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) 00089438 3 COMMITTEE NAME **OFFICE USE ONLY Dripping Area Democrats** Date Received **ELECTRONICALLY FILED** 07/22/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 610 Cottonwood Creek Rd Date Hand-delivered or Date Postmarked Change of Address Dripping Springs, TX 78620 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Robert NAME NICKNAME LAST **SUFFIX** Bridge STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 610 Cottonwood Creek Rd. STREET **ADDRESS** (Residence or Business) Dripping Springs, TX 78620 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 610 Cottonwood Creek Rd. MAILING **ADDRESS** Dripping Springs, TX 78620 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 658-2240 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 File	r ID	(Ethics Commission Filers)
Dripping Area Democrats	S				89438	
	1. Candidates	A. Supported		•		
	(Identify by name or, if applicable, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
<u> </u>	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)	A. Supporteu				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
5 CONTRIBUTION :	PLEDGES, LOANS, CONTRIBUTIONS M	OR GUARANTE		THAN	\$	0.00
7	2. TOTAL POLITICA	L CONTRIBUT		DANS)	\$	2,026.43
EXPENDITURE STOTALS	3. TOTAL UNITEMIZED	D POLITICAL EX	PENDITURES		\$	0.00
-	4. TOTAL POLITICA	AL EXPENDITU	JRES		\$	1,365.64
CONTRIBUTION !	5. TOTAL POLITICAL OF THE REPORTING		S MAINTAINED AS OF TH	HE LAST DAY	\$	1,106.33
OUTSTANDING (6. TOTAL PRINCIPAL A LAST DAY OF THE I		L OUTSTANDING LOANS	S AS OF THE	\$	0.00
.6 AFFIDAVIT					1	
		tru	swear, or affirm, under pen ue and correct and include nder Title 15, Election Code	s all information		
				Dobort Bridg	0	
		_	Signati	Robert Bridg ure of Campaign		 er
AFFIX NOTARY S	STAMP / SEAL ABOVE		Signati	are or Campaign	rreasur	oi.
Sworn to and subscribed b	afore me by the said			this the		day
of,				, unsuic_		uay
	, ,	,	,			
Signature of officer adm	inistering oath	Printed name of	officer administering oath	Title	e of office	er administering oath

