

COUNTY EXECUTIVE COMMITTEE CAMPAIGN FINANCE REPORT

FORM CEC
COVER SHEET PG 1

The CEC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00017074	2 Total pages filed: 20
3 COMMITTEE NAME Brazoria County Democratic Party (CEC)			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/13/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3215 Amerson Dr. Pearland, TX 77584		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Jose R. ----- NICKNAME LAST SUFFIX Joe Parra		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3215 Amerson Dr. Pearland, TX 77584		
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3215 Amerson Dr. Pearland, TX 77584		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 451-9484		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Final Report <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

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC
COVER SHEET PG 2

12 COMMITTEE NAME Brazoria County Democratic Party (CEC)		13 Filer ID (Ethics Commission Filers) 00017074	
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 type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 17,643.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00	
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,191.41	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 11,948.13	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00	

16 AFFIDAVIT

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.

Mr. Jose R. Parra

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - CEC**FORM CEC**
COVER SHEET PG 3
3 of 20

17 COMMITTEE NAME Brazoria County Democratic Party (CEC)		18 Filer ID (Ethics Commission Filers) 00017074
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 17,643.00
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 E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 11,191.41
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
10.	<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: 1/8 Rpt: 4/20
2 FILER NAME Brazoria County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00017074
4 Date 02/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abdin, Yara <hr/> 6 Contributor address; City; State; Zip Code Iowa Colony, TX 77583	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) MEDICAL SONOGRAPHER		9 Employer (See Instructions) UNIVERSITY OF TEXAS
Date 06/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAREY-BAY, ERMA <hr/> Contributor address; City; State; Zip Code MANVEL, TX 77578	Amount of Contribution (\$) \$85.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF EMPLOYED
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHANGE, AVOLENE C. <hr/> Contributor address; City; State; Zip Code ALVIN, TX 77511	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 06/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COSKREY, VALERIE <hr/> Contributor address; City; State; Zip Code SWEENEY, TX 77480	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) UNEMPLOYED		Employer (See Instructions) UNEMPLOYED
Date 06/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRAWFORD , LEWIS <hr/> Contributor address; City; State; Zip Code ANGLETON, TX 77515	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) OFFICE MANAGER		Employer (See Instructions) IUOE LOCAL 564

