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) 00015825 3 COMMITTEE NAME **OFFICE USE ONLY** Galveston County Democratic Party Date Received **ELECTRONICALLY FILED** 07/14/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 1071 Date Hand-delivered or Date Postmarked Change of Address La Marque, TX 77568-1071 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Tierrishia NAME NICKNAME LAST **SUFFIX** Gibson STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1857 Dogwood St STREET **ADDRESS** (Residence or Business) Texas City, TX 77591 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 1071 MAILING **ADDRESS** La Marque, TX 77568 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (409) 502-3069 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

| 12 COMMITTEE NAME | | | 13 Fi | ler ID | (Ethics Commission Filers) |
|---|--|--|--|---------------|----------------------------|
| Galveston County De | mocratic Party | | 00 | 015825 | |
| 4 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | 1 | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | |
| | | B. Opposed | | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | |
| 5 CONTRIBUTION TOTALS | PLEDGES, LOANS, CONTRIBUTIONS M | POLITICAL CONTRIBUTIONS (DR GUARANTEES OF LOANS, (ADE ELECTRONICALLY) qualifies for the higher itemization thre | ÒR | \$ | 0.00 |
| | | L CONTRIBUTIONS DGES, LOANS, OR GUARANTE | ES OF LOANS) | \$ | 2,198.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED | POLITICAL EXPENDITURES | | \$ | 0.00 |
| | 4. TOTAL POLITICA | EXPENDITURES | | \$ | 3,435.09 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL OF THE REPORTIN | ONTRIBUTIONS MAINTAINED | AS OF THE LAST DAY | \$ | 216.17 |
| OUTSTANDING LOAN TOTALS | | MOUNT OF ALL OUTSTANDING REPORTING PERIOD | G LOANS AS OF THE | \$ | 0.00 |
| 6 AFFIDAVIT | | | | 1 | |
| | | | under penalty of perjury, d includes all information ction Code. | | |
| | | | Tierrishia Gib | ocon | |
| | | | Signature of Campaig | | rer |
| ΑΕΕΙΧ ΝΟΤΔΕ | RY STAMP / SEAL ABOVE | | Ç | | |
| | | | | | |
| | | high witness my hand and and | | 9 | day |
| OI | , zu, to certify \ | hich, witness my hand and seal | or office. | | |
| | | | | | |
| Signature of officer | administering oath | Printed name of officer administe | ring oath Ti | tle of office | er administering oath |

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

| | | | | 3 of 39 |
|-----|---|--|-----------------------------|----------------------------|
| | | EE NAME County Democratic Party | 18 Filer ID 00015825 | (Ethics Commission Filers) |
| | | E SUBTOTALS SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | Х | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 2,198.00 |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ |
| 4. | | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION | R | \$ |
| 5. | | TION OR | \$ | |
| 6. | | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG. | ANIZATION | \$ |
| 7. | | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | \$ |
| 8. | | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (| ORGANIZATION | \$ |
| 9. | | SCHEDULE E: LOANS | | \$ |
| 10. | Х | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | 5 | \$ 3,435.09 |
| 11. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 12. | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ |
| 13. | | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ |
| 14. | | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | DNS | \$ |
| 15. | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER | RETURNED | \$ |
| | | | | |
| | | | | |
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| | MONEI | ARY POLITICAL (| CONTRIBUTIO | NS | | SCHEDUL | E A1 |
|---|-------------------------------|--|------------------------|---|----------------|---|-------------|
| | The Instru | ction Guide explains hov | v to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 1/20 Rpt: 4/39 | |