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

				_	3 of 28
17 COM		E NAME rea Democrats	18 Filer ID 00089438	(Ethics Commission	n Filers)
			00000-100	1	
		E SUBTOTALS SCHEDULE		SUBTOTAL A	MOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,026.43
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	!	\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	1,365.64
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	\$	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/15 Rpt: 4/28	
2	FILER NAME Dripping Are	a Democrats		3	Filer ID (Ethics Commission 00089438	n Filers)
4	Date 03/05/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$120.00
_		Dripping Springs, TX 76820				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 03/05/2025	Full name of contributor out-of-state PAC (ID#: Alsdorf, Mary Beth Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Dripping Springs, TX 76820 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/07/2025	Full name of contributor out-of-state PAC (ID#:_ Armstrong, Beyrt Contributor address; City; State; Zip Code Dripping Springs, TX 76820			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/05/2025	Full name of contributor out-of-state PAC (ID#:_ Armstrong, Georgia Contributor address; City; State; Zip Code Dripping Springs, TX 76820			Amount of Contribution (\$)	\$120.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/07/2025	Full name of contributor out-of-state PAC (ID#:_Armstrong, Georgia Contributor address; City; State; Zip Code Dripping Springs, TX 76820)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/15 Rpt: 5/28	
2	FILER NAME Dripping Are	a Democrats		3	Filer ID (Ethics Commission 00089438	n Filers)
4	Date 04/07/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$120.00
_		Dripping Springs, TX 76820				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 05/06/2025	Full name of contributor out-of-state PAC (ID#:_ Avera, Bill Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00
	Principal occu	Dripping Springs, TX 76820 pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 03/05/2025	Full name of contributor out-of-state PAC (ID#:_ Avera, Bill Contributor address; City; State; Zip Code Dripping Springs, TX 76820)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 05/17/2025	Full name of contributor out-of-state PAC (ID#:_ Avera, Bill Contributor address; City; State; Zip Code Dripping Springs, TX 76820			Amount of Contribution (\$)	\$140.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/05/2025	Full name of contributor out-of-state PAC (ID#:_Avera, Jean Contributor address; City; State; Zip Code Dripping Springs, TX 76820			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/15 Rpt: 6/28	
2	FILER NAME Dripping Are	a Democrats		3	Filer ID (Ethics Commission 00089438	ı Filers)
4	Date 03/05/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
_	Daine in all account	Dripping Springs, TX 76820				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 03/31/2025	Full name of contributor out-of-state PAC (ID#:_ Bridge, Bob Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	Dripping Springs, TX 76820 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/01/2025	Full name of contributor out-of-state PAC (ID#:_ Bridge, Bob Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	Dripping Springs, TX 76820 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/16/2025	Full name of contributor out-of-state PAC (ID#:_ Bridge, Bob Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Dripping Springs, TX 76820 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/22/2025	Full name of contributor out-of-state PAC (ID#:_Bridge, Bob Contributor address; City; State; Zip Code Dripping Springs, TX 76820)		Amount of Contribution (\$)	\$30.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/15 Rpt: 7/28	
2	FILER NAME Dripping Are	a Democrats		3	Filer ID (Ethics Commission 00089438	ı Filers)
4	Date 03/05/2025	 Full name of contributor out-of-state PAC (ID#:_Bridge, Lynn Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
_		Dripping Springs, TX 76820				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 04/21/2025	Full name of contributor out-of-state PAC (ID#:_ Buchanan, Patience Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	Dripping Springs, TX 76820 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/10/2025	Full name of contributor out-of-state PAC (ID#:_ Buchanan, Patience Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Dripping Springs, TX 76820 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/09/2025	Full name of contributor out-of-state PAC (ID#: Buchanan, Patience Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	Dripping Springs, TX 76820 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/28/2025	Full name of contributor out-of-state PAC (ID#: Buchanan, Patience Contributor address; City; State; Zip Code Dripping Springs, TX 76820			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/15 Rpt: 8/28	
2	FILER NAME Dripping Are	a Democrats		3	Filer ID (Ethics Commission 00089438	Filers)
4	Date 06/30/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
_		Dripping Springs, TX 76820				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 04/07/2025	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Dripping Springs, TX 76820 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 06/16/2025	Full name of contributor out-of-state PAC (ID#:_ Coe, Meg Contributor address; City; State; Zip Code Dripping Springs, TX 76820			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 04/21/2025	Full name of contributor out-of-state PAC (ID#:_ Cohen, Jennifer Contributor address; City; State; Zip Code Dripping Springs, TX 76820)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
	Date 05/10/2025	Full name of contributor out-of-state PAC (ID#:_ Cohen, Jennifer Contributor address; City; State; Zip Code Dripping Springs, TX 76820)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
		· ·				