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/8 Rpt: 5/20
2 FILER NAME Brazoria County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00017074
4 Date 06/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FILLMAN, VANESSA 6 Contributor address; City; State; Zip Code PEARLAND, TX 77581	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) UNEMPLOYED		9 Employer (See Instructions) UNEMPLOYED
Date 06/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOWLER, THOMAS Contributor address; City; State; Zip Code LAKE JACKSON, TX 77566	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) UNEMPLOYED		Employer (See Instructions) UNEMPLOYED
Date 06/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANCIS, JENNIFER Contributor address; City; State; Zip Code PEARLAND, TX 77581	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) UNEMPLOYED		Employer (See Instructions) UNEMPLOYED
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANCIS, JENNIFER Contributor address; City; State; Zip Code PEARLAND, TX 77581	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) UNEMPLOYED		Employer (See Instructions) UNEMPLOYED
Date 06/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FUELESS, SCOTT Contributor address; City; State; Zip Code PEARLAND, TX 77584	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) AUTHOR & CONSULTANT		Employer (See Instructions) SELF EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/8 Rpt: 6/20
2 FILER NAME Brazoria County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00017074
4 Date 06/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACKSON, DELORES <hr/> 6 Contributor address; City; State; Zip Code PEARLAND, TX 77584	7 Amount of Contribution (\$) \$120.00
8 Principal occupation / Job title (See Instructions) UNEMPLOYED		9 Employer (See Instructions) UNEMPLOYED
Date 01/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JENKINS, ROBYN <hr/> Contributor address; City; State; Zip Code PEARLAND, TX 77584	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) UNEMPLOYED		Employer (See Instructions) UNEMPLOYED
Date 06/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONES, GARY <hr/> Contributor address; City; State; Zip Code LAKE JACKSON, TX 77566	Amount of Contribution (\$) \$90.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONES, MARGARET <hr/> Contributor address; City; State; Zip Code LAKE JACKSON, TX 77566	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) UNEMPLOYED		Employer (See Instructions) UNEMPLOYED
Date 05/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MACASKIE, ROSEMARY W. <hr/> Contributor address; City; State; Zip Code PEARLAND, TX 77584	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) Machining Specialists Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/8 Rpt: 7/20
2 FILER NAME Brazoria County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00017074
4 Date 06/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTIN, ZACHERY <hr/> 6 Contributor address; City; State; Zip Code PEARLAND, TX 77584	7 Amount of Contribution (\$) \$120.00
8 Principal occupation / Job title (See Instructions) CONSTRUCTION MANAGER		9 Employer (See Instructions) DESIGNS
Date 06/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MATHIS, S W <hr/> Contributor address; City; State; Zip Code ROSHARON, TX 77583	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) CAREGIVER		Employer (See Instructions) SELF EMPLOYED
Date 03/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORALES, VIVIANA <hr/> Contributor address; City; State; Zip Code CLUTE, TX 77531	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) HTL		Employer (See Instructions) MEMORIAL HOSPITAL
Date 06/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MUNRO, ROBERT <hr/> Contributor address; City; State; Zip Code ANGELTON, TX 77515	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 06/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MYERS, LAURA G <hr/> Contributor address; City; State; Zip Code ALVIN, TX 77511	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) RENTAL PROPERTY MANAGER		Employer (See Instructions) SELF EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/8 Rpt: 8/20
2 FILER NAME Brazoria County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00017074
4 Date 02/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PARRA, JOSE <hr/> 6 Contributor address; City; State; Zip Code PEARLAND, TX 77584	7 Amount of Contribution (\$) \$120.00
8 Principal occupation / Job title (See Instructions) ACCOUNTANT		9 Employer (See Instructions) RETIRED
Date 05/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PEARLAND DEMOCRATS CLUB <hr/> Contributor address; City; State; Zip Code PEARLAND, TX 77584	Amount of Contribution (\$) \$272.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PEGADA, DENISE LAMB <hr/> Contributor address; City; State; Zip Code LAKE JACKSON, TX 77566	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) UNEMPLOYED		Employer (See Instructions) UNEMPLOYED
Date 06/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POLK, AMANDA <hr/> Contributor address; City; State; Zip Code MANVEL, TX 77578	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) NURSE		Employer (See Instructions) MD ANDERSON CANCER CENTER
Date 06/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAGADY, CHRISTINA <hr/> Contributor address; City; State; Zip Code ROSHARON, TX 77583	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) UNEMPLOYED		Employer (See Instructions) UNEMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/8 Rpt: 9/20
2 FILER NAME Brazoria County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00017074
4 Date 01/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHIRING, SANDRA <hr/> 6 Contributor address; City; State; Zip Code ALVIN, TX 77511	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 05/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SNAPP, COOPER <hr/> Contributor address; City; State; Zip Code PEARLAND, TX 77581	Amount of Contribution (\$) \$120.00
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) NASA
Date 05/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SNAPP, LEILANI <hr/> Contributor address; City; State; Zip Code PEARLAND, TX 77581	Amount of Contribution (\$) \$120.00
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions) SPIRIT HALLOWEEN
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SPAIN, CHARLES <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77006	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF EMPLOYED
Date 06/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SPIEGELHAUER, TRAVIS <hr/> Contributor address; City; State; Zip Code PEARLAND, TX 77584	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) DOW

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/8 Rpt: 10/20
2 FILER NAME Brazoria County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00017074
4 Date 06/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, TARAH <hr/> 6 Contributor address; City; State; Zip Code PEARLAND, TX 77584	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) INSTRUCTIONAL DESIGNER		9 Employer (See Instructions) SOUTHWEST AIRLINES
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEPPER, SHEILA <hr/> Contributor address; City; State; Zip Code LAKE JACKSON, TX 77566	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) SUB TEACHER		Employer (See Instructions) BRAZORIA IND SCHOOL DISTRICT
Date 06/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS MAJORITY PAC <hr/> Contributor address; City; State; Zip Code HOUSTON, TX 77265-6610	Amount of Contribution (\$) \$15,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THIEDE, CHRIS <hr/> Contributor address; City; State; Zip Code LAKE JACKSON, TX 77566	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) CHEMICAL ENGINEER		Employer (See Instructions) DOW
Date 06/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VAN CLEVE, JUDY <hr/> Contributor address; City; State; Zip Code PEARLAND, TX 77584	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) PR CONSULTANT		Employer (See Instructions) VAN CLEVE-HOUSTON PR

