#### 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) 00089022 3 COMMITTEE NAME **OFFICE USE ONLY** Indigenous Peoples Caucus of the Texas Democratic Party Date Received **ELECTRONICALLY FILED** 07/07/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 206 Cambridge Lane Date Hand-delivered or Date Postmarked Longview, TX 75601 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Alfred NAME NICKNAME LAST **SUFFIX** Durante STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 206 Cambridge Lane STREET **ADDRESS** (Residence or Business) Longview, TX 75601 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** MAILING **ADDRESS** TX **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (540) 820-5413 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 Month Day **COVERED** 01/01/2025 **THROUGH** 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

## FORM **GPAC** COVER SHEET PG 2

2 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Indigenous Peoples	Caucus of the Texas Den	nocratic Party	00089022	
4 COMMITTEE	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Managemen	A. Supported		
	Measures     (Describe by date and location)	A. Supported		
	of election and nature of issue.)			
		B. Opposed		
	3. Officeholders			
	Assisted (Identify by name or, if applicable, classify by party.)			
5 CONTRIBUTION	1. TOTAL UNITEMIZE	D POLITICAL CONTRIBUTIONS (OTHER THAN		
TOTALS		OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY)	\$	0.00
		qualifies for the higher itemization threshold		
	2. TOTAL POLITICA	AL CONTRIBUTIONS	\$	642.66
	(OTHER THAN PLE	EDGES, LOANS, OR GUARANTEES OF LOANS)	ľ	642.66
EXPENDITURE	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
TOTALS			ľ	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	14.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAS G PERIOD	T DAY \$	1,475.95
OUTSTANDING	l l	AMOUNT OF ALL OUTSTANDING LOANS AS OF	THE \$	0.00
LOAN TOTALS	LAST DAY OF THE	REPORTING PERIOD		0.00
6 AFFIDAVIT				
		I swear, or affirm, under penalty of p true and correct and includes all info under Title 15, Election Code.		
		Mr. Alfı	red Durante	
		Signature of C	ampaign Treasi	urer
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ned hefore me, by the said		this the	day
		which, witness my hand and seal of office.		auy
		, ,		
Signature of officer	administering oath	Printed name of officer administering oath	Title of offi	cer administering oath

### **SUBTOTALS - GPAC**

## FORM GPAC COVER SHEET PG 3

					3 of 19
<b>17</b> COM	IMITTE	EE NAME	18 Filer ID	(Ethics Commission	Filers)
Indig	genou	s Peoples Caucus of the Texas Democratic Party	00089022		
<b>19</b> SCHI	EDUL	SUBTOTALS			
NAM	E OF	SCHEDULE		SUBTOTAL AN	MOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	370.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	272.66
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION 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	S	\$	14.67
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	9.68