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/15 Rpt: 9/28	
2	FILER NAME Dripping Are	a Democrats		3	Filer ID (Ethics Commission 00089438	ı Filers)
4	Date 06/09/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
_	<u> </u>	Dripping Springs, TX 76820				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 06/28/2025	Full name of contributor out-of-state PAC (ID#:_ Cohen, Jennifer Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	Dripping Springs, TX 76820 pation / Job title (See Instructions)	Employer (See Instructions)		
		,				
	Date 03/25/2025	Full name of contributor)		Amount of Contribution (\$)	\$25.00
		Dripping Springs, TX 76820				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/07/2025	Full name of contributor out-of-state PAC (ID#:_ Cook, Susan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Dripping Springs, TX 76820 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/07/2025	Full name of contributor out-of-state PAC (ID#:_ Dormant, Alex Contributor address; City; State; Zip Code Dripping Springs, TX 76820)		Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 7/15 Rpt: 10/28	
2	FILER NAME Dripping Are	a Democrats		3	Filer ID (Ethics Commission 00089438	Filers)
4	Date 03/05/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
_	Daine in a la casa	Dripping Springs, TX 76820	N. Faralassa (One la destruction			
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/05/2025	Full name of contributor out-of-state PAC (ID#: Dormont, Grace Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Dringing! goog	Dripping Springs, TX 76820	Employer (See Instructions			
	Fillicipal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/31/2025	Full name of contributor out-of-state PAC (ID#: Flexer, Jennie Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Dripping Springs, TX 76820				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/07/2025	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	Dripping Springs, TX 76820 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/31/2025	Full name of contributor out-of-state PAC (ID#: Haney, Lesa Contributor address; City; State; Zip Code Dripping Springs, TX 76820)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
		L.				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/15 Rpt: 11/28	
2	FILER NAME Dripping Are	a Democrats		3	Filer ID (Ethics Commission 00089438	ı Filers)
4	Date 04/07/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
_		Dripping Springs, TX 76820				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 04/07/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	Dripping Springs, TX 76820 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Date 03/05/2025	Full name of contributor out-of-state PAC (ID#:_ Johnson, Michael Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	Dripping Springs, TX 76820 Dation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Date 04/07/2025	Full name of contributor)		Amount of Contribution (\$)	\$10.00
	Principal occu	Dripping Springs, TX 76820 pation / Job title (See Instructions)	Employer (See Instructions) 5)		
	Date 04/12/2025	Full name of contributor			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/15 Rpt: 12/28	
2	FILER NAME Dripping Are	a Democrats		3	Filer ID (Ethics Commission 00089438	n Filers)
4	Date 05/10/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
_	Delicalis al access	Dripping Springs, TX 76820				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 06/16/2025	Full name of contributor out-of-state PAC (ID#:_ Kapral, Lucinda Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Dripping Springs, TX 76820 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/07/2025	Full name of contributor out-of-state PAC (ID#:_ Kinsel, Patrica Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Dripping Springs, TX 76820				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/17/2025	Full name of contributor out-of-state PAC (ID#:_ Kinsel, Patricia Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Dripping Springs, TX 76820 pation / Job title (See Instructions)	Employer (See Instructions			
	r illicipai occu	pation / 300 title (See Instructions)	Employer (See instructions	,		
	Date 06/09/2025	Full name of contributor out-of-state PAC (ID#:_Kinsel, Patricia Contributor address; City; State; Zip Code Dripping Springs, TX 76820			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/15 Rpt: 13/28	
2	FILER NAME Dripping Are	a Democrats		3	Filer ID (Ethics Commission 00089438	Filers)
4	Date 04/21/2025	5 Full name of contributor out-of-state PAC (ID#:_ Kinsel, patricia 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
_	Daine in all account	Dripping Springs, TX 76820				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 04/22/2025	Full name of contributor out-of-state PAC (ID#:_Kinsel, patricia Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	Dripping Springs, TX 76820 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#: Mathys, Nike Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Dripping Springs, TX 76820 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/05/2025	Full name of contributor out-of-state PAC (ID#:_ Ober, Mary Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Dripping Springs, TX 76820 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/05/2025	Full name of contributor out-of-state PAC (ID#:_ Parish, Linda Contributor address; City; State; Zip Code Dripping Springs, TX 76820)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / 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: 11/15 Rpt: 14/28		
2	FILER NAME Dripping Are	a Democrats		3	Filer ID (Ethics Commission 00089438	Filers)
4	Date 06/27/2025	5 Full name of contributor out-of-state PAC (ID#:_ Pedrazas, Sandy 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$25.00
_	Delicalis al access	Dripping Springs, TX 76820				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 03/05/2025	Full name of contributor out-of-state PAC (ID#:_Pool, Joe Contributor address; City; State; Zip Code Dripping Springs, TX 76820			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/05/2025	Full name of contributor out-of-state PAC (ID#:_ Pool, Leslie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Dripping Springs, TX 76820 pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 01/30/2025	Full name of contributor out-of-state PAC (ID#:_ Randolph-Brooks Federal Credit Union Contributor address; City; State; Zip Code Dripping Springs, TX 76820			Amount of Contribution (\$)	\$0.03
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Randolph-Brooks Federal Credit Union Contributor address; City; State; Zip Code Dripping Springs, TX 76820)		Amount of Contribution (\$)	\$0.03
	Principal occu	pation / 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: 12/15 Rpt: 15/28		
2	FILER NAME Dripping Are	a Democrats		3	Filer ID (Ethics Commission 00089438	Filers)
4	Date 03/31/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$0.02
0	Dringing! goog	Dripping Springs, TX 76820 pation / Job title (See Instructions)	Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 04/24/2025	Full name of contributor out-of-state PAC (ID#:_ Randolph-Brooks Federal Credit Union Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$0.05