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/8 Rpt: 11/20
2 FILER NAME Brazoria County Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00017074
4 Date 03/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VOSS, JOHNNY <hr/> 6 Contributor address; City; State; Zip Code ANGLETON, TX 77515	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) UNEMPLOYED		9 Employer (See Instructions) UNEMPLOYED
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHITFIELD, DEBORAH <hr/> Contributor address; City; State; Zip Code PEARLAND , TX 77584	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) UNEMPLOYED		Employer (See Instructions) UNEMPLOYED
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WORD, BONNIE <hr/> Contributor address; City; State; Zip Code PEARLAND, TX 77584	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) SELF EMPLOYED
Date 01/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ZAMORA, STEPHANIE <hr/> Contributor address; City; State; Zip Code LAKE JACKSON, TX 77566	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) NURSE PRACTITIONER		Employer (See Instructions) THEORY HEALTH MEDICAL CLINIC

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: 1/9 Rpt: 12/20	2 FILER NAME Brazoria County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00017074
4 Date 06/25/2025	5 Payee name ACTBLUE	
6 Amount (\$) \$89.39	7 Payee address; City; State; Zip Code P O BOX 441146 SOMMERVILLE, ME 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/20/2025	Payee name ADP Houston	
Amount (\$) \$53.30	Payee address; City; State; Zip Code 4650 WESTWAY PARK HOUSTON, TX 77041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/13/2025	Payee name ADP Houston	
Amount (\$) \$177.22	Payee address; City; State; Zip Code 4650 WESTWAY PARK HOUSTON, TX 77041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 FICA TAX 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: 2/9 Rpt: 13/20	2 FILER NAME Brazoria County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00017074
4 Date 06/30/2025	5 Payee name ADP Houston	
6 Amount (\$) \$177.22	7 Payee address; City; State; Zip Code 4650 WESTWAY PARK HOUSTON, TX 77041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 FICA TAX FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/13/2025	Payee name ADP Houston	
Amount (\$) \$2,316.67	Payee address; City; State; Zip Code 4650 WESTWAY PARK HOUSTON, TX 77041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 ADP PAYROLL 06/13/2025
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/30/2025	Payee name ADP Houston	
Amount (\$) \$2,316.67	Payee address; City; State; Zip Code 4650 WESTWAY PARK HOUSTON, TX 77041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 PAYROLL FEES 06/30/2025
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: 3/9 Rpt: 14/20	2 FILER NAME Brazoria County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00017074
4 Date 06/13/2025	5 Payee name ADP Houston	
6 Amount (\$) \$76.45	7 Payee address; City; State; Zip Code 4650 WESTWAY PARK HOUSTON, TX 77041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 ADP UNEMPLOYMENT TAXES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/30/2025	Candidate/Officeholder name ADP Houston	
Amount (\$) \$76.45	Payee address; City; State; Zip Code 4650 WESTWAY PARK HOUSTON, TX 77041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 ADP UNEMPLOYMENT TAXES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/19/2025	Candidate/Officeholder name AMERDEEP SHEEMAR	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 4230 FM 1462 ROSHARON, TX 77583	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 DEPOSIT
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: 4/9 Rpt: 15/20	2 FILER NAME Brazoria County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00017074
4 Date 06/24/2025	5 Payee name AMERDEEP SHEEMAR	
6 Amount (\$) \$667.67	7 Payee address; City; State; Zip Code 4230 FM 1462 ROSHARON, TX 77583	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 JUNE RENT PRORATED
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/05/2025	Candidate/Officeholder name BIG HORN BBQ	
Amount (\$) \$108.25	Payee address; City; State; Zip Code 2300 SMITH ROAD PEARLAND, TX 77584	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 ROOM RENTAL
