

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00089022	<b>2 Total pages filed:</b> 19
<b>3 COMMITTEE NAME</b> Indigenous Peoples Caucus of the Texas Democratic Party		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 07/07/2025	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>4 COMMITTEE ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 206 Cambridge Lane  Longview, TX 75601		
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST MI Mr. Alfred		
	NICKNAME LAST SUFFIX Durante		
<b>6 CAMPAIGN TREASURER STREET ADDRESS</b> <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 206 Cambridge Lane  Longview, TX 75601		
<b>7 CAMPAIGN TREASURER MAILING ADDRESS</b>	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  TX		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION (540) 820-5413		
<b>9 REPORT TYPE</b>	<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		
<b>10 PERIOD COVERED</b>	Month Day Year      Month Day Year 01/01/2025      THROUGH      06/30/2025		
<b>11 ELECTION</b>	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> Indigenous Peoples Caucus of the Texas Democratic Party	<b>13 Filer ID</b> (Ethics Commission Filers) 00089022
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<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>	\$	0.00
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold		
	<b>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</b>	\$	642.66
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$	0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$	14.67
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$	1,475.95
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.

Mr. Alfred Durante  
\_\_\_\_\_  
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

<b>17 COMMITTEE NAME</b> Indigenous Peoples Caucus of the Texas Democratic Party		<b>18 Filer ID</b> (Ethics Commission Filers) 00089022
<b>19 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 370.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 272.66
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	\$ 14.67
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 9.68

