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

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Guadalupe County D	emocratic Club		00056435	
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		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	6,227.62
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	8,451.76
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	917.40
	4. TOTAL POLITICA	L EXPENDITURES	\$	3,635.16
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	9,497.57
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	l		<u> </u>	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Ms. Mil	da Scott	
		Signature of Car	npaign Treasui	rer
AFFIX NOTAR	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed before me, by the said	, th	nis the	day
		which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of offic	er administering oath

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

	3 of 16				
17 COMM Guada		18 Filer ID 00056435	(Ethics Commissio	n Filers)	
		SUBTOTALS SCHEDULE		SUBTOTAL A	AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	8,451.76
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	TION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	3,635.16
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	
ı					

	MONEI	ARY POLITICAL CONTR	KIROTIONS	SCHEDULE A1
	The Instru	ction Guide explains how to comp	plete this form.	1 Total pages Schedule A1: Sch: 1/5 Rpt: 4/16
2	FILER NAME Guadalupe (ounty Democratic Club		3 Filer ID (Ethics Commission Filers) 00056435
4	Date 01/02/2025	 Full name of contributor	state PAC (ID#: <u>C00401224</u>) ode	7 Amount of Contribution (\$) \$81.63
8	Principal occu	Somerville, MA 02144 pation / Job title (See Instructions)	9 Employer (See Instructions	5)
	Date 01/06/2025	Full name of contributor x out-of-s ActBlue Texas Contributor address; City; State; Zip Co Somerville, MA 02144	state PAC (ID#: C00401224) ode	Amount of Contribution (\$) \$48.02
	Principal occu	oation / Job title (See Instructions)	Employer (See Instructions	I \$)
	Date 01/08/2025	Full name of contributor x out-of-s ActBlue Texas Contributor address; City; State; Zip Co	state PAC (ID#: <u>C00401224</u>)	Amount of Contribution (\$) \$28.81
	Principal occu	Somerville, MA 02144 pation / Job title (See Instructions)	Employer (See Instructions	S
	Date 01/15/2025	Full name of contributor x out-of-s ActBlue Texas Contributor address; City; State; Zip Co	state PAC (ID#: <u>C00401224</u>) ode	Amount of Contribution (\$) \$81.63
	Principal occu	Somerville, MA 02144 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
	Date 02/05/2025	ActBlue Texas Contributor address; City; State; Zip Co	state PAC (ID#:_C00401224) ode	Amount of Contribution (\$) \$134.45
	Principal occu	Somerville, MA 02144 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>

	MONEI	ARY POLITICAL	CONTRIBUTION	JNS		SCHEDUL	E A1
	The Instru	ction Guide explains ho	w to complete this f	form.	1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/16	
2	FILER NAME Guadalupe (County Democratic Club			1	Filer ID (Ethics Commission 00056435	n Filers)
4	Date 02/12/2025	5 Full name of contributor ActBlue Texas6 Contributor address; City;	x out-of-state PAC (ID#:_	C00401224)	7	Amount of Contribution (\$)	\$52.82
8	Principal occu	Somerville, MA 02144 pation / Job title (See Instruction	ns)	9 Employer (See Instructions	s)		
	Date 02/20/2025	Full name of contributor ActBlue Texas Contributor address; City; Somerville, MA 02144	x out-of-state PAC (ID#:_	C00401224)		Amount of Contribution (\$)	\$28.81
	Principal occu	pation / Job title (See Instruction	ns)	Employer (See Instructions	s)		
	Date 03/05/2025	Full name of contributor ActBlue Texas Contributor address; City;	x out-of-state PAC (ID#:_	C00401224)		Amount of Contribution (\$)	\$182.47
	Principal occu	Somerville, MA 02144 pation / Job title (See Instruction	ns)	Employer (See Instructions	s)		
	Date 03/12/2025	Full name of contributor ActBlue Texas Contributor address; City;	x out-of-state PAC (ID#:_	C00401224)		Amount of Contribution (\$)	\$177.68
	Principal occu	Somerville, MA 02144 pation / Job title (See Instruction	ns)	Employer (See Instructions	s)		
	Date 04/02/2025	Full name of contributor ActBlue Texas Contributor address; City;	x out-of-state PAC (ID#:_	I C00401224)		Amount of Contribution (\$)	\$57.62
	Principal occu	Somerville, MA 02144 pation / Job title (See Instruction	ns)	Employer (See Instructions	<u> </u> s)		
				1			

