

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM GPAC COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00056435	2 Total pages filed: 16
3 COMMITTEE NAME Guadalupe County Democratic Club			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/04/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 2501  Seguin, TX 78156-2501		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Milda NICKNAME LAST SUFFIX Scott		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 209 Valona  Cibolo, TX 78108		
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 209 Valona  Cibolo, TX 78108		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 854-1679		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year 01/01/2025 THROUGH Month Day Year 06/30/2025		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Guadalupe County Democratic Club		<b>13 Filer ID</b> (Ethics Commission Filers) 00056435
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,451.76
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 917.40
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 3,635.16
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 9,497.57
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 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.

Ms. Milda Scott

\_\_\_\_\_  
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 - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 16

<b>17 COMMITTEE NAME</b> Guadalupe County Democratic Club		<b>18 Filer ID</b> (Ethics Commission Filers) 00056435
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,451.76
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 3,635.16
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/5 Rpt: 4/16
<b>2</b> FILER NAME Guadalupe County Democratic Club		<b>3</b> Filer ID (Ethics Commission Filers) 00056435
<b>4</b> Date 01/02/2025	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00401224 ) ActBlue Texas <hr/> <b>6</b> Contributor address; City; State; Zip Code  Somerville, MA 02144	<b>7</b> Amount of Contribution (\$)  \$81.63
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 01/06/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00401224 ) ActBlue Texas <hr/> Contributor address; City; State; Zip Code  Somerville, MA 02144	Amount of Contribution (\$)  \$48.02
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00401224 ) ActBlue Texas <hr/> Contributor address; City; State; Zip Code  Somerville, MA 02144	Amount of Contribution (\$)  \$28.81
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/15/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00401224 ) ActBlue Texas <hr/> Contributor address; City; State; Zip Code  Somerville, MA 02144	Amount of Contribution (\$)  \$81.63
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/05/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00401224 ) ActBlue Texas <hr/> Contributor address; City; State; Zip Code  Somerville, MA 02144	Amount of Contribution (\$)  \$134.45
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/5 Rpt: 5/16
<b>2</b> FILER NAME Guadalupe County Democratic Club		<b>3</b> Filer ID (Ethics Commission Filers) 00056435
<b>4</b> Date 02/12/2025	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00401224 ) ActBlue Texas <hr/> <b>6</b> Contributor address; City; State; Zip Code  Somerville, MA 02144	<b>7</b> Amount of Contribution (\$)  \$52.82
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 02/20/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00401224 ) ActBlue Texas <hr/> Contributor address; City; State; Zip Code  Somerville, MA 02144	Amount of Contribution (\$)  \$28.81
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/05/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00401224 ) ActBlue Texas <hr/> Contributor address; City; State; Zip Code  Somerville, MA 02144	Amount of Contribution (\$)  \$182.47
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00401224 ) ActBlue Texas <hr/> Contributor address; City; State; Zip Code  Somerville, MA 02144	Amount of Contribution (\$)  \$177.68
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/02/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00401224 ) ActBlue Texas <hr/> Contributor address; City; State; Zip Code  Somerville, MA 02144	Amount of Contribution (\$)  \$57.62
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/5 Rpt: 6/16
<b>2</b> FILER NAME Guadalupe County Democratic Club		<b>3</b> Filer ID (Ethics Commission Filers) 00056435
<b>4</b> Date 04/03/2025	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00401224 ) ActBlue Texas <hr/> <b>6</b> Contributor address; City; State; Zip Code  Somerville, MA 02144	<b>7</b> Amount of Contribution (\$)  \$96.04
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 04/09/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00401224 ) ActBlue Texas <hr/> Contributor address; City; State; Zip Code  Somerville, MA 02144	Amount of Contribution (\$)  \$57.62
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/16/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00401224 ) ActBlue Texas <hr/> Contributor address; City; State; Zip Code  Somerville, MA 02144	Amount of Contribution (\$)  \$52.82
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/23/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00401224 ) ActBlue Texas <hr/> Contributor address; City; State; Zip Code  Somerville, MA 02144	Amount of Contribution (\$)  \$288.15
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/07/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00401224 ) ActBlue Texas <hr/> Contributor address; City; State; Zip Code  Somerville, MA 02144	Amount of Contribution (\$)  \$134.45
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/5 Rpt: 7/16
<b>2</b> FILER NAME Guadalupe County Democratic Club		<b>3</b> Filer ID (Ethics Commission Filers) 00056435
<b>4</b> Date 05/14/2025	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00401224 ) ActBlue Texas <hr/> <b>6</b> Contributor address; City; State; Zip Code  Somerville, MA 02144	<b>7</b> Amount of Contribution (\$)  \$81.63
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 06/04/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00401224 ) ActBlue Texas <hr/> Contributor address; City; State; Zip Code  Somerville, MA 02144	Amount of Contribution (\$)  \$158.46
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/11/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00401224 ) ActBlue Texas <hr/> Contributor address; City; State; Zip Code  Somerville, MA 02144	Amount of Contribution (\$)  \$52.82
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/18/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00401224 ) ActBlue Texas <hr/> Contributor address; City; State; Zip Code  Somerville, MA 02144	Amount of Contribution (\$)  \$28.81
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/25/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00401224 ) ActBlue Texas <hr/> Contributor address; City; State; Zip Code  Somerville, MA 02144	Amount of Contribution (\$)  \$14.40
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/5 Rpt: 8/16
<b>2</b> FILER NAME Guadalupe County Democratic Club		<b>3</b> Filer ID (Ethics Commission Filers) 00056435
<b>4</b> Date 04/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, Milly <b>6</b> Contributor address; City; State; Zip Code  Seguin, TX 78155	<b>7</b> Amount of Contribution (\$)  \$360.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, Milly Contributor address; City; State; Zip Code  Seguin, TX 78155	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed



