake Ln	
Expenditure from corporate funds	Houston, TX 77062	
8 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	
	meeting refreshments	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experientare to benefit ever		
Date	Payee name	
02/20/2025	Boykins, Roger	
Amount (\$)	Payee address; City; State; Zip Code	
\$38.26	1239 Berkeley Lake Ln	
Expenditure from corporate funds	Houston , TX 77062	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	reimbursement for refreshments	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	он — — — — — — — — — — — — — — — — — — —	
Date	Payee name	
04/16/2025	Boykins, Roger	
Amount (\$)		
\$62.28		
Ψ02.20	1200 Berkeley Lake Lii	
Expenditure from	Houston TV 77002	
corporate funds	Houston, TX 77062	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	reimbursement for refreshments	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	OH .	

#### SCHEDULE F1

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

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: 5/12 Rpt: 10/17	Bay Area New Democrats 00040715
4 Date	5 Payee name
05/22/2025	Boykins, Roger
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$34.05	1239 Berkeley Lake Ln
Evpanditure from	
Expenditure from corporate funds	Houston , TX 77062
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense reimbursement for refreshments
	reimbursement for refreshments
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Dougo nama
	Payee name
01/02/2025	Club Express
Amount (\$)	Payee address; City; State; Zip Code
\$30.00	1051 Perimeter Dr
Expenditure from	
corporate funds	Schaumberg, IL 60173
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
	web host fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
01/02/2025	Club Express
Amount (\$)	Payee address; City; State; Zip Code
\$1.60	1051 Perimeter Dr
Expenditure from	
corporate funds	Schaumberg, IL 60173
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	banking fee
Complete CALL V 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)
vertising 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

Candidate/Officenolder/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: 6/12 Rpt: 11/17	Bay Area New Democrats 00040715
4 Date	5 Payee name
01/13/2025	Club Express
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.85	1051 Perimeter Dr
Expenditure from corporate funds	Schaumberg, IL 60173
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  banking fee
	balking ice
O O consider ONE V if discret	One district Office helds
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/03/2025	Club Express
Amount (\$)	Payee address; City; State; Zip Code
\$33.00	1051 Perimeter Dr
Expenditure from corporate funds	Schaumberg, IL 60173
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
E/11 E1191. C.1.	Check if Austin, TX, officeholder living expense
	webhost fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to benefit 6,6,	<u> </u>
Date	Payee name
02/03/2025	Club Express
Amount (\$)	Payee address; City; State; Zip Code
\$0.90	1051 Perimeter Dr
40.00	
Expenditure from corporate funds	Schaumberg, IL 60173
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Accounting/Banking  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	banking fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

#### 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

Credit Card Payment	The Instruction Guide explains how to con	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 7/12 Rpt: 12/17	Bay Area New Democrats	00040715
4 Date	5 Payee name	
02/11/2025	Club Express	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	e
\$1.60	1051 Perimeter Dr	
Expenditure from corporate funds	Schaumberg, IL 60173	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		banking fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held
<u> </u>		
Date	Payee name	
02/21/2025	Club Express	
Amount (\$)	Payee address; City; State; Zip Coo	e
\$10.68	1051 Perimeter Dr	
Expenditure from		
corporate funds	Schaumberg, IL 60173	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense banking fee
		3g 100
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/O	<del>-1</del>	
Date	Payee name	
03/02/2025	Club Express	
Amount (\$)	Payee address; City; State; Zip Coo	ρ
\$30.04	1051 Perimeter Dr	<del>-</del>
Ψ00.04		
Expenditure from corporate funds	Schaumberg, IL 60173	
'		h) Description
PURPOSE 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	Onice Overneau/Kentai Expense	Check if Austin, TX, officeholder living expense
		webhost fee
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI	¬	
<u> </u>		

#### 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

Candidate/Officeholder/Politica Credit Card Payment	Il 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: 8/12 Rpt: 13/17	Bay Area New Democrats 00040715
4 Date	5 Payee name
03/24/2025	Club Express
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.80	1051 Perimeter Dr
- Evpanditura from	
Expenditure from corporate funds	Schaumberg, IL 60173
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense banking fee
	bulling ice
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	Davies same
Date	Payee name
04/01/2025	Club Express
Amount (\$)	Payee address; City; State; Zip Code
\$36.60	1051 Perimeter Dr
Expenditure from	
corporate funds	Schaumberg, IL 60173
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  webhost fee
	webliost lee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Dete	
Date	Payee name
04/11/2025	Club Express
Amount (\$)	Payee address; City; State; Zip Code
\$1.10	1051 Perimeter Dr
Expenditure from	
corporate funds	Schaumberg, IL 60173
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	banking fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