	Principal occu	Dripping Springs, TX 76820 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/25/2025	Full name of contributor out-of-state PAC (ID#:_Sharp, Micah Contributor address; City; State; Zip Code Dripping Springs, TX 76820			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/04/2025	Full name of contributor out-of-state PAC (ID#:_ Thomas, Jan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$13.96
	Principal occu	Dripping Springs, TX 76820 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/04/2025	Full name of contributor out-of-state PAC (ID#:_ Thomas, Jan Contributor address; City; State; Zip Code Dripping Springs, TX 76820			Amount of Contribution (\$)	\$27.34
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1	
	The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 13/15 Rpt: 16/28		
2	FILER NAME Dripping Are	a Democrats		3	Filer ID (Ethics Commission 00089438	n Filers)
4	Date 04/07/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$20.00
_		Dripping Springs, TX 76820				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 05/06/2025	Full name of contributor out-of-state PAC (ID#:_ Thomas, Jan Contributor address; City; State; Zip Code Dripping Springs, TX 76820)		Amount of Contribution (\$)	\$150.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/05/2025	Full name of contributor out-of-state PAC (ID#: Treece, Deb Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		Dripping Springs, TX 76820				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/05/2025	Full name of contributor out-of-state PAC (ID#:_ Trevino, Laurel Contributor address; City; State; Zip Code Dripping Springs, TX 76820)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/05/2025	Full name of contributor out-of-state PAC (ID#:_ Wesson, Jan Contributor address; City; State; Zip Code Dripping Springs, TX 76820			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 14/15 Rpt: 17/28	
2	FILER NAME Dripping Are	a Democrats		3	Filer ID (Ethics Commission 00089438	n Filers)
4	Date 03/05/2025	 Full name of contributor out-of-state PAC (ID#:_Wilkinson, Linda Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
_		Dripping Springs, TX 76820				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 04/07/2025	Full name of contributor out-of-state PAC (ID#:_ Wilkinson, Linda Contributor address; City; State; Zip Code Dripping Springs, TX 76820			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/05/2025	Full name of contributor out-of-state PAC (ID#:_Wilson, Debbie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Dripping Springs, TX 76820				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/17/2025	Full name of contributor out-of-state PAC (ID#:_ Wilson, Ken Contributor address; City; State; Zip Code Dripping Springs, TX 76820)		Amount of Contribution (\$)	\$170.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/05/2025	Full name of contributor out-of-state PAC (ID#:_ Wilson, Ken Contributor address; City; State; Zip Code Dripping Springs, TX 76820)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 15/15 Rpt: 18/28		
2	FILER NAME Dripping Are	ea Democrats		3	Filer ID (Ethics Commission 00089438	r Filers)
4	Date 04/21/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
		Dripping Springs, TX 76820				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 04/12/2025	Full name of contributor			Amount of Contribution (\$)	\$10.00
	Principal occu	Dripping Springs, TX 76820 upation / Job title (See Instructions)	Employer (See Instructions	 		
	· 			_		
	Date 04/12/2025	Full name of contributor out-of-state PAC (ID#: Zinn, Moria Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Dripping Springs, TX 76820				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 1/10 Rpt: 19/28	Dripping Area Democrats	00089438
4 Date	5 Payee name	'
06/09/2025	Act Blue	
6 Amount (\$)	7 Payee address; City; State; Zip C	code
\$0.80	366 Summer Street	
Expenditure from corporate funds	Somerville, MA 02144	
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
		donation processing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught Office held
experientare to seriout eye		
Date	Payee name	
06/09/2025	Act Blue	
Amount (\$)	Payee address; City; State; Zip C	code
\$0.40	366 Summer Street	
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.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		donation processing fee
2 1 2 2 2 2 2 2 2		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught Office held
Date	Payee name	
06/16/2025	Act Blue	
Amount (\$)	Payee address; City; State; Zip C	code
\$2.38	366 Summer Street	
Expenditure from corporate funds	Somerville, MA 02144	
PURPOSE		(b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	7.000driurig/Darikirig	Check if Austin, TX, officeholder living expense
		donation processing fee
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/O	4	
Francisco Markette F		V V. 1 2 2 2 1 5 1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/10 Rpt: 20/28	Dripping Area Democrats 00089438
4 Date	5 Payee name
06/28/2025	Act Blue
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.80	366 Summer Street
Expenditure from corporate funds	Somerville, MA 02144
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 donation processing fee
	donation processing fee
2	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/31/2025	Act Blue
Amount (\$)	Payee address; City; State; Zip Code
\$2.38	366 Summer Street
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
	donation processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to bettern 6/01	'
Date	Payee name
04/12/2025	Act Blue
Amount (\$)	Payee address; City; State; Zip Code
\$1.79	366 Summer Street
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
	donation processing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1: Sch: 3/10 Rpt: 21/28	2 FILER NAME Dripping Area Democrats 3 Filer ID (Ethics Commission Filers) 00089438	
4 Date 04/21/2025	5 Payee name Act Blue	
6 Amount (\$) \$2.78	7 Payee address; City; State; Zip Code 366 Summer Street	
Expenditure from corporate funds	Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense donation processing fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
Date 04/22/2025	Payee name Act Blue	
Amount (\$) \$1.59	Payee address; City; State; Zip Code 366 Summer Street	
Expenditure from corporate funds	Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense donation processing fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H	
Date 05/10/2025	Payee name Act Blue	
Amount (\$) \$1.20	Payee address; City; State; Zip Code 366 Summer Street	
Expenditure from corporate funds	Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense donation processing fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 4/10 Rpt: 22/28	Dripping Area Democrats 00089438
4 Date	5 Payee name
05/17/2025	Act Blue
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$12.65	366 Summer Street
Expenditure from	
corporate funds	Somerville, MA 02144
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 donation processing fee
	donation processing ree
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
06/27/2025	Act Blue
Amount (\$)	Payee address; City; State; Zip Code
\$2.00	366 Summer Street
Expenditure from corporate funds	Somerville, MA 02144
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 donation processing fee
	donation processing ree
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
06/30/2025	Act Blue
Amount (\$)	Payee address; City; State; Zip Code
\$1.98	366 Summer Street
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
	donation processing fee
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	y

