FORM CEC **COUNTY EXECUTIVE COMMITTEE CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The CEC Instruction Guide explains how to complete this form. 00017074 3 COMMITTEE NAME **OFFICE USE ONLY** Brazoria County Democratic Party (CEC) Date Received **ELECTRONICALLY FILED** 07/13/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 3215 Amerson Dr. Date Hand-delivered or Date Postmarked Pearland, TX 77584 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Jose R. NAME NICKNAME LAST **SUFFIX** Joe Parra STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 3215 Amerson Dr. STREET **ADDRESS** (Residence or Business) Pearland, TX 77584 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 3215 Amerson Dr. MAILING **ADDRESS** Pearland, TX 77584 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 451-9484 PHONE REPORT January 15 30th day before election Final Report **TYPE** 10th day after campaign treasurer 8th day before election 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

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Brazoria County Democ	cratic Party (CEC)		00017074	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
		в. Орросси		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOAN CONTRIBUTIONS check here if this rep	ZED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold	\$	0.00
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	17,643.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITION	CAL EXPENDITURES	\$	11,191.41
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	L CONTRIBUTIONS MAINTAINED AS OF THE LAST ING PERIOD	DAY \$	11,948.13
OUTSTANDING LOAN TOTALS		AL AMOUNT OF ALL OUTSTANDING LOANS AS OF T E REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	•		·	
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.		
		Mr. Jose	e R. Parra	
		Signature of Car		ırer
AFFIX NOTARY	STAMP / SEAL ABOV	Е		
Sworn to and subscribed	before me, by the said	, th	nis the	day
		fy which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of office	cer administering oath

SUBTOTALS - CEC FORM CEC **COVER SHEET PG 3** 18 Filer ID **17** COMMITTEE NAME (Ethics Commission Filers) Brazoria County Democratic Party (CEC) 00017074 19 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 17,643.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11,191.41 \$

6.

7.

8.

10.

TO FILER

SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

\$

\$

\$

\$

\$

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULI	A1	
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/8 Rpt: 4/20		
2			3	Filer ID (Ethics Commission	Filers)		
		unty Democratic Party (CEC)			L	00017074	
4	Date 5 Full name of contributor		7	Amount of Contribution (\$)	\$25.00		
		lowa Colony, TX 77583					
8		pation / Job title (See Instructions	3)	9 Employer (See Instructions			
	MEDICAL S	ONOGRAPHER		UNIVERSITY OF TEXA	S		
	Date Full name of contributor out-of-state PAC (ID#:) 06/04/2025 CAREY-BAY, ERMA Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$85.00		
		MANVEL, TX 77578					
Principal occupation / Job title (See Instructions) Employer (See Instructions)		5)					
	ATTORNEY SELF EMPLOYED						
	Date 02/26/2025	Full name of contributor CHANGE, AVOLENE C. Contributor address; City; Si	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$20.00
		ALVIN, TX 77511					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u>		
	RETIRED		,	RETIRED	,		
	Date 06/11/2025	Full name of contributor COSKREY, VALERIE Contributor address; City; Si	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$30.00
	Principal occu UNEMPLOY	pation / Job title (See Instructions	5)	Employer (See Instructions UNEMPLOYED	5)		
	Date 06/18/2025	Full name of contributor CRAWFORD , LEWIS Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$60.00
	Principal occu OFFICE MAI	pation / Job title (See Instructions NAGER	5)	Employer (See Instructions IUOE LOCAL 564	5)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE	ULE A1	
	The Instruc	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 00017074	Filers)			
4	Date 06/25/2025 5 Full name of contributor out-of-state PAC (ID#:) 7 FILLMAN, VANESSA 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$60.00			
8	Principal occu	PEARLAND, TX 77581 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>			
	UNEMPLOY			UNEMPLOYED	,			
	Date 06/18/2025	Full name of contributor FOWLER, THOMAS Contributor address; City; Sta	out-of-state PAC (ID#: ite; Zip Code			Amount of Contribution (\$)	\$60.00	
		LAKE JACKSON, TX 7756						
Principal occupation / Job title (See Instructions) Employer (See Instru UNEMPLOYED UNEMPLOYED		Employer (See Instructions UNEMPLOYED	i)					
	Date 06/04/2025	Full name of contributor FRANCIS, JENNIFER Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$6.00	
		PEARLAND, TX 77581						
	Principal occu UNEMPLOY	pation / Job title (See Instructions) ED		Employer (See Instructions UNEMPLOYED	5)			
	Date 04/28/2025	Full name of contributor FRANCIS, JENNIFER Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00	
	Principal occu UNEMPLOY	pation / Job title (See Instructions)		Employer (See Instructions UNEMPLOYED	<u>(</u>			
	Date 06/18/2025	Full name of contributor FUELESS, SCOTT Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$)	\$60.00	
	•	pation / Job title (See Instructions) CONSULTANT		Employer (See Instructions SELF EMPLOYED	5)			
	. to mond	23.1332wi						