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/4 Rpt: 4/19
<b>2</b> FILER NAME Indigenous Peoples Caucus of the Texas Democratic Party		<b>3</b> Filer ID (Ethics Commission Filers) 00089022
<b>4</b> Date 06/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ActBlue Texas <hr/> <b>6</b> Contributor address; City; State; Zip Code  Boston, MA 02196	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 06/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ActBlue Texas <hr/> Contributor address; City; State; Zip Code  Boston, MA 02196	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ActBlue Texas <hr/> Contributor address; City; State; Zip Code  Boston, MA 02196	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ActBlue Texas <hr/> Contributor address; City; State; Zip Code  Boston, MA 02196	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ActBlue Texas <hr/> Contributor address; City; State; Zip Code  Boston, MA 02196	Amount of Contribution (\$)  \$30.00
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: 2/4 Rpt: 5/19
<b>2</b> FILER NAME Indigenous Peoples Caucus of the Texas Democratic Party		<b>3</b> Filer ID (Ethics Commission Filers) 00089022
<b>4</b> Date 05/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ActBlue Texas <hr/> <b>6</b> Contributor address; City; State; Zip Code  Boston, MA 02196	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 05/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ActBlue Texas <hr/> Contributor address; City; State; Zip Code  Boston, MA 02196	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ActBlue Texas <hr/> Contributor address; City; State; Zip Code  Boston, MA 02196	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ActBlue Texas <hr/> Contributor address; City; State; Zip Code  Boston, MA 02196	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ActBlue Texas <hr/> Contributor address; City; State; Zip Code  Boston, MA 02196	Amount of Contribution (\$)  \$5.00
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: 3/4 Rpt: 6/19
<b>2</b> FILER NAME Indigenous Peoples Caucus of the Texas Democratic Party		<b>3</b> Filer ID (Ethics Commission Filers) 00089022
<b>4</b> Date 03/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ActBlue Texas	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>6</b> Contributor address; City; State; Zip Code  Boston, MA 02196		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ActBlue Texas	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Boston, MA 02196		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ActBlue Texas	Amount of Contribution (\$)  \$20.00
Contributor address; City; State; Zip Code  Boston, MA 02196		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ActBlue Texas	Amount of Contribution (\$)  \$105.00
Contributor address; City; State; Zip Code  Boston, MA 02196		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ActBlue Texas	Amount of Contribution (\$)  \$25.00
Contributor address; City; State; Zip Code  Boston, MA 02196		
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: 4/4 Rpt: 7/19
<b>2</b> FILER NAME Indigenous Peoples Caucus of the Texas Democratic Party		<b>3</b> Filer ID (Ethics Commission Filers) 00089022
<b>4</b> Date 01/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ActBlue Texas <hr/> <b>6</b> Contributor address; City; State; Zip Code  Boston, MA 02196	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 01/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ActBlue Texas <hr/> Contributor address; City; State; Zip Code  Boston, MA 02196	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 1/4 Rpt: 8/19	
2 FILER NAME Indigenous Peoples Caucus of the Texas Democratic Party		3 Filer ID (Ethics Commission Filers) 00089022	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 06/29/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanggi, Kristin (Mrs.) ..... 7 Contributor address; City; State; Zip Code  Atascocita, TX 77346	8 Amount of contribution (\$) \$18.12	9 In-kind contribution description In Kind Zoom Service
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Homemaker		11 Employer (FOR NON-JUDICIAL) (See instructions) None	
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 contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 05/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanggi, Kristin (Mrs.) ..... Contributor address; City; State; Zip Code  Atascocita, TX 77346	Amount of contribution (\$) \$17.05	In-kind contribution description In Kind Zoom Service
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Homemaker		Employer (FOR NON-JUDICIAL) (See instructions) 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 contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 04/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanggi, Kristin (Mrs.) ..... Contributor address; City; State; Zip Code  Atascocita, TX 77346	Amount of contribution (\$) \$17.05	In-kind contribution description In Kind Zoom Service
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Homemaker		Employer (FOR NON-JUDICIAL) (See instructions) 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 contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 2/4 Rpt: 9/19	
2 FILER NAME Indigenous Peoples Caucus of the Texas Democratic Party		3 Filer ID (Ethics Commission Filers) 00089022	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 03/29/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanggi, Kristin (Mrs.)	8 Amount of contribution (\$) \$17.05	9 In-kind contribution description In Kind Zoom Service
	7 Contributor address; City; State; Zip Code  Atascocita, TX 77346		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Homemaker		11 Employer (FOR NON-JUDICIAL) (See instructions) None	
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 contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanggi, Kristin (Mrs.)	Amount of contribution (\$) \$17.05	In-kind contribution description In Kind Zoom Service
	Contributor address; City; State; Zip Code  Atascocita, TX 77346		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Homemaker		Employer (FOR NON-JUDICIAL) (See instructions) 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 contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 01/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanggi, Kristin (Mrs.)	Amount of contribution (\$) \$17.05	In-kind contribution description In Kind Zoom Service
	Contributor address; City; State; Zip Code  Atascocita, TX 77346		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Homemaker		Employer (FOR NON-JUDICIAL) (See instructions) 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 contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 3/4 Rpt: 10/19	
2 FILER NAME Indigenous Peoples Caucus of the Texas Democratic Party		3 Filer ID (Ethics Commission Filers) 00089022	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 06/22/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanggi, Kristin (Mrs.)	8 Amount of contribution (\$) \$28.25	9 In-kind contribution description In Kind Mailchimp Service
	7 Contributor address; City; State; Zip Code  Atascocita, TX 77346	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Homemaker		11 Employer (FOR NON-JUDICIAL) (See instructions) None	
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 contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanggi, Kristin (Mrs.)	Amount of contribution (\$) \$28.25	In-kind contribution description In Kind Mailchimp Service
	Contributor address; City; State; Zip Code  Atascocita, TX 77346	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Homemaker		Employer (FOR NON-JUDICIAL) (See instructions) 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 contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 04/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanggi, Kristin (Mrs.)	Amount of contribution (\$) \$28.25	In-kind contribution description In Kind Mailchimp Service