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	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: 5/10 Rpt: 23/28	Dripping Area Democrats 00089438	
4 Date	5 Payee name	
05/30/2025	Broadway Bank	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$4.00	PO Box 17001	
Expenditure from corporate funds	San Antonio, TX 78217	
8 PURPOSE		_
OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	bank monthly fee	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
Date	Payee name	_
05/10/2025	Broadway Bank	
	-	_
Amount (\$)	Payee address; City; State; Zip Code	
\$17.93	PO Box 17001	
Expenditure from		
corporate funds	San Antonio, TX 78217	
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.	
LAPENDITORE	Check if Austin, TX, officeholder living expense	
	buy checks	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experioritire to benefit C/O		
Date	Payee name	
04/28/2025	City of Dripping Springs	
Amount (\$)	Payee address; City; State; Zip Code	
\$150.00	511 Mercer St	
Expenditure from corporate funds	Dripping Springs, TX 78620	
•	1. 2 . 2	_
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Figure 5 Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Booth for Founder's day festival	
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

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

Credit Card Payment	The Instruction Guide explains how to co	nplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission	on Filers)
Sch: 6/10 Rpt: 24/28	Dripping Area Democrats		00089438	
4 Date	5 Payee name	•		
04/25/2025	GoDaddy			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$22.16	2155 E GoDaddy Way			
Expenditure from corporate funds	Tempe, AZ 85284			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Advertising Expense	Check if travel o	outside of Texas. Complete Schedule T.	
EXI ENDITORE		Check if Austin, website	TX, officeholder living expense	
		website		
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	nht	Office held	
expenditure to benefit C/Ol		,,,,,	Onice Held	
Date	Davies name			
04/04/2025	Payee name HEB			
		do		
Amount (\$) \$37.34	Payee address; City; State; Zip Co	ae		
φ3 <i>1</i> .34	598 E. Hwy US 290			
Expenditure from	Deigning Carings TV 70020			
corporate funds	Dripping Springs, TX 78620			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	outside of Texas. Complete Schedule T.	
EXPENDITURE	Event Expense	ш	TX, officeholder living expense	
		food for meeti	ing	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
expenditure to benefit C/OI	1			
Date	Payee name			
04/04/2025	HEB			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$13.96	598 E. Hwy US 290			
Expenditure from				
corporate funds	Dripping Springs, TX 78620			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Event Expense	<u> </u>	outside of Texas. Complete Schedule T.	
		food for meeti	TX, officeholder living expense	
		iood ioi iiideti	A	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	aht	Office held	
expenditure to benefit C/O		, -	5	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Frinting Expense
Salaries/Mange/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wa The Instruction Guide explains how to con	ages/Contract Labor OTHER (enter a category not listed above) nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 7/10 Rpt: 25/28	Dripping Area Democrats	00089438
4 Date	5 Payee name	
04/22/2025	Mailchimp	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de
\$21.32	405 N Angier Ave	
Expenditure from corporate funds	Atlanta, GA 30308	
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
		email platform
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug H	ght Office held
Date	Payee name	
05/21/2025	Mailchimp	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$21.32	405 N Angier Ave	
Expenditure from corporate funds	Atlanta, GA 30308	
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
		email platform
		•
Complete ONLY if direct	Candidate/Officeholder name Office soug	ght Office held
expenditure to benefit C/OI	H	
Date	Payee name	
06/23/2025	Mailchimp	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$21.32	405 N Angier Ave	
Expenditure from corporate funds	Atlanta, GA 30308	
PURPOSE OF	, ,	(b) Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense email platform
		oman pianorm
Complete ONLY if direct	Candidate/Officeholder name Office soug	aht 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 C