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUL	E A1
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 3/8 Rpt: 6/20		
2	Priler NAME Brazoria County Democratic Party (CEC)		3	Filer ID (Ethics Commission 00017074	n Filers)		
4	Date 06/11/2025 5 Full name of contributor out-of-state PAC (ID#:) JACKSON, DELORES 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$120.00		
8	Principal occu	PEARLAND, TX 77584 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> S)		
	UNEMPLOY	ED		UNEMPLOYED			
	Date Full name of contributor out-of-state PAC (ID#:) 01/21/2025 JENKINS, ROBYN Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$25.00		
	PEARLAND, TX 77584						
Principal occupation / Job title (See Instructions) UNEMPLOYED Employer (See Instructions UNEMPLOYED		5)					
	Date Full name of contributor out-of-state PAC (ID#:) 06/11/2025 JONES, GARY Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$90.00		
	Deinsinalassa	LAKE JACKSON, TX 77566		Faralassa (Caralassa trastica)	<u></u>		
	RETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED	5)		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID JONES, MARGARET Contributor address; City; State; Zip Code LAKE JACKSON, TX 77566				Amount of Contribution (\$)	\$30.00
	Principal occu UNEMPLOY	pation / Job title (See Instructions) ED		Employer (See Instructions UNEMPLOYED	5)		
	Date 05/25/2025	Full name of contributor out-of-state PAC (ID MACASKIE, ROSEMARY W. Contributor address; City; State; Zip Code PEARLAND, TX 77584	• •#:			Amount of Contribution (\$)	\$150.00
	Principal occu Office Manag	pation / Job title (See Instructions) ger		Employer (See Instructions Machining Specialists Ir			
			•				

N	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUL	ULE A1	
Т	he Instru	ction Guide explains how t	to complete this form	n.	1	Total pages Schedule A1: Sch: 4/8 Rpt: 7/20		
	LER NAME	int Domosetic Devi (OCC)			3	Filer ID (Ethics Commission	n Filers)	
		unty Democratic Party (CEC)			L	00017074		
	ate 6/25/2025	5 Full name of contributor [MARTIN, ZACHERY 6 Contributor address; City; State	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$120.00	
		PEARLAND, TX 77584						
		pation / Job title (See Instructions)	9	Employer (See Instructions DESIGNS	s)			
					_			
	ate 6/18/2025	Full name of contributor [MATHIS, S W Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$150.00	
		ROSHARON, TX 77583						
Pr	rincipal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
CAREGIVER SELF EMPLOYED								
	ate 3/26/2025	Full name of contributor MORALES, VIVIANA Contributor address; City; Stat	out-of-state PAC (ID#:te; Zip Code)		Amount of Contribution (\$)	\$25.00	
		CLUTE, TX 77531						
	•	pation / Job title (See Instructions)		Employer (See Instructions				
Н	TL			MEMORIAL HOSPITAL				
	ate 6/04/2025	Full name of contributor [MUNRO, ROBERT Contributor address; City; Stat ANGELTON, TX 77515	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$150.00	
	rincipal occu ETIRED	pation / Job title (See Instructions)		Employer (See Instructions RETIRED	<u>I</u> S)			
	ate 6/04/2025	Full name of contributor MYERS, LAURA G	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$60.00	
		Contributor address; City; Stat ALVIN, TX 77511	te; Zip Code					
Pr	rincipal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
R	ENTAL PR	OPERTY MANAGER		SELF EMPLOYED				
Pr	rincipal occu	Contributor address; City; Stat ALVIN, TX 77511 pation / Job title (See Instructions)	te; Zip Code		j			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULI	CHEDULE 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 00017074	ı Filers)			
4	Date 02/15/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$120.00	
8	Principal occu	PEARLAND, TX 77584 pation / Job title (See Instructions)	9	Employer (See Instructions	 - s)			
	ACCOUNTA	NT		RETIRED				
	Date 05/27/2025	Full name of contributor out-of-state PAC (ID#:_PEARLAND DEMOCRATS CLUB Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$272.00	
PEARLAND, TX 77584								
	Principal occupation / Job title (See Instructions) Employer (See Instruction			s)				
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_PEGADA, DENISE LAMB Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$30.00	
		LAKE JACKSON, TX 77566						
	Principal occu UNEMPLOY	pation / Job title (See Instructions) ED		Employer (See Instructions UNEMPLOYED	s)			
	Date 06/04/2025	Full name of contributor out-of-state PAC (ID#:_POLK, AMANDA Contributor address; City; State; Zip Code MANVEL, TX 77578)	•	Amount of Contribution (\$)	\$30.00	
	Principal occu NURSE	pation / Job title (See Instructions)		Employer (See Instructions MD ANDERSON CANO		R CENTER		
	Date 06/04/2025	Full name of contributor out-of-state PAC (ID#:_SAGADY, CHRISTINA Contributor address; City; State; Zip Code ROSHARON, TX 77583)		Amount of Contribution (\$)	\$100.00	
	Principal occu UNEMPLOY	pation / Job title (See Instructions) ED		Employer (See Instructions UNEMPLOYED	5)			