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/4 Rpt: 4/19	
2	FILER NAME Indigenous F	Peoples Caucus of the Texas Democratic Party		3	Filer ID (Ethics Commission 00089022	Filers)
4	Date 06/29/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$5.00
		Boston, MA 02196				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	i)		
	Date 06/15/2025	Full name of contributor out-of-state PAC (ID#:_ActBlue Texas  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
		Boston, MA 02196				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 06/08/2025	Full name of contributor out-of-state PAC (ID#:_ ActBlue Texas Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Boston, MA 02196				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 05/25/2025	Full name of contributor out-of-state PAC (ID#:_ActBlue Texas  Contributor address; City; State; Zip Code  Boston, MA 02196			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 05/18/2025	Full name of contributor out-of-state PAC (ID#:_ ActBlue Texas  Contributor address; City; State; Zip Code  Boston, MA 02196	)		Amount of Contribution (\$)	\$30.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/4 Rpt: 5/19	
2	FILER NAME Indigenous F	reoples Caucus of the Texas Democratic Party		3	Filer ID (Ethics Commission 00089022	Filers)
4	Date 05/11/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$25.00
_	<u></u>	Boston, MA 02196				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 05/04/2025	Full name of contributor out-of-state PAC (ID#: ActBlue Texas Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
		Boston, MA 02196				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<b>;</b> )		
	Date 04/20/2025	Full name of contributor out-of-state PAC (ID#: ActBlue Texas  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
		Boston, MA 02196				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 04/06/2025	Full name of contributor out-of-state PAC (ID#:_ActBlue Texas  Contributor address; City; State; Zip Code  Boston, MA 02196	)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 03/23/2025	Full name of contributor out-of-state PAC (ID#:_ ActBlue Texas  Contributor address; City; State; Zip Code  Boston, MA 02196			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		· ·				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/4 Rpt: 6/19	
2	FILER NAME	Peoples Caucus of the Texas Democratic Party		3	Filer ID (Ethics Commission 00089022	n Filers)
4	Date 03/16/2025	Full name of contributor	)	7	Amount of Contribution (\$)	\$5.00
		Boston, MA 02196				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 03/09/2025	Full name of contributor out-of-state PAC (ID#:_ ActBlue Texas Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Boston, MA 02196 pation / Job title (See Instructions)	Employer (See Instructions	)		
		, , , , , , , , , , , , , , , , , , , ,		,		
	Date 02/23/2025	Full name of contributor out-of-state PAC (ID#:_ ActBlue Texas Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
		Boston, MA 02196				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/16/2025	Full name of contributor out-of-state PAC (ID#:_ ActBlue Texas Contributor address; City; State; Zip Code  Boston, MA 02196	)		Amount of Contribution (\$)	\$105.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/09/2025	Full name of contributor out-of-state PAC (ID#:_ ActBlue Texas Contributor address; City; State; Zip Code  Boston, MA 02196	)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/19
2	FILER NAME Indigenous I	Peoples Caucus of the Texas Democratic Party		3 Filer ID (Ethics Commission Filers) 00089022
4	Date 01/19/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ActBlue Texas</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7 Amount of Contribution (\$) \$10.00
		Boston, MA 02196		
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Date 01/05/2025	Full name of contributor out-of-state PAC (ID#:_ActBlue Texas  Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$25.00
		Boston, MA 02196		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)

The Instru	action Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/4 Rpt: 8/19
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Indigenous Peoples Caucus of the Texas Democratic Party		00089022
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution contribution (\$) description
06/29/2025	Tranggi, raiouri (iiiroi)		\$18.12 In Kind Zoom Service
	7 Contributor address; City; State; Zip Code		
	Atascocita, TX 77346		Check if travel outside of Texas. Complete Schedule T.
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)
Homemake	r	None	
<b>12</b> Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	l .	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of In-kind contribution
05/29/2025	<u> </u>		contribution (\$) description
	Contributor address; City; State; Zip Code		\$17.05 In Kind Zoom Service
	Atascocita, TX 77346		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T.  -JUDICIAL) (See instructions)
Homemake		None	(44)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor		Amount of . In-kind contribution
Date 04/29/2025		)	contribution (\$) description
	Contributor address; City; State; Zip Code		\$17.05 In Kind Zoom Service
			ļ
			į
	Atascocita, TX 77346		Check if travel outside of Texas. Complete Schedule T.
	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)
Homemake		None	(FOR HIDIOIAL) (Considerations)
Contributors	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	