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	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: 8/10 Rpt: 26/28	Dripping Area Democrats 00089438	
4 Date	5 Payee name	
04/09/2025	Mailchimp	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$21.32	405 N Angier Ave	
Expenditure from		
corporate funds	Atlanta, GA 30308	
8 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	
	email platform	
	Citical places	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	1	
Date	Payee name	
03/22/2025	Sententia Vera Cultural Hub	
Amount (\$)	Payee address; City; State; Zip Code	
\$178.61	4002 E US-290	
Funanditura from		
Expenditure from corporate funds	Dripping Springs, TX 78620	
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 room for event	
	mosting realing as a realing	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH		
Date	Payee name	
04/16/2025	Sententia Vera Cultural Hub	
Amount (\$)	Payee address; City; State; Zip Code	
\$178.61	4002 E US-290	
Expenditure from corporate funds	Dripping Springs, TX 78620	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Event Expense	
	Check if Austin, TX, officeholder living expense	
	meeting room for event	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		

SCHEDULE F1

Advertising Expense Even
Accounting/Banking Fees
Consulting Expense Food
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal
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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Printing Expense Trave
Printing Expense Trave
Salaries/Wages/Contract Labor OTHE

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

Great Gara F dyment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 9/10 Rpt: 27/28	Dripping Area Democrats	00089438
4 Date 06/10/2025	5 Payee name Sententia Vera Cultural Hub	
6 Amount (\$) \$176.55	7 Payee address; City; State; Zip C 4002 E US-290	ode
Expenditure from corporate funds	Dripping Springs, TX 78620	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense meeting room for event
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so H	ught Office held
Date	Payee name	
04/09/2025	Slice Street Pizza	
Amount (\$) \$143.49	Payee address; City; State; Zip C 333 US-290	ode
Φ143.49		
Expenditure from corporate funds	suite 401 Dripping Springs, TX 78620	
PURPOSE OF EXPENDITURE	(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. Check if Austin, TX, officeholder living expense food for meeting
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught Office held
Date	Payee name	
04/01/2025	Square.com	
Amount (\$) \$0.41 Expenditure from corporate funds	Payee address; City; State; Zip C 1455 Market Street Suite 600 San Francisco, CA 94103	ode
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense credit card processing fee
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	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: 10/10 Rpt: 28/28	Dripping Area Democrats 00089438		
4 Date	5 Payee name		
04/16/2025	Square.com		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$0.41	1455 Market Street		
	Suite 600		
Expenditure from corporate funds	San Francisco, CA 94103		
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		
	credit card processing fee		
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		
04/09/2025	Wix.com		
Amount (\$)	Payee address; City; State; Zip Code		
\$155.52	500 Terry A. Francois Boulevard		
	6th floor		
Expenditure from corporate funds	San Francisco, CA 94158		
•	1		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
	web site		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OH			
Date	Payee name		
04/28/2025	Zoom.Com		
Amount (\$)			
\$170.62	55 Almaden Boulevard		
Expenditure from	6th floor		
corporate funds	San Jose, CA 95113		
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		
	zoom meetings		
0 1. 6			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Supplication to Soliton Groun			