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUL	E A1	
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 6/8 Rpt: 9/20			
2	Prazoria County Democratic Party (CEC)		3	Filer ID (Ethics Commissio 00017074	n Filers)			
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 7 01/21/2025 SHIRING, SANDRA 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$50.00			
8	Principal occu	ALVIN, TX 77511 pation / Job title (See Instructions)	9	Employer (See Instructions	 			
	RETIRED	,		RETIRED	,			
	Date Full name of contributor out-of-state PAC (ID#:) 05/29/2025 SNAPP, COOPER Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$120.00			
	PEARLAND, TX 77581							
Principal occupation / Job title (See Instructions) ENGINEER Employer (See Instructions NASA		s)						
	Date 05/29/2025	Full name of contributor out-of-state PASNAPP, LEILANI Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$120.00	
	Dringing Lagra	PEARLAND, TX 77581		Franks var (Caa kastu atiana	<u></u>			
	MANAGER	pation / Job title (See Instructions)		Employer (See Instructions SPIRIT HALLOWEEN	5)			
	Date 01/23/2025	Full name of contributor out-of-state PASPAIN, CHARLES Contributor address; City; State; Zip Code HOUSTON, TX 77006				Amount of Contribution (\$)	\$100.00	
	Principal occu ATTORNEY	pation / Job title (See Instructions)		Employer (See Instructions SELF EMPLOYED	5)			
	Date 06/18/2025	Full name of contributor out-of-state PASPIEGELHAUER, TRAVIS Contributor address; City; State; Zip Code PEARLAND, TX 77584	AC (ID#:)	•	Amount of Contribution (\$)	\$10.00	
	Principal occu ENGINEER	pation / Job title (See Instructions)		Employer (See Instructions DOW	5)			
			,					

	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 Cou	unty Democratic Party (CEC)			3	Filer ID (Ethics Commission Filers) 00017074
4	Date 06/25/2025 5 Full name of contributor out-of-state PAC (ID#:) TAYLOR, TARAH 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$60.00		
_	Daine in a la casa	PEARLAND, TX 77584	_	Faralas and Constructions		
8		pation / Job title (See Instructions) ONAL DESIGNER	9	Employer (See Instructions SOUTHWEST AIRLINE		
	Date Full name of contributor out-of-state PAC (ID#:) 06/25/2025 TEPPER, SHEILA Contributor address; City; State; Zip Code		•	Amount of Contribution (\$) \$30.00		
	LAKE JACKSON, TX 77566 Principal occupation / Job title (See Instructions) Employer (See Instructions)			 s)		
			BRAZORIA IND SCHOO	OL	DISTRICT	
	Date 06/09/2025	Full name of contributor)		Amount of Contribution (\$) \$15,000.00
	Dringing Lagra	HOUSTON, TX 77265-6610			<u></u>	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)	
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_ THIEDE, CHRIS Contributor address; City; State; Zip Code LAKE JACKSON, TX 77566)	•	Amount of Contribution (\$) \$60.00
	Principal occu CHEMICAL I	pation / Job title (See Instructions) ENGINEER		Employer (See Instructions DOW	5)	
	Date 06/04/2025	Full name of contributor out-of-state PAC (ID#:_VAN CLEVE, JUDY Contributor address; City; State; Zip Code PEARLAND, TX 77584				Amount of Contribution (\$) \$60.00
	Principal occu PR CONSUL	pation / Job title (See Instructions) TANT		Employer (See Instructions VAN CLEVE-HOUSTOR		PR
				32272 11333131		••

