

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00082986	2 Total pages filed: 16
3 COMMITTEE NAME Southeast Texas Democratic Women			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/09/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1900 Broadway Beaumont, TX 77701		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Mary E. ----- NICKNAME LAST SUFFIX Kirkwood		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 984 Sun Meadow Beaumont, TX 77706		
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 984 Sun Meadow Beaumont, TX 77706		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 806-4122		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year Month Day Year 01/01/2025 THROUGH 06/30/2025		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Southeast Texas Democratic Women	13 Filer ID (Ethics Commission Filers) 00082986
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 2,661.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,211.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,871.29
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 20,774.79
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ms. Mary E. Kirkwood

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 16

17 COMMITTEE NAME Southeast Texas Democratic Women		18 Filer ID (Ethics Commission Filers) 00082986
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,211.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 3,871.29
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/16
2 FILER NAME Southeast Texas Democratic Women		3 Filer ID (Ethics Commission Filers) 00082986
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alfred, Bo (Commissioner) 6 Contributor address; City; State; Zip Code Beaumont, TX 77707	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) County Commissioner		9 Employer (See Instructions) Jefferson County
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernsen Law Firm Contributor address; City; State; Zip Code Beaumont, TX 77701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bogucki, Edra Contributor address; City; State; Zip Code Beaumont, TX 77707	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bogucki, Edra Contributor address; City; State; Zip Code Beaumont, TX 77707	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyle, Naomi Contributor address; City; State; Zip Code Beaumont, TX 77707	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) JP		Employer (See Instructions) Jefferson County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/16
2 FILER NAME Southeast Texas Democratic Women		3 Filer ID (Ethics Commission Filers) 00082986
4 Date 06/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert Adams Law Firm <hr/> 6 Contributor address; City; State; Zip Code Beaumont, TX 77701	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guillory, Georgine (The Honorable) <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77705	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Special Events Coordinator		Employer (See Instructions) self
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guillory, Morline <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77708	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Catholic Diocese
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirkwood, Mary <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lampson, Nick <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Health Administrator		Employer (See Instructions) Riceland

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/16
2 FILER NAME Southeast Texas Democratic Women		3 Filer ID (Ethics Commission Filers) 00082986
4 Date 05/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Makin, James 6 Contributor address; City; State; Zip Code Beaumont, TX 77701	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) self
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Makin, Lynda Kay Contributor address; City; State; Zip Code Beaumont, TX 77701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) self
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monarch, Sandy Contributor address; City; State; Zip Code Port Neches, TX 77651	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Portner Bond PLLC Contributor address; City; State; Zip Code Beaumont, TX 77701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Share Inc Contributor address; City; State; Zip Code Beaumont, TX 77709	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/16
2 FILER NAME Southeast Texas Democratic Women		3 Filer ID (Ethics Commission Filers) 00082986
4 Date 06/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stafford, Suzanne <hr/> 6 Contributor address; City; State; Zip Code Beaumont, TX 77706	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) retired
Date 01/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vickers, Pam <hr/> Contributor address; City; State; Zip Code Nederland, TX 77627	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vickers, Pam <hr/> Contributor address; City; State; Zip Code Nederland, TX 77627	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wortham , Baylor <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Jefferson County
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wortham, Robert <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77706	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

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.

1 Total pages Schedule F1: Sch: 1/9 Rpt: 8/16	2 FILER NAME Southeast Texas Democratic Women	3 Filer ID (Ethics Commission Filers) 00082986
4 Date 04/09/2025	5 Payee name Carmela's Resturant	
6 Amount (\$) \$760.10 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1203 S. Highway 69 Nederland, TX 77627	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense April Meeting food
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/14/2025	Candidate/Officeholder name Chick Fil A	
Amount (\$) \$69.70 <input type="checkbox"/> Expenditure from corporate funds	Office sought 4050 Dowlen Road Beaumont, TX 77706	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jan Meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/12/2025	Candidate/Officeholder name Chick Fil A	
Amount (\$) \$67.66 <input type="checkbox"/> Expenditure from corporate funds	Office sought 4050 Dowlen Road Beaumont, TX 77706	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense June Meeting
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.

1 Total pages Schedule F1: Sch: 2/9 Rpt: 9/16	2 FILER NAME Southeast Texas Democratic Women	3 Filer ID (Ethics Commission Filers) 00082986
4 Date 04/14/2025	5 Payee name City Of Beaumont	
6 Amount (\$) \$335.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code Main Street Beaumont, TX 77701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tevis Room Rental Deposit
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/09/2025	Candidate/Officeholder name City Of Beaumont	
Amount (\$) \$335.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code Main Street Beaumont, TX 77701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tevis Room rental
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/12/2025	Candidate/Officeholder name Clifton Event Center	
Amount (\$) \$405.95 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code Hwy 124 Beaumont, TX 77707	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Balloon arches and backdrop
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.