| 2 | FILER NAME Galveston C | ounty Democratic Party | | | 3 | Filer ID (Ethics Commission 00015825 | n Filers) |
| 4 | Date 05/25/2025 | 5 Full name of contributor Aronson, Henry6 Contributor address; City; S | out-of-state PAC (ID#: | _ | 7 | Amount of Contribution (\$) | \$29.00 |
| | Dein ein al. a a a | Galveston, TX 77551 | | O. Faralana (O. a lastrustica) | | | |
| 8 | musician | pation / Job title (See Instructions | 5) | 9 Employer (See Instructions freelance | 5) | | |
| | Date 01/12/2025 | Full name of contributor Blair, Lisa (Mrs.) Contributor address; City; S | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$19.00 |
| | Principal occu | Galveston, TX 77554-800 pation / Job title (See Instructions | | Employer (See Instructions | <u> </u> s) | | |
| | Restaurateu | | | Self | -, | | |
| | Date 04/20/2025 | Full name of contributor Canavan, Margaret Contributor address; City; S | out-of-state PAC (ID#: |) | • | Amount of Contribution (\$) | \$10.00 |
| | | Galveston, TX 77550 | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions | 5) | Employer (See Instructions Not Employed | 5) | | |
| | Date 02/16/2025 | Full name of contributor Davis, Richard Contributor address; City; S Dickinson , TX 77539 | |) | • | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions | 5) | Employer (See Instructions Not Employed | 5) | | |
| | Date 01/12/2025 | Full name of contributor Denney, Pamela (Ms.) Contributor address; City; S Clifton, TX 76634-3291 | out-of-state PAC (ID#: |) | • | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Attorney | pation / Job title (See Instructions | 5) | Employer (See Instructions Self | 5) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL (| CONTRIBUTIO | N | S | | SCHEDULE | ■ A1 |
|---|----------------------------|--|---|-----|------------------------------------|--------|---|-------------|
| | The Instruc | ction Guide explains hov | to complete this fo | orr | n. | 1 | Total pages Schedule A1: Sch: 2/20 Rpt: 5/39 | |
| 2 | FILER NAME Galveston Co | ounty Democratic Party | | | | 3 | Filer ID (Ethics Commission 00015825 | Filers) |
| 4 | Date 02/09/2025 | 5 Full name of contributor Denney, Pamela (Ms.)6 Contributor address; City; S | out-of-state PAC (ID#:_ | |) | 7 | Amount of Contribution (\$) | \$25.00 |
| _ | Daine in a la casa | Clifton, TX 76634-3291 | | _ | Frankrije (Ozakastica) | | | |
| 8 | Attorney | pation / Job title (See Instruction: | 5) | 9 | Employer (See Instructions Self | 5) | | |
| | Date 03/09/2025 | Full name of contributor Denney, Pamela (Ms.) Contributor address; City; S | | | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occur | Clifton, TX 76634-3291 | <u> </u> | | Employer (See Instructions | ·/ | | |
| | Attorney | pation / Job title (See Instructions | 5) | | Employer (See Instructions Self | ·) | | |
| | Date 04/06/2025 | Full name of contributor Denney, Pamela (Ms.) Contributor address; City; S | out-of-state PAC (ID#:_ tate; Zip Code | |) | | Amount of Contribution (\$) | \$25.00 |
| | | Clifton, TX 76634-3291 | | | | | | |
| | Principal occu Attorney | pation / Job title (See Instructions | 5) | | Employer (See Instructions Self | s) | | |
| | Date 05/11/2025 | Full name of contributor Denney, Pamela (Ms.) Contributor address; City; S Clifton, TX 76634-3291 | | |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Attorney | pation / Job title (See Instructions | 5) | | Employer (See Instructions Self | s) | | |
| | Date 06/08/2025 | Full name of contributor Denney, Pamela (Ms.) Contributor address; City; S Clifton, TX 76634-3291 | out-of-state PAC (ID#:_ | |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Attorney | pation / Job title (See Instructions | s) | | Employer (See Instructions Self | s) | | |
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| | MONEI | ARY POLITICAL CON | TRIBUTION | IS | | SCHEDULE | ■ A1 |