	MONET	ARY POLITICAL CONTRIBUTION		E A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/8 Rpt: 11/20	
2	FILER NAME Brazoria Co	unty Democratic Party (CEC)		3	Filer ID (Ethics Commission 00017074	n Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 7 03/12/2025 VOSS, JOHNNY 6 Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$60.00		
_		ANGLETON, TX 77515	1			
8	Principal occu UNEMPLOY	upation / Job title (See Instructions) /ED	9 Employer (See Instructions UNEMPLOYED	s)		
Date Full name of contributor out-of-state PAC (ID#:) 06/25/2025 WHITFIELD, DEBORAH Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$30.00	
PEARLAND , TX 77584 Principal occupation / Job title (See Instructions) Employer (See Instructions		 s)				
	UNEMPLOYED UNEMPLOYED					
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_ WORD, BONNIE Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$30.00
		PEARLAND, TX 77584				
	Principal occu PHYSICIAN	upation / Job title (See Instructions)	Employer (See Instructions SELF EMPLOYED	s)		
	Date 01/29/2025	Full name of contributor out-of-state PAC (ID#:_ZAMORA, STEPHANIE Contributor address; City; State; Zip Code LAKE JACKSON, TX 77566			Amount of Contribution (\$)	\$25.00
	Principal occu NURSE PRA	upation / Job title (See Instructions) ACTIONER	Employer (See Instructions THEORY HEALTH MEI		CAL CLINIC	

Candidate/Officeholder name

Candidate/Officeholder name

Payee name

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

MONTHLY FEES

Office held

Office held

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/9 Rpt: 12/20	Brazoria County Democratic Party (CEC)	00017074
4	Date	5 Payee name	
	06/25/2025	ACTBLUE	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$89.39	P O BOX 441146	
		SOMMERVILLE, ME 02144	
8	PURPOSE OF EXPENDITURE	Consulting Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/20/2025	ADP Houston	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$53.30	4650 WESTWAY PARK	
		HOUSTON, TX 77041	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consulting Expense	outside of Texas. Complete Schedule T.
		Check if Austin,	TX, officeholder living expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

06/13/2025	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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense FICA TAX FEES