The Instru	action Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 2/4 Rpt: 9/19
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Peoples Caucus of the Texas Democratic Party		00089022
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date 03/29/2025	6 Full name of contributor out-of-state PAC (ID#: Hanggi, Kristin (Mrs.)  7 Contributor address; City; State; Zip Code		8 Amount of contribution (\$) In-kind contribution description \$17.05 In Kind Zoom Service
	Atascocita, TX 77346		
10 Dringing Loop		11 Employer (EOD NO)	Check if travel outside of Texas. Complete Schedule T.  J-JUDICIAL) (See instructions)
Homemake	upation / Job title (FOR NON-JUDICIAL) (See instructions) r	11 Employer (FOR NON None	1-JUDICIAL) (See instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of In-kind contribution
02/28/2025	Hanggi, Kristin (Mrs.)		contribution (\$) description
	Contributor address; City; State; Zip Code		\$17.05 In Kind Zoom Service
			į
	Atascocita, TX 77346		Check if travel outside of Texas. Complete Schedule T.
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	
Homemake	r	None	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of In-kind contribution
01/29/2025	Hanggi, Kristin (Mrs.)		contribution (\$) description \$17.05 I In Kind Zoom Service
	Contributor address; City; State; Zip Code		SET 1.05 FIT KING 200M Service
			į
	Atascocita, TX 77346	,	Check if travel outside of Texas. Complete Schedule T.
Principal occi Homemake	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON None	J-JUDICIAL) (See instructions)
	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor 3	principal decapation (i Giv de Bielin L)	Contributor 3 job title	(1 OTT OOD TOWNE)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 3/4 Rpt: 10/19
2 FILER NAME	LER NAME		3 Filer ID (Ethics Commission Filers)
Indigenous I	Peoples Caucus of the Texas Democratic Party		00089022
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date 06/22/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>		8 Amount of solution (\$) In-kind contribution contribution (\$) description \$28.25 I In Kind Mailchimp Service
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T.  I-JUDICIAL) (See instructions)
Homemaker		None	, , , , , , , , , , , , , , , , , , ,
	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 05/22/2025	Full name of contributor out-of-state PAC (ID#: Hanggi, Kristin (Mrs.) Contributor address; City; State; Zip Code		Amount of In-kind contribution contribution (\$) description \$28.25 I In Kind Mailchimp Service
	Atascocita, TX 77346		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	
Homemaker	r	None	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 04/22/2025	Full name of contributor out-of-state PAC (ID#: Hanggi, Kristin (Mrs.) Contributor address; City; State; Zip Code		Amount of In-kind contribution contribution (\$) description \$28.25 I In Kind Mailchimp Service
Driverinal		Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T.
Principal occu Homemaker	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON None	I-JUDICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A2: Sch: 4/4 Rpt: 11/19
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Indigenous Peoples Caucus of the Texas Democratic Party		00089022
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
<b>5</b> Date	6 Full name of contributor  ut-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution
03/22/2025	Hanggi, Kristin (Mrs.)		contribution (\$) description \$28.25 In Kind Mailchimp Service
	7 Contributor address; City; State; Zip Code		J
			į
	Atacacaita TV 77246		_ ;
10 Principal coo	Atascocita, TX 77346	11 Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T.  J-JUDICIAL) (See instructions)
Homemake	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON None	N-JUDICIAL) (See instructions)
	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
12 Continutions	principal occupation (FOR JODICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
			,
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of In-kind contribution
02/22/2025	Hanggi, Kristin (Mrs.)		contribution (\$) description
	Contributor address; City; State; Zip Code		\$28.25 In Kind Mailchimp Service
	, ,, , ,		!
			į į
	Atascocita, TX 77346		Check if travel outside of Texas. Complete Schedule T.
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	N-JUDICIAL) (See instructions)
Homemake		None	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
0 - 10 4 10 10 10 10 10 10 10 10 10 10 10 10 10	and a self-or (FOR AUDIOIAL)	Laure finance of a contribute	ods areas (from ) (FOD HIDIOIAL)
Contributors	employer/law firm (FOR JUDICIAL)	Law IIIm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
ii contributor	is a child, law lim of parent(s) (if any) (if the sobietic)		
Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of . In-kind contribution
01/22/2025	Hanggi, Kristin (Mrs.)		contribution (\$) description
	Contributor address; City; State; Zip Code		\$28.04 In Kind Mailchimp Service
			į į
			į
	Atascocita, TX 77346		Check if travel outside of Texas. Complete Schedule T.
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	N-JUDICIAL) (See instructions)
Homemake	r	None	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
	( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contribute:	is a shill low firm of parent/a) (if any) /FOR 11 DIGIAL)		
ii contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