|---|------------------------|--|---------------------------------------|---------------------------------|-------|---|-------------|
| | The Instru | ction Guide explains how to co | mplete this for | n. | 1 | Total pages Schedule A1: Sch: 3/20 Rpt: 6/39 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | Filers) |
| | | ounty Democratic Party | | | | 00015825 | |
| 4 | Date 01/12/2025 | 5 Full name of contributor outpressler, Don (Mr.) 6 Contributor address; City; State; Zip | of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$50.00 |
| | | Galveston, TX 77550-4522 | | | | | |
| 8 | Principal occu None | pation / Job title (See Instructions) | 9 | Employer (See Instructions None |) | | |
| | Date | — | of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 02/09/2025 | Dressler, Don (Mr.) | | | | | \$50.00 |
| | | Contributor address; City; State; Zip | Code | | | | |
| | | Galveston, TX 77550-4522 | | | | | |
| | Principal occu None | pation / Job title (See Instructions) | | Employer (See Instructions None |) | | |
| | Date | — | of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 03/09/2025 | Dressler, Don (Mr.) | | | | | \$50.00 |
| | | Contributor address; City; State; Zip Galveston, TX 77550-4522 | Code | | | | |
| | Princinal occu | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | None | pation / vob title (GGC motivations) | | None | , | | |
| | Date | Full name of contributor Out- | of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 04/06/2025 | Dressler, Don (Mr.) Contributor address; City; State; Zip | · · · · · · · · · · · · · · · · · · · | | | , | \$50.00 |
| | | Galveston, TX 77550-4522 | | | | | |
| | Principal occu None | pation / Job title (See Instructions) | | Employer (See Instructions None |) | | |
| | Date | Full name of contributor out- | of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 05/11/2025 | Dressler, Don (Mr.) | | | | | \$75.00 |
| | | Contributor address; City; State; Zip | Code | | | | |
| | | Galveston, TX 77550-4522 | | | | | |
| | Principal occu None | pation / Job title (See Instructions) | | Employer (See Instructions None |) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | N | IS | | SCHEDULE | A1 |
|---|--|---|-----|----------------------------------|----------------|---|-----------|
| | The Instruc | ction Guide explains how to complete this f | orı | m. | 1 | Total pages Schedule A1: Sch: 4/20 Rpt: 7/39 | |
| 2 | FILER NAME Galveston Co | ounty Democratic Party | | | 3 | Filer ID (Ethics Commission 00015825 | Filers) |
| 4 | Date 06/08/2025 | Full name of contributor | | | 7 | Amount of Contribution (\$) | \$75.00 |
| 8 | Principal occu | Galveston, TX 77550-4522 pation / Job title (See Instructions) | 9 | Employer (See Instructions | <u> </u> | | |
| • | None | | | None | , | | |
| | Date 03/31/2025 | Full name of contributor out-of-state PAC (ID#:_ Ewing, Daryl Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$80.00 |
| | | Galveston , TX 77550 | | Employer (See Instructions | | | |
| | | | | | s) | | |
| | Date Full name of contributor out-of-state PAC (ID#: | | | Not Employed | Π | Amount of Contribution (\$) | |
| | 04/06/2025 | Flinn, Paula Marie (Ms.) Contributor address; City; State; Zip Code | | | | ν, | \$5.00 |
| | | Galveston, TX 77551-4840 | | | | | |
| | Principal occu Retired. | pation / Job title (See Instructions) | | Employer (See Instructions None. | <u>l</u> s) | | |
| | Date 03/16/2025 | Full name of contributor out-of-state PAC (ID#:_ Gordon, Heidi (Mrs.) Contributor address; City; State; Zip Code League City, TX 77573-5026 | |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu None | pation / Job title (See Instructions) | | Employer (See Instructions None | <u>l</u> s) | | |