	Contributor address; City; State; Zip Code  Atascocita, TX 77346	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Homemaker		Employer (FOR NON-JUDICIAL) (See instructions) 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 contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 4/4 Rpt: 11/19	
2 FILER NAME Indigenous Peoples Caucus of the Texas Democratic Party		3 Filer ID (Ethics Commission Filers) 00089022	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 03/22/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanggi, Kristin (Mrs.)	8 Amount of contribution (\$) \$28.25	9 In-kind contribution description In Kind Mailchimp Service
	7 Contributor address; City; State; Zip Code  Atascocita, TX 77346	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Homemaker		11 Employer (FOR NON-JUDICIAL) (See instructions) None	
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 contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanggi, Kristin (Mrs.)	Amount of contribution (\$) \$28.25	In-kind contribution description In Kind Mailchimp Service
	Contributor address; City; State; Zip Code  Atascocita, TX 77346	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Homemaker		Employer (FOR NON-JUDICIAL) (See instructions) 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 contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 01/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanggi, Kristin (Mrs.)	Amount of contribution (\$) \$28.04	In-kind contribution description In Kind Mailchimp Service
	Contributor address; City; State; Zip Code  Atascocita, TX 77346	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Homemaker		Employer (FOR NON-JUDICIAL) (See instructions) 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 contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# 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: 1/6 Rpt: 12/19	<b>2</b> FILER NAME Indigenous Peoples Caucus of the Texas Democratic Party	<b>3</b> Filer ID (Ethics Commission Filers) 00089022
<b>4</b> Date 06/29/2025	<b>5</b> Payee name ActBlue Texas	
<b>6</b> Amount (\$) \$0.20  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 962017  Boston, MA 02196	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Fee ActBlue Service
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/15/2025	Candidate/Officeholder name Payee name ActBlue Texas	
Amount (\$) \$0.20  <input type="checkbox"/> Expenditure from corporate funds	Office sought Payee address; City; State; Zip Code PO Box 962017  Boston, MA 02196	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Fee ActBlue Service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/08/2025	Candidate/Officeholder name Payee name ActBlue Texas	
Amount (\$) \$0.99  <input type="checkbox"/> Expenditure from corporate funds	Office sought Payee address; City; State; Zip Code PO Box 962017  Boston, MA 02196	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Fee ActBlue Service
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: 2/6 Rpt: 13/19	<b>2</b> FILER NAME Indigenous Peoples Caucus of the Texas Democratic Party	<b>3</b> Filer ID (Ethics Commission Filers) 00089022
<b>4</b> Date 05/25/2025	<b>5</b> Payee name ActBlue Texas	
<b>6</b> Amount (\$) \$0.20  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 962017  Boston, MA 02196	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Fee ActBlue Service
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/18/2025	Candidate/Officeholder name ActBlue Texas	
Amount (\$) \$1.19  <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 962017  Office held Boston, MA 02196	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Fee ActBlue Service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/11/2025	Candidate/Officeholder name ActBlue Texas	
Amount (\$) \$0.99  <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 962017  Office held Boston, MA 02196	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Fee ActBlue Service
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: 3/6 Rpt: 14/19	<b>2</b> FILER NAME Indigenous Peoples Caucus of the Texas Democratic Party	<b>3</b> Filer ID (Ethics Commission Filers) 00089022
<b>4</b> Date 05/04/2025	<b>5</b> Payee name ActBlue Texas	
<b>6</b> Amount (\$) \$0.99  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 962017  Boston, MA 02196	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Fee ActBlue Service
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/20/2025	Candidate/Officeholder name ActBlue Texas	
Amount (\$) \$0.20  <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 962017  Office held Boston, MA 02196	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Fee ActBlue Service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/06/2025	Candidate/Officeholder name ActBlue Texas	
Amount (\$) \$0.99  <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 962017  Office held Boston, MA 02196	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Fee ActBlue Service
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: 4/6 Rpt: 15/19	<b>2</b> FILER NAME Indigenous Peoples Caucus of the Texas Democratic Party	<b>3</b> Filer ID (Ethics Commission Filers) 00089022
<b>4</b> Date 03/23/2025	<b>5</b> Payee name ActBlue Texas	
<b>6</b> Amount (\$) \$0.20  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 962017  Boston, MA 02196	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Fee ActBlue Service
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/16/2025	Candidate/Officeholder name ActBlue Texas	
Amount (\$) \$0.20  <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 962017  Boston, MA 02196	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Fee ActBlue Service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/09/2025	Candidate/Officeholder name ActBlue Texas	
Amount (\$) \$0.99  <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 962017  Boston, MA 02196	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Fee ActBlue Service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/6 Rpt: 16/19	<b>2</b> FILER NAME Indigenous Peoples Caucus of the Texas Democratic Party	<b>3</b> Filer ID (Ethics Commission Filers) 00089022
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<b>4</b> Date 02/23/2025	<b>5</b> Payee name ActBlue Texas
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<b>6</b> Amount (\$) \$0.80  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 962017  Boston, MA 02196
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Fee ActBlue Service
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/16/2025	Payee name ActBlue Texas
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Amount (\$) \$4.15  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 962017  Boston, MA 02196
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Fee ActBlue Service
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/09/2025	Payee name ActBlue Texas
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Amount (\$) \$0.99  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 962017  Boston, MA 02196
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Fee ActBlue Service
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# 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: 6/6 Rpt: 17/19	<b>2</b> FILER NAME Indigenous Peoples Caucus of the Texas Democratic Party	<b>3</b> Filer ID (Ethics Commission Filers) 00089022
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<b>4</b> Date 01/19/2025	<b>5</b> Payee name ActBlue Texas
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<b>6</b> Amount (\$) \$0.40  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 962017  Boston, MA 02196
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Fee ActBlue Service
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/05/2025	Payee name ActBlue Texas
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Amount (\$) \$0.99  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 962017  Boston, MA 02196
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Fee ActBlue Service
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