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/10/2025	Candidate/Officeholder name DOLLAR GENERAL	
Amount (\$) \$20.57	Payee address; City; State; Zip Code 7455 BAILEY AVENUE PEARLAND, TX 77584	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 PAPER WORK
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: 5/9 Rpt: 16/20	2 FILER NAME Brazoria County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00017074
4 Date 01/27/2025	5 Payee name EXTRA SPACE STORAGE	
6 Amount (\$) \$115.00	7 Payee address; City; State; Zip Code 1400 S. DURANT ALVIN, TX 77511	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 FEB STORAGE RENTAL
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/24/2025	Candidate/Officeholder name Office sought Office held	
Payee name EXTRA SPACE STORAGE		
Amount (\$) \$115.00	Payee address; City; State; Zip Code 1400 S. DURANT ALVIN, TX 77511	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 MARCH STORAGE RENTAL
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/25/2025	Candidate/Officeholder name Office sought Office held	
Payee name EXTRA SPACE STORAGE		
Amount (\$) \$195.00	Payee address; City; State; Zip Code 1400 S. DURANT ALVIN, TX 77511	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 MARCH STORAGE RENTAL
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: 6/9 Rpt: 17/20	2 FILER NAME Brazoria County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00017074
4 Date 04/24/2025	5 Payee name EXTRA SPACE STORAGE	
6 Amount (\$) \$195.00	7 Payee address; City; State; Zip Code 1400 S. DURANT ALVIN, TX 77511	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 APRIL STORAGE RENTAL
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/27/2025	Payee name EXTRA SPACE STORAGE	
Amount (\$) \$195.00	Payee address; City; State; Zip Code 1400 S. DURANT ALVIN, TX 77511	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 MAY STORAGE RENTAL
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/25/2025	Payee name EXTRA SPACE STORAGE	
Amount (\$) \$195.00	Payee address; City; State; Zip Code 1400 S. DURANT ALVIN, TX 77511	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 JUNE STORAGE RENTAL
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: 7/9 Rpt: 18/20	2 FILER NAME Brazoria County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00017074
4 Date 04/24/2025	5 Payee name GO DADDY.COM	
6 Amount (\$) \$44.34	7 Payee address; City; State; Zip Code 14455 N HAYDEN ROAD SUITE 219 SCOTTSDALE, AZ 85260	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/23/2025	Candidate/Officeholder name Office sought Office held	
Payee name MAILCHIP.COM		
Amount (\$) \$345.36	Payee address; City; State; Zip Code 675 PONCE DE LEON AVE NE SUITE 5000 ATLANTA, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/28/2025	Candidate/Officeholder name Office sought Office held	
Payee name OUTREACH CIRCLE		
Amount (\$) \$450.00	Payee address; City; State; Zip Code 444 WEST OCEAN SUITE 800 LONG BEACH, CA 90802	
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 CAMPAIGN MATERIAL
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: 8/9 Rpt: 19/20	2 FILER NAME Brazoria County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00017074
4 Date 06/20/2025	5 Payee name TGM DIGITAL MEDIA	
6 Amount (\$) \$254.39	7 Payee address; City; State; Zip Code 13910 MURPHY ROAD STAFORD, TX 77477	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN MATERIAL
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/20/2025	Candidate/Officeholder name US POSTAL SERVICE	
Amount (\$) \$336.00	Payee address; City; State; Zip Code 2700 CULLEN BLVD PEARLAND, TX 77584	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense STAMP EXPENSE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/19/2025	Candidate/Officeholder name WELLS FARGO	
Amount (\$) \$1.00	Payee address; City; State; Zip Code 10116 BROADWAY PEARLAND, TX 77584	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK FEES
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: 9/9 Rpt: 20/20	2 FILER NAME Brazoria County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00017074
4 Date 03/25/2025	5 Payee name ZOOM VIDEO COMMUNICATIONS	
6 Amount (\$) \$170.46	7 Payee address; City; State; Zip Code 56 ALMADEN BLVD SAN JOSE, CA 95113	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held