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

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: 1/6 Rpt: 12/19	Indigenous Peoples Caucus of the Texas Democratic Party 00089022
4 Date	5 Payee name
06/29/2025	ActBlue Texas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.20	PO Box 962017
Expenditure from corporate funds	Boston, MA 02196
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  Fee ActBlue Service
	T CC ACIDIAC SCIVICC
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
06/15/2025	ActBlue Texas
Amount (\$)	Payee address; City; State; Zip Code
\$0.20	PO Box 962017
Expenditure from corporate funds	Boston, MA 02196
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
	Fee ActBlue Service
0 1 0 0 1 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>	
Date	Payee name
06/08/2025	ActBlue Texas
Amount (\$)	Payee address; City; State; Zip Code
\$0.99	PO Box 962017
Evnanditura fra	
Expenditure from corporate funds	Boston, MA 02196
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.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fee ActBlue Service
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientale to beliefft C/O	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/Politica Credit Card Payment	d 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: 2/6 Rpt: 13/19	Indigenous Peoples Caucus of the Texas Democratic Party 00089022
4 Date	5 Payee name
05/25/2025	ActBlue Texas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.20	PO Box 962017
Expenditure from corporate funds	Boston, MA 02196
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.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Fee ActBlue Service
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
05/18/2025	ActBlue Texas
Amount (\$)	Payee address; City; State; Zip Code
` '	PO Box 962017
\$1.19	PO BOX 902017
Expenditure from	
corporate funds	Boston, MA 02196
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fee ActBlue Service
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
05/11/2025	ActBlue Texas
Amount (\$)	Payee address; City; State; Zip Code
\$0.99	PO Box 962017
40.00	
Expenditure from	
corporate funds	Boston, MA 02196
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVENING INC	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fee ActBlue Service
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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

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: 3/6 Rpt: 14/19	Indigenous Peoples Caucus of the Texas Democratic Party 00089022
4 Date	5 Payee name
05/04/2025	ActBlue Texas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.99	PO Box 962017
Expenditure from	
corporate funds	Boston, MA 02196
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  Fee ActBlue Service
	ree Actulue Service
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
Data	
Date	Payee name
04/20/2025	ActBlue Texas
Amount (\$)	Payee address; City; State; Zip Code
\$0.20	PO Box 962017
— Foresteller of forest	
Expenditure from corporate funds	Boston, MA 02196
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.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fee ActBlue Service
0 1 0 0 1 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
- p	
Date	Payee name
04/06/2025	ActBlue Texas
Amount (\$)	Payee address; City; State; Zip Code
\$0.99	PO Box 962017
Expenditure from corporate funds	Boston, MA 02196
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.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Fee ActBlue Service
0 1: 0:::::::::::::::::::::::::::::::::	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	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

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

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: 4/6 Rpt: 15/19	Indigenous Peoples Caucus of the Texas Democratic Party 00089022
4 Date	5 Payee name
03/23/2025	ActBlue Texas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.20	PO Box 962017
Expenditure from corporate funds	Boston, MA 02196
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  Fee ActBlue Service
	ree Actulue Service
O Complete ONLY if alice -	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	
<u> </u>	
Date	Payee name
03/16/2025	ActBlue Texas
Amount (\$)	Payee address; City; State; Zip Code
\$0.20	PO Box 962017
Expenditure from corporate funds	Boston, MA 02196
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
	Fee ActBlue Service
0 1: 0:11:7:11	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
'	
Date	Payee name
03/09/2025	ActBlue Texas
Amount (\$)	Payee address; City; State; Zip Code
\$0.99	PO Box 962017
Expenditure from corporate funds	Boston, MA 02196
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.
LAFLINDITUKE	Check if Austin, TX, officeholder living expense
	Fee ActBlue Service
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experiolitire to benefit C/O	п 

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/6 Rpt: 16/19	Indigenous Peoples Caucus of the Texas Democratic Party 00089022
4 Date	5 Payee name
02/23/2025	ActBlue Texas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.80	PO Box 962017
Expenditure from corporate funds	Boston, MA 02196
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fee ActBlue Service
	. 00 / 1012 100 00 / 1010
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/16/2025	ActBlue Texas
Amount (\$)	Payee address; City; State; Zip Code
\$4.15	PO Box 962017
Expenditure from corporate funds	Boston, MA 02196
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.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fee ActBlue Service
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
02/09/2025	ActBlue Texas
Amount (\$)	Payee address; City; State; Zip Code
\$0.99	PO Box 962017
Ψ0.55	1 0 50% 302017
Expenditure from	D
corporate funds	Boston, MA 02196
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fee ActBlue Service
	Tee Actual Service
Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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