Office sought

Office sought

Complete ONLY if direct

Complete ONLY if direct

expenditure to benefit C/OH

Date

expenditure to benefit C/OH

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/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: 2/9 Rpt: 13/20	Brazoria County Democratic Party (CEC) 00017074
4	Date	5 Payee name
	06/30/2025	ADP Houston
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$177.22	4650 WESTWAY PARK
		HOUSTON, TX 77041
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense FICA TAX FEES
		TION TONT ELS
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/Ol	the state of the s
⊨	Date	Power name
	06/13/2025	Payee name ADP Houston
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,316.67	4650 WESTWAY PARK
		HOUSTON, TX 77041
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense ADP PAYROLL 06/13/2025
		ADF FATROLL 00/13/2023
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	Davida marra
	06/30/2025	Payee name ADP Houston
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,316.67	4650 WESTWAY PARK
		HOUSTON, TX 77041
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense PAYROLL FEES 06/30/2025
		PATROLL FEES 00/30/2023
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee	Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services The Instruction Guide 6	nse Printin Salarie	-	se s/Contract Labor		Travel in District Travel Out of Dist OTHER (enter a c	rict ategory not listed above)
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commission Filers)
L	Sch: 3/9 Rpt: 14/20	Brazoria C	County Democratic Pa	rty (CEC)				00017074	
4	Date	5 Payee nam	e						
	06/13/2025	ADP Hous	ston						
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip	Code				
	\$76.45	4650 WES	STWAY PARK						
		HOUSTO	N, TX 77041						
8	PURPOSE	(a) Category	See Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Consulting						de of Texas. Comp	
						ADP UNEMP		officeholder living	
						ADI UNLIVIE	LU	TIVILINI IAA	\LO
9	Complete ONLY if direct	Candidate/O	fficeholder name	Office s	Ought			Office he	ld
9	expenditure to benefit C/O		micenolaei name	Office s	ougnt			Office fiel	
	Date	Payee nam	e						
L	06/30/2025	ADP Hous	ston						
	Amount (\$)	Payee addr	ess; City;	State; Zip	Code				
	\$76.45	4650 WES	STWAY PARK						
		HOUSTO	N, TX 77041						
	PURPOSE	(a) Category	See Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Consulting						de of Texas. Comp	
						Check if Austin		officeholder living	
						ADE ONEME	LU	TIVILINI IAA	AL-J
_	Complete ONLY if direct	Candidate/O	fficeholder name	Office s	ought			Office he	ld
	expenditure to benefit C/O		moonoider name	Office s	Jugiil			Cilico fiel	· ·
-	Date	Dove :	0						
	Date 06/19/2025	Payee nam	e EP SHEEMAR						
				State: 7:-	Cc4-				
	Amount (\$) \$2,500.00	Payee addr 4230 FM 1		State; Zip	coae				
	\$∠,5∪∪.00	423U FIVI]	L 4 UZ						
		ROSHAR	ON, TX 77583						
	PURPOSE	(a) Category	See Categories listed at the top	of this schedule)	(b)	Description		<u> </u>	
	OF EXPENDITURE	Office Ove	erhead/Rental Expens	se				de of Texas. Comp	
						DEPOSIT	ı, IX,	officeholder living	evheupg
	Complete ONLY if direct	Candidate/O	fficeholder name	Office s	ouaht			Office he	d
	expenditure to benefit C/Oh			55 0				2 33 . 101	

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	
┰	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Ĺ	Sch: 4/9 Rpt: 15/20	Brazoria County Democratic Party (CEC) 00017074
4	Date	5 Payee name
	06/24/2025	AMERDEEP SHEEMAR
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$667.67	4230 FM 1462
		ROSHARON, TX 77583
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		JUNE RENT PRORATED
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	
	Date	Payee name
	02/05/2025	BIG HORN BBQ
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$108.25	2300 SMITH ROAD
		PEARLAND, TX 77584
L	DUDD005	
	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	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		ROOM RENTAL
┢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	03/10/2025	DOLLAR GENERAL
H		
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.57	7455 BAILEY AVENUE
		PEARLAND, TX 77584
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		PAPER WORK
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
L		