	MONEI	ARY POLITICAL CONTRIBUTIONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this form.		Total pages Schedule A1: Sch: 3/5 Rpt: 6/16	
2	FILER NAME Guadalupe (County Democratic Club	3	B Filer ID (Ethics Commission 00056435	Filers)
4	Date 04/03/2025	 Full name of contributor	24) 7	7 Amount of Contribution (\$)	\$96.04
8	Principal occu	Somerville, MA 02144 pation / Job title (See Instructions) 9 Empl	oyer (See Instructions)		
	Date 04/09/2025	Full name of contributor X out-of-state PAC (ID#: C0040122 ActBlue Texas Contributor address; City; State; Zip Code Somerville, MA 02144	24)	Amount of Contribution (\$)	\$57.62
	Principal occu		oyer (See Instructions)		
	Date 04/16/2025	Full name of contributor x out-of-state PAC (ID#: C0040122 ActBlue Texas Contributor address; City; State; Zip Code	24)	Amount of Contribution (\$)	\$52.82
	Principal occu	Somerville, MA 02144 pation / Job title (See Instructions) Empl	oyer (See Instructions)		
	Date 04/23/2025	Full name of contributor x out-of-state PAC (ID#: C0040122 ActBlue Texas Contributor address; City; State; Zip Code	24)	Amount of Contribution (\$)	\$288.15
	Principal occu	Somerville, MA 02144 pation / Job title (See Instructions) Empl	oyer (See Instructions)		
	Date 05/07/2025	Full name of contributor x out-of-state PAC (ID#: C0040122 ActBlue Texas Contributor address; City; State; Zip Code	24)	Amount of Contribution (\$)	\$134.45
	Principal occu	Somerville, MA 02144 pation / Job title (See Instructions) Empl	oyer (See Instructions)		

	MONEI	ARY POLITICAL CONTRIB	UTIONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete	e this form.	1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/16
2	FILER NAME Guadalupe (ounty Democratic Club		3 Filer ID (Ethics Commission Filers) 00056435
4	Date 05/14/2025	 Full name of contributor	AC (ID#: <u>C00401224</u>)	7 Amount of Contribution (\$) \$81.63
8	Principal occu	Somerville, MA 02144 pation / Job title (See Instructions)	9 Employer (See Instructions	S)
	Date 06/04/2025	Full name of contributor x out-of-state P. ActBlue Texas Contributor address; City; State; Zip Code Somerville, MA 02144	AC (ID#: <u>C00401224</u>	Amount of Contribution (\$) \$158.46
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Date 06/11/2025	Full name of contributor x out-of-state P. ActBlue Texas Contributor address; City; State; Zip Code	PAC (ID#: C00401224)	Amount of Contribution (\$) \$52.82
	Principal occu	Somerville, MA 02144 Dation / Job title (See Instructions)	Employer (See Instructions	5)
	Date 06/18/2025	Full name of contributor x out-of-state P. ActBlue Texas Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$28.81
	Principal occu	Somerville, MA 02144 pation / Job title (See Instructions)	Employer (See Instructions	5)
	Date 06/25/2025	Full name of contributor X out-of-state P. ActBlue Texas Contributor address; City; State; Zip Code	AC (ID#: C00401224)	Amount of Contribution (\$) \$14.40
	Principal occu	Somerville, MA 02144 pation / Job title (See Instructions)	Employer (See Instructions	5)

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

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 Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Transportation Equipment & Related Expense Travel in District
Travel Out of District
OTHER (order a perfection and place)

