

**POLITICAL PARTY REPORT REGARDING FUNDS  
FROM CORPORATIONS AND LABOR ORGANIZATIONS**

**FORM PTY-CORP  
COVER SHEET PG 1**

<b>The Form PTY-CORP Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00011906	<b>2</b> Total pages filed 6				
<b>3</b> POLITICAL PARTY NAME	Texas Democratic Party (P)		<b>OFFICE USE ONLY</b>				
<b>4</b> STATE OR COUNTY PARTY	<input checked="" type="checkbox"/> State <input type="checkbox"/> County: _____		Date Received <b>ELECTRONICALLY FILED</b> 07/15/2025  Date Hand-delivered or Date Postmarked				
<b>5</b> POLITICAL PARTY TYPE	<input checked="" type="checkbox"/> Democrat <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Other: _____ (Party name)						
<b>6</b> POLITICAL PARTY MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 314 E Highland Mall Blvd Suite 508 Austin, TX 78752		Receipt #	Amount			
			Date Processed				
			Date Imaged				
<b>7</b> POLITICAL PARTY CHAIR	TITLE	FIRST	MI	NICKNAME	LAST	SUFFIX	
		Kendall			Scudder		
<b>8</b> CHAIR MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 314 E Highland Mall Blvd Suite 508 Austin, TX 78752						
<b>9</b> CHAIR STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 314 E Highland Mall Blvd Suite 508 Austin, TX 78752						
<b>10</b> CHAIR PHONE	AREA CODE	PHONE NUMBER			EXTENSION		
	(512)	478-9800					
<b>11</b> REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before primary election <input type="checkbox"/> 50th day before general election						
<b>12</b> PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	01/01/2025				06/30/2025		

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**POLITICAL PARTY REPORT:  
TOTALS AND AFFIDAVIT**

**FORM PTY-CORP  
COVER SHEET PG 2**

<b>13 POLITICAL PARTY NAME</b> Texas Democratic Party (P)		<b>14 Filer ID</b> (Ethics Commission Filers) 00011906
<b>15 TOTALS</b>	<b>1. TOTAL CONTRIBUTIONS FROM CORPORATE OR LABOR ORGANIZATIONS</b> (OTHER THAN LOANS OR GUARANTEES OF LOANS)	\$ 28,599.00
	<b>2. TOTAL EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS</b>	\$ 14,500.00
	<b>3. TOTAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD</b>	\$ 0.00

**A political party must file a report on FORM PTY-CORP for any reporting period during which the party accepts corporate or labor organization contributions, maintains corporate or labor organization contributions, or makes expenditures from corporate or labor organization contributions.**

**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.

\_\_\_\_\_  
The Honorable Kendall Scudder

Signature of Political Party Chair

AFFIX NOTARY STAMP / SEAL

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 - PTYCORP****FORM PTY-CORP**  
**COVER SHEET PG 3**  
3 of 6

<b>17</b> POLITICAL PARTY NAME Texas Democratic Party (P)		<b>18</b> Filer ID (Ethics Commission Filers) 00011906
<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 12,099.00
2.	<input checked="" type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 16,500.00
3.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS	\$ 14,500.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 1/1 Rpt: 4/6
2 FILER NAME Texas Democratic Party (P)		3 Filer ID (Ethics Commission Filers) 00011906
4 Date 01/08/2025	5 Corporation / Labor Organization name Bergmann Zwerdling Direct	7 Amount of contribution (\$) \$99.00
	6 Corporation / Labor Organization address; City; State; Zip Code  Chevy Chase, MD 20815	
Date 03/24/2025	Corporation / Labor Organization name Centerpoint Energy	Amount of contribution (\$) \$5,000.00
	Corporation / Labor Organization address; City; State; Zip Code  Houston, TX 77002	
Date 03/21/2025	Corporation / Labor Organization name Education Reform Now Advocacy, Inc.	Amount of contribution (\$) \$1,000.00
	Corporation / Labor Organization address; City; State; Zip Code  New York, NY 10001	
Date 04/29/2025	Corporation / Labor Organization name Texas State Association of Electrical Workers	Amount of contribution (\$) \$5,000.00
	Corporation / Labor Organization address; City; State; Zip Code  Waco, TX 76705	
Date 03/20/2025	Corporation / Labor Organization name Texas State Teachers Association PAC	Amount of contribution (\$) \$1,000.00
	Corporation / Labor Organization address; City; State; Zip Code  Austin, TX 78759	

# NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

**SCHEDULE C2**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C2: Sch: 1/1 Rpt: 5/6	
<b>2</b> FILER NAME Texas Democratic Party (P)		<b>3</b> Filer ID (Ethics Commission Filers) 00011906	
<b>4</b> Date 05/08/2025	<b>5</b> Corporation / Labor Organization name Blue Victory Communications <b>6</b> Corporation / Labor Organization address; City; State; Zip Code  Austin, TX 78741	<b>7</b> Amount of contribution(\$) \$5,000.00  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<b>8</b> In-kind contribution description Communications Training
Date 06/16/2025	Corporation / Labor Organization name Chambers Legal, PLLC Corporation / Labor Organization address; City; State; Zip Code  Garland, TX 75044	Amount of contribution(\$) \$8,050.00  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description Legal Services
Date 03/06/2025	Corporation / Labor Organization name Hotel Vegas Corporation / Labor Organization address; City; State; Zip Code  Austin, TX 78702	Amount of contribution(\$) \$1,350.00  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description AV/Rental Space/Staff Support
Date 03/28/2025	Corporation / Labor Organization name Hotel Vegas Corporation / Labor Organization address; City; State; Zip Code  Austin, TX 78702	Amount of contribution(\$) \$2,100.00  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description AV/Rental Space/Staff Support

# EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION 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: 1/1 Rpt: 6/6	<b>2</b> FILER NAME Texas Democratic Party (P)	<b>3</b> Filer ID (Ethics Commission Filers) 00011906
<b>4</b> Date 02/19/2025	<b>5</b> Payee name Staging Solutions Inc.	
<b>6</b> Amount (\$) \$2,500.00	<b>7</b> Payee address; City; State; Zip Code 2014 Lou Ellen Ln  Houston, TX 77018	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Event Management Services
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/31/2025	Candidate/Officeholder name Office sought Office held	
Payee name Staging Solutions Inc.		
Amount (\$) \$7,000.00	Payee address; City; State; Zip Code 2014 Lou Ellen Ln  Houston, TX 77018	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
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.  Event Management Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/14/2025	Candidate/Officeholder name Office sought Office held	
Payee name Staging Solutions Inc.		
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 2014 Lou Ellen Ln  Houston, TX 77018	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
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.  Event Management Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		