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

	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)				
ᆫ		The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 5/9 Rpt: 16/20	Brazoria County Democratic Party (CEC) 00017074				
4	Date	5 Payee name				
	01/27/2025	EXTRA SPACE STORAGE				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$115.00	1400 S. DURANT				
		ALVIN, TX 77511				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_			
ľ	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		FEB STORAGE RENTAL				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_			
	expenditure to benefit C/OI	1				
F	Date	Payee name	_			
	02/24/2025	EXTRA SPACE STORAGE				
H	Amount (\$)	Payee address; City; State; Zip Code	_			
	\$115.00	1400 S. DURANT				
		ALVIN, TX 77511				
L	DUDD 0.05	To .	_			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxes Complete Schedule T				
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		MARCH STORAGE RENTAL				
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_			
	expenditure to benefit C/OI	1				
H	Date	Payee name	-			
	03/25/2025	EXTRA SPACE STORAGE				
L						
	Amount (\$) \$195.00	Payee address; City; State; Zip Code 1400 S. DURANT				
	Ф195.00	1400 S. DORANT				
L		ALVIN, TX 77511				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense				
		MARCH STORAGE RENTAL				
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	Complete ONLY if direct expenditure to benefit C/OI					
L	•					
L						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
┝	Total manne Cabadula F1.	
	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	5 Payee name
	04/24/2025	EXTRA SPACE STORAGE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$195.00	1400 S. DURANT
		ALVIN, TX 77511
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		APRIL STORAGE RENTAL
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
⊨	Dete	
	Date	Payee name
	05/27/2025	EXTRA SPACE STORAGE
	Amount (\$)	Payee address; City; State; Zip Code
	\$195.00	1400 S. DURANT
		ALVIN, TX 77511
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		MAY STORAGE RENTAL
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	experiantire to benefit 6/61	<u>'</u>
	Date	Payee name
	06/25/2025	EXTRA SPACE STORAGE
	Amount (\$)	Payee address; City; State; Zip Code
	\$195.00	1400 S. DURANT
		ALVIN, TX 77511
\vdash	PURPOSE	To a
l	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Pental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		JUNE STORAGE RENTAL
		SOME STOTAGE REMITTE
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
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	5 Payee name
04/24/2025	GO DADDY.COM
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$44.34	14455 N HAYDEN ROAD SUITE 219
	SCOTTSDALE, AZ 85260
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense
	Check if Austin, TX, officeholder living expense WEBSITE FEES
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/23/2025	MAILCHIP.COM
Amount (\$)	Payee address; City; State; Zip Code
\$345.36	675 PONCE DE LEON AVE NE
	SUITE 5000 ATLANTA, GA 30308
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense WEBSITE FEES
	WEBSITE FEES
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/28/2025	OUTREACH CIRCLE
Amount (\$)	Payee address; City; State; Zip Code
	Payee address; City; State; Zip Code 444 WEST OCEAN
Amount (\$)	Payee address; City; State; Zip Code 444 WEST OCEAN SUITE 800
Amount (\$) \$450.00	Payee address; City; State; Zip Code 444 WEST OCEAN SUITE 800 LONG BEACH, CA 90802
Amount (\$) \$450.00 PURPOSE OF	Payee address; City; State; Zip Code 444 WEST OCEAN SUITE 800 LONG BEACH, CA 90802 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
Amount (\$) \$450.00 PURPOSE	Payee address; City; State; Zip Code 444 WEST OCEAN SUITE 800 LONG BEACH, CA 90802 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Amount (\$) \$450.00 PURPOSE OF	Payee address; City; State; Zip Code 444 WEST OCEAN SUITE 800 LONG BEACH, CA 90802 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
Amount (\$) \$450.00 PURPOSE OF	Payee address; City; State; Zip Code 444 WEST OCEAN SUITE 800 LONG BEACH, CA 90802 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CAMPAIGN MATERIAL Candidate/Officeholder name Office sought Office held
Amount (\$) \$450.00 PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee address; City; State; Zip Code 444 WEST OCEAN SUITE 800 LONG BEACH, CA 90802 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CAMPAIGN MATERIAL Candidate/Officeholder name Office sought Office held

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/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: 8/9 Rpt: 19/20	Brazoria County Democratic Party (CEC) 00017074
4	Date	5 Payee name
L	06/20/2025	TGM DIGITAL MEDIA
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$254.39	13910 MURPHY ROAD
		STAFORD, TX 77477
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense CAMPAIGN MATERIAL
		CAMPAIGNIMATERIAL
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	06/20/2025	US POSTAL SERVICE
	Amount (\$)	Payee address; City; State; Zip Code
	\$336.00	2700 CULLEN BLVD
		PEARLAND, TX 77584
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		STAMP EXPENSE
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
L		
	Date	Payee name
	06/19/2025	WELLS FARGO
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.00	10116 BROADWAY
		PEARLAND, TX 77584
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense BANK FEES
		DAINN FEES
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Committe		xpense orials Expense n Guide explains		se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	l					3	Filer ID	(Ethics Commission Filers)
L	Sch: 9/9 Rpt: 20/20		zoria County Democ	ratic Party (CE	EC)			00017074	
4	Date		ee name	NUCATIONIC					
L	03/25/2025		OM VIDEO COMMU						
6	Amount (\$)		ee address; City;	State;	; Zip Code				
	\$170.46	50	ALMADEN BLVD						
		SAI	N JOSE, CA 95113						
8	PURPOSE OF		egory (See Categories lister	d at the top of this sch	edule) (b)	Description			
	EXPENDITURE	Cor	nsulting Expense			_		de of Texas. Com officeholder living	
						WEBSITE F			схренае
9	Complete ONLY if direct expenditure to benefit C/Oh		idate/Officeholder name	е (Office sought			Office he	eld