| | Date 04/20/2025 | Full name of contributor out-of-state PAC (ID#:_ Gordon, Heidi (Mrs.) Contributor address; City; State; Zip Code League City, TX 77573-5026 | |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu None | pation / Job title (See Instructions) | | Employer (See Instructions None | 5) | | |
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| | MONEI | ARY POLITICAL C | ONTRIBUTIO | ONS | | SCHEDULE | E A1 |
|---|-------------------------------|---|-------------------------|--|----------------|---|-------------|
| | The Instru | ction Guide explains how | to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 5/20 Rpt: 8/39 | |
| 2 | FILER NAME Galveston C | ounty Democratic Party | | | 3 | Filer ID (Ethics Commission 00015825 | Filers) |
| 4 | Date 05/18/2025 | 5 Full name of contributor Gordon, Heidi (Mrs.)6 Contributor address; City; St | out-of-state PAC (ID#:_ | | 7 | Amount of Contribution (\$) | \$25.00 |
| _ | Delin din al annu | League City, TX 77573-50 | | O Frankrije (O zakrativation | | | |
| 8 | None | pation / Job title (See Instructions |) | 9 Employer (See Instruction: None | s) | | |
| | Date 06/22/2025 | Full name of contributor Gordon, Heidi (Mrs.) Contributor address; City; St | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu | League City, TX 77573-50 pation / Job title (See Instructions | | Employer (See Instruction: | s) | | |
| | None | , | , | None | -, | | |
| | Date 01/12/2025 | Full name of contributor Graves, Ava Contributor address; City; St | out-of-state PAC (ID#:_ | | | Amount of Contribution (\$) | \$10.00 |
| | | Galveston, TX 77554 | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructions ed | :) | Employer (See Instruction: Not Employed | s) | | |
| | Date 02/09/2025 | Full name of contributor Graves, Ava Contributor address; City; St Galveston, TX 77554 | | | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions | ;) | Employer (See Instruction: Not Employed | <u>l</u> s) | - | |
| | Date 03/09/2025 | Full name of contributor Graves, Ava Contributor address; City; St Galveston, TX 77554 | out-of-state PAC (ID#:_ | | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions ed | ;) | Employer (See Instruction: Not Employed | s) | | |
| | | | | | | | |

| | MONEI | ARY POLITICAL (| CONTRIBUTIO | NS | | SCHEDULI | E A1 |
|--------------------|--------------------------------|--|------------------------|---|----------------|---|-------------|
| | The Instru | ction Guide explains how | to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 6/20 Rpt: 9/39 | |
| 2 | FILER NAME Galveston C | ounty Democratic Party | | | 3 | Filer ID (Ethics Commission 00015825 | ı Filers) |
| 4 | Date 04/13/2025 | 5 Full name of contributor Graves, Ava6 Contributor address; City; St | out-of-state PAC (ID#: | _ | 7 | Amount of Contribution (\$) | \$10.00 |
| 8 | Principal occu Not Employe | Galveston, TX 77554 pation / Job title (See Instructions | s) <u></u> ! | Employer (See Instructions Not Employed | 5) | | |
| | Date 05/11/2025 | Full name of contributor Graves, Ava Contributor address; City; Si Galveston, TX 77554 | out-of-state PAC (ID#: | | • | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions | s) | Employer (See Instructions Not Employed | <u> </u> | | |
| | Date 06/08/2025 | Full name of contributor Graves, Ava Contributor address; City; S | out-of-state PAC (ID#: | | • | Amount of Contribution (\$) | \$10.00 |
| | | Galveston, TX 77554 | | | Ĺ | | |
| | Not Employe | pation / Job title (See Instructions ed | 5) | Employer (See Instructions Not Employed | 5) | | |
| Date 04/20/2025 | | Full name of contributor Grossman, John (Mr.) Contributor address; City; S Galveston, TX 77550-684 | · | | | Amount of Contribution (\$) | \$80.00 |
| | Principal occu Not Employe | pation / Job title (See Instructions | | Employer (See Instructions Not Employed | <u> </u> S) | | |
| | Date 03/09/2025 | Full name of contributor Heathcock, Zac Contributor address; City; St | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu Telemetry Te | pation / Job title (See Instructions ech | s) | Employer (See Instructions Hiculty Heath | 5) | | |