Solicitation/Fundraising Expense

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/8 Rpt: 9/16 Guadalupe County Democratic Club 00056435 4 Date Payee name 01/10/2025 Campaign Partner 6 Amount (\$) Payee address; City; State; Zip Code \$49.00 PO Box 118 Expenditure from Still River, MA 01467 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Website Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/10/2025 Campaign Partner Amount (\$) Payee address; City; State; Zip Code \$49.00 PO Box 118 Expenditure from Still River, MA 01467 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Website Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/10/2025 Campaign Partner Amount (\$) Payee address: City; State; Zip Code \$49.00 PO Box 118 Expenditure from corporate funds Still River, MA 01467 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Website Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 7 1 0 1 1 5	
1 Total pages Schedule F1:	
Sch: 2/8 Rpt: 10/16	Guadalupe County Democratic Club 00056435
4 Date	5 Payee name
04/10/2025	Campaign Partner
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$49.00	PO Box 118
Ψ43.00	1 O BOX 110
Expenditure from	
corporate funds	Still River, MA 01467
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Website
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	⊣
Date	Douge name
	Payee name
05/10/2025	Campaign Partner
Amount (\$)	Payee address; City; State; Zip Code
\$49.00	PO Box 118
Expenditure from corporate funds	Still River, MA 01467
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Website
	Western Control of the Control of th
Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/10/2025	Campaign Partner
Amount (\$)	Payee address; City; State; Zip Code
\$49.00	PO Box 118
\$ 13.00	
Expenditure from	OUT DE LA MA CALOZ
corporate funds	Still River, MA 01467
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
LA LABITORE	Check if Austin, TX, officeholder living expense
	Website
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services The Instruction Guide	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1 Total pages Schedule F1:	2 FILER NAM	Ē				3	Filer ID	(Ethics Commission	Filers)
Sch: 3/8 Rpt: 11/16	Guadalupe	County Democration	c Club				00056435		
4 Date	5 Payee name								
01/30/2025	Guadalupe	County Democration	c Party						
6 Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode					
\$400.00	807 Main S	t							
Expenditure from									
corporate funds	Schertz, T	(78154							
8 PURPOSE OF	(a) Category (S	ee Categories listed at the to	op of this schedule)	(b)	Description				
EXPENDITURE	Office Over	head/Rental Exper	ise		=		ide of Texas. Com , officeholder living	plete Schedule T.	
					HQ	, 17	, onicendaei iivinį	у ехрепзе	
9 Complete ONLY if direct	Candidate/Off	iceholder name	Office so	<u> </u>			Office he	eld	
expenditure to benefit C/OI	Н								
Date	Payee name								
02/05/2025	Seguin Sto	rage							
Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
\$109.00	1301 E Kin	gsbury							
Expenditure from corporate funds	Seguin, TX	78155							
PURPOSE	(a) Category (S	ee Categories listed at the to	op of this schedule)	(b)	Description				
OF EXPENDITURE	Office Over	head/Rental Exper	ise		_			plete Schedule T.	
					Storage	, TX	, officeholder living	g expense	
					Storage				
Complete ONLY if direct	Candidate/Off	iceholder name	Office so	<u>l</u> ught			Office he	eld	
expenditure to benefit C/OI	Н								
Date	Payee name								
03/03/2025	Seguin Sto								
Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
\$109.00	1301 E Kin								
		,							
Expenditure from corporate funds	Seguin, TX	78155							
PURPOSE	(a) Category (s	ee Categories listed at the to	op of this schedule)	(b)	Description				
OF EXPENDITURE	I	head/Rental Exper						plete Schedule T.	
EXI ENDITORE					_	, TX	, officeholder living	g expense	
					Storage				
Complete ONLY if direct	Candidate/Off	iceholder name	Office so	uaht			Office he	əld	
expenditure to benefit C/OI		ioonoidei name	Office 30	agni			Office III	J.G	
									(4.0.10(.10