# 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.

<b>1</b> Total pages Schedule F1: Sch: 1/8 Rpt: 9/16	<b>2</b> FILER NAME Guadalupe County Democratic Club	<b>3</b> Filer ID (Ethics Commission Filers) 00056435
<b>4</b> Date 01/10/2025	<b>5</b> Payee name Campaign Partner	
<b>6</b> Amount (\$) \$49.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 118  Still River, MA 01467	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/10/2025	Candidate/Officeholder name Office sought Office held	
Payee name Campaign Partner		
Amount (\$) \$49.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 118  Still River, MA 01467	
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 Website
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/10/2025	Candidate/Officeholder name Office sought Office held	
Payee name Campaign Partner		
Amount (\$) \$49.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 118  Still River, MA 01467	
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 Website
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.

<b>1</b> Total pages Schedule F1: Sch: 2/8 Rpt: 10/16	<b>2</b> FILER NAME Guadalupe County Democratic Club	<b>3</b> Filer ID (Ethics Commission Filers) 00056435
<b>4</b> Date 04/10/2025	<b>5</b> Payee name Campaign Partner	
<b>6</b> Amount (\$) \$49.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 118  Still River, MA 01467	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/10/2025	Candidate/Officeholder name Office sought Office held	
Payee name Campaign Partner		
Amount (\$) \$49.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 118  Still River, MA 01467	
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 Website
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/10/2025	Candidate/Officeholder name Office sought Office held	
Payee name Campaign Partner		
Amount (\$) \$49.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 118  Still River, MA 01467	
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 Website
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.

<b>1</b> Total pages Schedule F1: Sch: 3/8 Rpt: 11/16	<b>2</b> FILER NAME Guadalupe County Democratic Club	<b>3</b> Filer ID (Ethics Commission Filers) 00056435
<b>4</b> Date 01/30/2025	<b>5</b> Payee name Guadalupe County Democratic Party	
<b>6</b> Amount (\$) \$400.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 807 Main St  Schertz, TX 78154	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/05/2025	Candidate/Officeholder name Office sought Office held	
Payee name Seguin Storage		
Amount (\$) \$109.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1301 E Kingsbury  Seguin, TX 78155	
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 Storage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/03/2025	Candidate/Officeholder name Office sought Office held	
Payee name Seguin Storage		
Amount (\$) \$109.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1301 E Kingsbury  Seguin, TX 78155	
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 Storage
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.