Candidate/Officeholder/Politic 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: 6/6 Rpt: 17/19	Indigenous Peoples Caucus of the Texas Democratic Party 00089022
4 Date	5 Payee name
01/19/2025	ActBlue Texas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.40	PO Box 962017
Expenditure from	
corporate funds	Boston, MA 02196
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fee ActBlue Service
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/05/2025	ActBlue Texas
Amount (\$)	Payee address; City; State; Zip Code
\$0.99	PO Box 962017
φο.σσ	1 6 BOX 032017
Expenditure from corporate funds	Boston, MA 02196
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
	Fee ActBlue Service
	T SO FIGURIAL CONTINUE
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/C	

## INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

#### SCHEDULE K

The Instruction Guide explains how to complete this form				pages Schedule K: 1/2 Rpt: 18/19				
2	FILER NAME			3	3	Filer II	D (Ethics Commission Fi	lers)
	Indigenous Peoples Caucus of the Texas Democratic Party 0008			9022				
4	Date 5 Name of person from whom amount is received						8 Amount (\$)	
	01/31/2025		Eastman Credit Union					\$0.02
	6 Address of person from whom amount is received; City; State; Zip Code				-			
		ľ						
			Longview, TX 75607					
		7	Purpose for which amount is received C	heck if poli	itic	al cont	ribution returned to filer	
			Interest	·				
	Date	_	Name of person from whom amount is received				Amount (\$)	
	01/27/2025		Eastman Credit Union				Amount (ψ)	\$9.02
	01/21/2025	ļ						Ψ3.02
			Address of person from whom amount is received; City; State; Zip Code					
			Longview, TX 75607					
		H		heck if noli	itic	al cont	I ribution returned to filer	
			Extraordinary Interest	neck ii poli	itic	ai com	indution returned to life.	
_		_					T	
	Date		Name of person from whom amount is received				Amount (\$)	<b>#0.00</b>
	01/31/2025 Eastman Credit Union						\$0.09	
	Address of person from whom amount is received; City; State; Zip Code							
			Longview, TX 75607					
		H		book if poli	itio	ol cont	ribution returned to filer	
		Purpose for which amount is received				ribution returned to liler		
		L						
	Date		Name of person from whom amount is received				Amount (\$)	
	02/28/2025	Eastman Credit Union			\$0.09	\$0.09		
			Address of person from whom amount is received; City; State; Zip Code					
			Languign. TV 75007					
		L	Longview, TX 75607					
				heck if poli	itic	al cont	ribution returned to filer	
			Interest					
	Date		Name of person from whom amount is received				Amount (\$)	
	03/31/2025		Eastman Credit Union					\$0.11
Address of person from whom amount is received; City; State; Zip Code					]			
			Longview, TX 75607					
			Purpose for which amount is received C	heck if poli	itic	al cont	ribution returned to filer	
		L	Interest					

### INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 19/19 2 FILER NAME Filer ID (Ethics Commission Filers) Indigenous Peoples Caucus of the Texas Democratic Party 00089022 Date 8 Amount (\$) 5 Name of person from whom amount is received 04/30/2025 Eastman Credit Union \$0.11 6 Address of person from whom amount is received; City; State; Zip Code Longview, TX 75607 Purpose for which amount is received Check if political contribution returned to filer Interest Amount (\$) Date Name of person from whom amount is received 05/30/2025 Eastman Credit Union \$0.12 Address of person from whom amount is received; City; State; Zip Code Longview, TX 75607 Purpose for which amount is received Check if political contribution returned to filer Interest Date Name of person from whom amount is received Amount (\$) 06/30/2025 Eastman Credit Union \$0.12 Address of person from whom amount is received; City; State; Zip Code Longview, TX 75607 Purpose for which amount is received Check if political contribution returned to filer Interest