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	ll 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: 4/8 Rpt: 12/16	Guadalupe County Democratic Club 00056435
4 Date	5 Payee name
04/03/2025	Seguin Storage
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$109.00	1301 E Kingsbury
Expenditure from corporate funds	Seguin, TX 78155
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
	Storage
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Dete	
Date	Payee name
05/02/2025	Seguin Storage
Amount (\$)	Payee address; City; State; Zip Code
\$109.00	1301 E Kingsbury
Expenditure from	
corporate funds	Seguin, TX 78155
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Storage
	otorage
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
06/04/2025	Payee name Seguin Storage
Amount (\$)	Payee address; City; State; Zip Code
\$109.00	1301 E Kingsbury
Expenditure from	
corporate funds	Seguin, TX 78155
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Storage
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/8 Rpt: 13/16	Guadalupe County Democratic Club 00056435
4 Date	5 Payee name
01/22/2025	Spirit of Joy
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$150.00	416 Dolle
Expenditure from corporate funds	Seguin, TX 78155
8 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 Rent
	None
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Davies same
02/26/2025	Payee name
	Spirit of Joy
Amount (\$)	Payee address; City; State; Zip Code
\$200.00	416 Dolle
Expenditure from	
corporate funds	Seguin, TX 78155
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
-	Check if Austin, TX, officeholder living expense Rent
	Nent
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
D-1-	
Date 04/01/2025	Payee name
	Spirit of Joy
Amount (\$)	Payee address; City; State; Zip Code
\$50.00	416 Dolle
Expenditure from	
corporate funds	Seguin, TX 78155
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 Rent
	Kent
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

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
Git/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

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: 6/8 Rpt: 14/16	Guadalupe County Democratic Club 00056435
4 Date	5 Payee name
04/30/2025	Spirit of Joy
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$75.00	416 Dolle
- "	
Expenditure from corporate funds	Seguin, TX 78155
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
_/	Check if Austin, TX, officeholder living expense
	Rent
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit ever	
Date	Payee name
05/21/2025	Spirit of Joy
Amount (\$)	Payee address; City; State; Zip Code
\$75.00	416 Dolle
Expenditure from corporate funds	Seguin, TX 78155
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense Cross categories listed at the top of this schedule) Cross plant in the top of this schedule in the top of the top of this schedule in the top of the top of the top of the top of this schedule in the top of the top
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Rent
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
01/02/2025	State Farm Insurance
Amount (\$)	Payee address; City; State; Zip Code
\$56.66	1 State Farm Plaza
400.00	2 State Faith Flaza
Expenditure from	Bloomington, IL 61710
corporate funds	
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
	Insurance
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ 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	
4 7 1 0 1 1 5	
1 Total pages Schedule F1:	
Sch: 7/8 Rpt: 15/16	Guadalupe County Democratic Club 00056435
4 Date	5 Payee name
01/30/2025	State Farm Insurance
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$56.66	1 State Farm Plaza
Expenditure from	Bloomington, IL 61710
corporate funds	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Insurance
	in our land
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
03/03/2025	State Farm Insurance
Amount (\$)	Payee address; City; State; Zip Code
\$56.66	1 State Farm Plaza
Expenditure from corporate funds	Bloomington, IL 61710
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
	Insurance
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
03/31/2025	State Farm Insurance
Amount (\$)	Payee address; City; State; Zip Code
\$56.66	1 State Farm Plaza
Expenditure from corporate funds	Bloomington, IL 61710
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	Check if Austin, TX, officeholder living expense
	Insurance
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	Al 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: 8/8 Rpt: 16/16	Guadalupe County Democratic Club 00056435	
4 Date	5 Payee name	
04/30/2025	State Farm Insurance	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$56.66	1 State Farm Plaza	
Expenditure from corporate funds	Bloomington, IL 61710	
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	
	Insurance	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
experiditure to beliefit C/O		
Date	Payee name	
05/30/2025	State Farm Insurance	
Amount (\$)	Payee address; City; State; Zip Code	
\$45.46	1 State Farm Plaza	
Ψ+3.+0	1 State 1 ami 1 laza	
Expenditure from		
corporate funds	Bloomington, IL 61710	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	
	Check if Austin, TX, officeholder living expense	
	Insurance	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
experialitate to benefit G/G/1		
Date	Payee name	
03/19/2025	Trevino Enterprises	
Amount (\$)	Payee address; City; State; Zip Code	
\$600.00	735 E I10	
,		
Expenditure from	Sequin TV 78155	
corporate funds	Seguin, TX 78155	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Event	
Complete CNII V if direct	Candidate/Officeholder name Office cought Office hold	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
•		