**SCHEDULE K**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/2 Rpt: 18/19
<b>2</b> FILER NAME Indigenous Peoples Caucus of the Texas Democratic Party		<b>3</b> Filer ID (Ethics Commission Filers) 00089022
<b>4</b> Date	<b>5</b> Name of person from whom amount is received	<b>8</b> Amount (\$)
01/31/2025	Eastman Credit Union	\$0.02
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code	
	Longview, TX 75607	
	<b>7</b> Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest	
Date	Name of person from whom amount is received	Amount (\$)
01/27/2025	Eastman Credit Union	\$9.02
	Address of person from whom amount is received; City; State; Zip Code	
	Longview, TX 75607	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Extraordinary Interest	
Date	Name of person from whom amount is received	Amount (\$)
01/31/2025	Eastman Credit Union	\$0.09
	Address of person from whom amount is received; City; State; Zip Code	
	Longview, TX 75607	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest	
Date	Name of person from whom amount is received	Amount (\$)
02/28/2025	Eastman Credit Union	\$0.09
	Address of person from whom amount is received; City; State; Zip Code	
	Longview, TX 75607	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution 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 <input type="checkbox"/> Check if political contribution returned to filer Interest	

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

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 2/2 Rpt: 19/19
<b>2</b> FILER NAME Indigenous Peoples Caucus of the Texas Democratic Party		<b>3</b> Filer ID (Ethics Commission Filers) 00089022
<b>4</b> Date 04/30/2025	<b>5</b> Name of person from whom amount is received Eastman Credit Union	<b>8</b> Amount (\$) \$0.11
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  Longview, TX 75607	
	<b>7</b> Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 05/30/2025	Name of person from whom amount is received Eastman Credit Union	Amount (\$) \$0.12
	Address of person from whom amount is received; City; State; Zip Code  Longview, TX 75607	
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 06/30/2025	Name of person from whom amount is received Eastman Credit Union	Amount (\$) \$0.12
	Address of person from whom amount is received; City; State; Zip Code  Longview, TX 75607	
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	