1 Total pages Schedule F1: Sch: 3/9 Rpt: 10/16	2 FILER NAME Southeast Texas Democratic Women	3 Filer ID (Ethics Commission Filers) 00082986
4 Date 06/23/2025	5 Payee name Escobedo Insurance	
6 Amount (\$) \$152.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3308 Medical Triangle Street Port Arthur, TX 77642	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Insurance for Tevis Room
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/14/2025	Candidate/Officeholder name HEB	
Amount (\$) \$182.28 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3025 N. Dowlen Road Beaumont, TX 77706	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Jan meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/12/2025	Candidate/Officeholder name HEB	
Amount (\$) \$98.59 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3025 N. Dowlen Road Beaumont, TX 77706	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Feb Meeting
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.

1 Total pages Schedule F1: Sch: 4/9 Rpt: 11/16	2 FILER NAME Southeast Texas Democratic Women	3 Filer ID (Ethics Commission Filers) 00082986
4 Date 03/12/2025	5 Payee name HEB	
6 Amount (\$) \$175.25 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3025 N. Dowlen Road Beaumont, TX 77706	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense March Meeting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/11/2025	Candidate/Officeholder name Office sought Office held	
Payee name HEB		
Amount (\$) \$219.65 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3025 N. Dowlen Road Beaumont, TX 77706	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense June Meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/12/2025	Candidate/Officeholder name Office sought Office held	
Payee name Hobby Lobby		
Amount (\$) \$11.96 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3990 Dowlen Road Beaumont, TX 77706	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Decorations
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.

1 Total pages Schedule F1: Sch: 5/9 Rpt: 12/16	2 FILER NAME Southeast Texas Democratic Women	3 Filer ID (Ethics Commission Filers) 00082986
4 Date 06/04/2025	5 Payee name Kirkwood, Mary	
6 Amount (\$) \$154.10 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 984 Sunmeadow Beaumont, TX 77706	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for June Meeting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/09/2025	Candidate/Officeholder name Kroger	
Amount (\$) \$21.96 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3845 phelan Beaumont, TX 77706	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense April Meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/06/2025	Candidate/Officeholder name Office Depot	
Amount (\$) \$51.92 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4165 Dowlen Road Beaumont, TX 77706	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense envelopes
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.

1 Total pages Schedule F1: Sch: 6/9 Rpt: 13/16	2 FILER NAME Southeast Texas Democratic Women	3 Filer ID (Ethics Commission Filers) 00082986
4 Date 06/11/2025	5 Payee name Office Depot	
6 Amount (\$) \$33.95 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4165 Dowlen Road Beaumont, TX 77706	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense nametags
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/18/2025	Candidate/Officeholder name Office sought Office held	
Payee name Stellar Bank		
Amount (\$) \$30.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6378 Phelan Beaumont, TX 77706	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(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 for Member's returned check
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/05/2025	Candidate/Officeholder name Office sought Office held	
Payee name Texas Coffee Company		
Amount (\$) \$36.29 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3297 S. MLK Beaumont, TX 77705	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gift for TDW state convention
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.

1 Total pages Schedule F1: Sch: 7/9 Rpt: 14/16	2 FILER NAME Southeast Texas Democratic Women	3 Filer ID (Ethics Commission Filers) 00082986
4 Date 02/12/2025	5 Payee name Texas Democratic Women	
6 Amount (\$) \$210.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4609 Pangolin Dr. Fort Worth, TX 76244	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Dues
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/12/2025	Candidate/Officeholder name Office sought Office held	
Payee name Texas Democratic Women		
Amount (\$) \$29.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4609 Pangolin Dr. Fort Worth, TX 76244	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/12/2025	Candidate/Officeholder name Office sought Office held	
Payee name Texas Democratic Women		
Amount (\$) \$40.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4609 Pangolin Dr. Fort Worth, TX 76244	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/12/2025	Candidate/Officeholder name Office sought Office held	
Payee name Texas Democratic Women		
Amount (\$) \$40.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4609 Pangolin Dr. Fort Worth, TX 76244	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Dues
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.

1 Total pages Schedule F1: Sch: 8/9 Rpt: 15/16	2 FILER NAME Southeast Texas Democratic Women	3 Filer ID (Ethics Commission Filers) 00082986
4 Date 03/11/2025	5 Payee name Texas Democratic Women	
6 Amount (\$) \$30.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4609 Pangolin Dr. Fort Worth, TX 76244	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Dues
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/30/2025	Candidate/Officeholder name Texas Democratic Women	
Amount (\$) \$170.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought 4609 Pangolin Dr. Fort Worth, TX 76244	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/11/2025	Candidate/Officeholder name Texas Democratic Women	
Amount (\$) \$160.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought 4609 Pangolin Dr. Fort Worth, TX 76244	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Dues
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.

1 Total pages Schedule F1: Sch: 9/9 Rpt: 16/16	2 FILER NAME Southeast Texas Democratic Women	3 Filer ID (Ethics Commission Filers) 00082986
4 Date 06/17/2025	5 Payee name Triangle Blueprint	
6 Amount (\$) \$90.93 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1123 Calder Beaumont , TX 77701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signage & banners
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held