#### 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 co	omplete	this form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 9/12 Rpt: 14/17	Bay Area New Democrats			00040715	
4 Date	5 Payee name		<u> </u>		
05/01/2025	Club Express				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$36.10	1051 Perimeter Dr				
- "					
Expenditure from corporate funds	Schaumberg, IL 60173				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>(b)</b> D	Description		
OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside		
LXI LINDITORE			Check if Austin, TX, vebhost fee	officeholder living	gexpense
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	vebilost lee		
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	uaht		Office he	ald
expenditure to benefit C/OI		ugnt		Office fie	aiu
Data					
Date 06/03/2025	Payee name Club Express				
	·				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$39.17	1051 Perimeter Dr				
Expenditure from corporate funds	Schaumberg, IL 60173				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>(b)</b> D	Description		
OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside		
LXI LIBITORE		L	Check if Austin, TX,	officeholder living	gexpense
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	vebhost fee		
Complete ONLY if direct	Candidate/Officeholder name Office sou	laht		Office he	-jų
expenditure to benefit C/OI		agni		0111001110	514
Date	Davida nama				
06/23/2025	Payee name Club Express				
		odo.			
Amount (\$) \$0.93	Payee address; City; State; Zip Co 1051 Perimeter Dr	oue			
Ψ0.93	1031 Felimeter Di				
Expenditure from corporate funds	Schaumberg, IL 60173				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>(b)</b> D	Description		
OF EXPENDITURE	Accounting/Banking	[	Check if travel outside		
		L	Check if Austin, TX, panking fee	otticeholder living	g expense
		"	mining icc		
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	laht Taht		Office he	7l4
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					

#### 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

Credit Card Payment	The Instruction Guide explains how to cor	nplete this form.		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 10/12 Rpt: 15/17	Bay Area New Democrats	00040715		
4 Date	5 Payee name	<u> </u>		
01/04/2025	ExtraSpace Storage			
6 Amount (\$) \$86.00  Expenditure from corporate funds  8 PURPOSE OF EXPENDITURE	7 Payee address; City; State; Zip Cor 2795 cottonwood Pkwy #400 Cottonwood Heights, UT 84121  (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.  Check if Austin, TX, officeholder living expense  Storage unit		
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou(	ht Office held		
Date	Payee name			
02/02/2025	ExtraSpace Storage			
Amount (\$) \$86.00  Expenditure from corporate funds	Payee address; City; State; Zip Cot 2795 cottonwood Pkwy #400 Cottonwood Heights, UT 84121	de		
PURPOSE OF EXPENDITURE	(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.  Check if Austin, TX, officeholder living expense  storage unit rental		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
Date	Payee name			
03/01/2025	ExtraSpace Storage			
Amount (\$) \$86.00  Expenditure from corporate funds	Payee address; City; State; Zip Cot 2795 cottonwood Pkwy #400 Cottonwood Heights, UT 84121	de		
PURPOSE OF EXPENDITURE	(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.  Check if Austin, TX, officeholder living expense  storage unit fee		
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sout	ht Office held		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

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 comp	lete this form.		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 11/12 Rpt: 16/17	Bay Area New Democrats	00040715		
4 Date	5 Payee name	•		
04/03/2025	ExtraSpace Storage			
6 Amount (\$) \$86.00  Expenditure from corporate funds  8 PURPOSE OF EXPENDITURE	7 Payee address; City; State; Zip Code 2795 cottonwood Pkwy #400 Cottonwood Heights, UT 84121  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Storage unit		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held		
Date	Payee name			
05/01/2025	ExtraSpace Storage			
Amount (\$)	Payee address; City; State; Zip Code			
\$86.00	2795 cottonwood Pkwy			
Expenditure from	#400			
corporate funds	Cottonwood Heights, UT 84121			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense storage unit		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
Date	Payee name			
06/01/2025	ExtraSpace Storage			
Amount (\$) \$86.00  Expenditure from corporate funds	Payee address; City; State; Zip Code 2795 cottonwood Pkwy #400 Cottonwood Heights, UT 84121			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense storage unit fee		
Complete ONLY 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related 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 com	plete this form.		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 12/12 Rpt: 17/17	Bay Area New Democrats	00040715		
4 Date	5 Payee name			
02/11/2025	Richardson, Parvin			
6 Amount (\$)	7 Payee address; City; State; Zip Code	е		
\$50.00	3607 Plum Glen Ct			
Expenditure from corporate funds	Houston, TX 77059			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	b) Description		
EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
		Reimbursement for refreshments		
9 Complete ONLY if direct	Candidate/Officeholder name Office sougl	nt Office held		
expenditure to benefit C/OI		Onloo Hold		
Data				
Date	Payee name			
02/27/2025	U S Postal Service			
Amount (\$)	Payee address; City; State; Zip Code	е		
\$226.00	16516 El Camino Real			
Expenditure from	houston tx, TX 77289			
corporate funds				
PURPOSE OF	, (************************************	b) Description  Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense		
		Annual P O Box fee		
Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held		
expenditure to benefit C/OI	<del>1</del>			
Date	Payee name			
01/13/2025	Zoom			
Amount (\$)	Payee address; City; State; Zip Code	0		
\$170.46	55 Almaden Blvd	5		
Ψ110.40				
Expenditure from	6th Floor			
corporate funds	San Jose, CA 75113			
PURPOSE OF	c y (coo canagement and top or and constant)	b) Description		
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
		Zoom fee for hosting meetings		
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sougl	nt Office held		
expenditure to benefit C/OH				