<b>1</b> Total pages Schedule F1: Sch: 4/8 Rpt: 12/16	<b>2</b> FILER NAME Guadalupe County Democratic Club	<b>3</b> Filer ID (Ethics Commission Filers) 00056435
<b>4</b> Date 04/03/2025	<b>5</b> Payee name Sequin Storage	
<b>6</b> Amount (\$) \$109.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1301 E Kingsbury  Sequin, TX 78155	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/02/2025	Candidate/Officeholder name Office sought Office held	
Payee name Sequin Storage		
Amount (\$) \$109.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1301 E Kingsbury  Sequin, TX 78155	
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 Storage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/04/2025	Candidate/Officeholder name Office sought Office held	
Payee name Sequin Storage		
Amount (\$) \$109.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1301 E Kingsbury  Sequin, TX 78155	
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 Storage
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.

<b>1</b> Total pages Schedule F1: Sch: 5/8 Rpt: 13/16	<b>2</b> FILER NAME Guadalupe County Democratic Club	<b>3</b> Filer ID (Ethics Commission Filers) 00056435
<b>4</b> Date 01/22/2025	<b>5</b> Payee name Spirit of Joy	
<b>6</b> Amount (\$) \$150.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 416 Dolle  Seguin, TX 78155	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rent
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/26/2025	Candidate/Officeholder name Office sought Office held	
Payee name Spirit of Joy		
Amount (\$) \$200.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 416 Dolle  Seguin, TX 78155	
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 Rent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/01/2025	Candidate/Officeholder name Office sought Office held	
Payee name Spirit of Joy		
Amount (\$) \$50.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 416 Dolle  Seguin, TX 78155	
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 Rent
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.

<b>1</b> Total pages Schedule F1: Sch: 6/8 Rpt: 14/16	<b>2</b> FILER NAME Guadalupe County Democratic Club	<b>3</b> Filer ID (Ethics Commission Filers) 00056435
<b>4</b> Date 04/30/2025	<b>5</b> Payee name Spirit of Joy	
<b>6</b> Amount (\$) \$75.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 416 Dolle  Seguin, TX 78155	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rent
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/21/2025	Candidate/Officeholder name Office sought Office held	
Payee name Spirit of Joy		
Amount (\$) \$75.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 416 Dolle  Seguin, TX 78155	
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 Rent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/02/2025	Candidate/Officeholder name Office sought Office held	
Payee name State Farm Insurance		
Amount (\$) \$56.66  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1 State Farm Plaza  Bloomington, IL 61710	
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 Insurance
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.

<b>1</b> Total pages Schedule F1: Sch: 7/8 Rpt: 15/16	<b>2</b> FILER NAME Guadalupe County Democratic Club	<b>3</b> Filer ID (Ethics Commission Filers) 00056435
<b>4</b> Date 01/30/2025	<b>5</b> Payee name State Farm Insurance	
<b>6</b> Amount (\$) \$56.66  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1 State Farm Plaza  Bloomington, IL 61710	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Insurance
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/03/2025	Candidate/Officeholder name Office sought Office held	
Payee name State Farm Insurance		
Amount (\$) \$56.66  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1 State Farm Plaza  Bloomington, IL 61710	
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 Insurance
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/31/2025	Candidate/Officeholder name Office sought Office held	
Payee name State Farm Insurance		
Amount (\$) \$56.66  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1 State Farm Plaza  Bloomington, IL 61710	
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 Insurance
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/31/2025	Candidate/Officeholder name Office sought Office held	
Payee name State Farm Insurance		
Amount (\$) \$56.66  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1 State Farm Plaza  Bloomington, IL 61710	
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 Insurance
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.

<b>1</b> Total pages Schedule F1: Sch: 8/8 Rpt: 16/16	<b>2</b> FILER NAME Guadalupe County Democratic Club	<b>3</b> Filer ID (Ethics Commission Filers) 00056435
<b>4</b> Date 04/30/2025	<b>5</b> Payee name State Farm Insurance	
<b>6</b> Amount (\$) \$56.66  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1 State Farm Plaza  Bloomington, IL 61710	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Insurance
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name State Farm Insurance		
Amount (\$) \$45.46  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1 State Farm Plaza  Bloomington, IL 61710	
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 Insurance
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/19/2025	Candidate/Officeholder name Office sought Office held	
Payee name Trevino Enterprises		
Amount (\$) \$600.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 735 E I10  Seguin, TX 78155	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		