| | | | | | | | |

| | MONEI | ARY POLITICAL CON | TRIBUTION | IS | SCHEDULE A | A1 |
|---|---------------------------------|--|--------------------------------|---|--|-----------|
| | The Instruc | ction Guide explains how to co | omplete this for | n. | 1 Total pages Schedule A1: Sch: 7/20 Rpt: 10/39 | |
| 2 | FILER NAME Galveston C | ounty Democratic Party | | | 3 Filer ID (Ethics Commission Fil 00015825 | lers) |
| 4 | Date 01/12/2025 | Hicks, Amylin 6 Contributor address; City; State; Zip | t-of-state PAC (ID#: o Code | | 7 Amount of Contribution (\$) | \$10.00 |
| 8 | Principal occu | pation / Job title (See Instructions) | l q | Employer (See Instructions |) | |
| Ü | Administrativ | | | Mary Moody Northern E | | |
| | Date 01/12/2025 | Hicks, Amylin Contributor address; City; State; Zip | t-of-state PAC (ID#: o Code | | Amount of Contribution (\$) | \$10.00 |
| | Deinsinalassa | Dickinson, TX 77539 | | Facilities (Garalia de Maria | Y | |
| | Administrativ | pation / Job title (See Instructions) ve Assistant | | Employer (See Instructions Mary Moody Northern E | | |
| | Date 02/16/2025 | Full name of contributor out Hicks, Amylin Contributor address; City; State; Zig | t-of-state PAC (ID#: o Code | | Amount of Contribution (\$) | \$10.00 |
| | | Dickinson, TX 77539 | į | | | |
| | Principal occu Administrativ | pation / Job title (See Instructions) ve Assistant | | Employer (See Instructions Mary Moody Northern E | , | |
| | Date 03/16/2025 | Full name of contributor out Hicks, Amylin Contributor address; City; State; Zip | t-of-state PAC (ID#: | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Administrativ | pation / Job title (See Instructions) /e Assistant | | Employer (See Instructions Mary Moody Northern E | | |
| | Date 04/13/2025 | Full name of contributor out | t-of-state PAC (ID#: | | Amount of Contribution (\$) | \$10.00 |
| | | pation / Job title (See Instructions) | | Employer (See Instructions | | |
| | Administrativ | ve Assistant | | Mary Moody Northern E | ndowment | |
| | | | | | | |

| | MONEI | ARY POLITICAL C | ONTRIBUTIO | NS | SCHEDULE | A1 |
|---|---|---|--|--|--|-----------|
| | The Instru | ction Guide explains how | to complete this fo | orm. | 1 Total pages Schedule A1: Sch: 8/20 Rpt: 11/39 | |
| 2 | FILER NAME Galveston C | ounty Democratic Party | | | 3 Filer ID (Ethics Commission F 00015825 | ilers) |
| 4 | Date 05/18/2025 | 5 Full name of contributor Hicks, Amylin6 Contributor address; City; Sta | out-of-state PAC (ID#: | | 7 Amount of Contribution (\$) | \$10.00 |
| 8 | Principal occu | Dickinson, TX 77539 pation / Job title (See Instructions) | | Employer (See Instructions | 5) | |
| | Administrativ | | | Mary Moody Northern E | | |
| | Date 06/15/2025 | Full name of contributor Hicks, Amylin Contributor address; City; Sta | out-of-state PAC (ID#:ate; Zip Code |) | Amount of Contribution (\$) | \$10.00 |
| | | Dickinson, TX 77539 | | | | |
| | | pation / Job title (See Instructions) | | Employer (See Instructions Mary Moody Northern E | | |
| | Administrative Assistant Date Full name of contributor Out-of-state PAC (ID# | | | wary Moody Northern E | | |
| | 01/26/2025 | Hollaway, Carol Contributor address; City; Sta | out-of-state PAC (ID#: | | Amount of Contribution (\$) | \$10.00 |
| | | Galveston, TX 77551 | | | | |
| | Principal occu Not employe | pation / Job title (See Instructions) d | | Employer (See Instructions None | 5) | |
| | Date 03/02/2025 | Full name of contributor Hollaway, Carol Contributor address; City; Sta | out-of-state PAC (ID#:ate; Zip Code |) | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Not employe | pation / Job title (See Instructions) | | Employer (See Instructions None | I S) | |
| | Date 03/30/2025 | Full name of contributor Hollaway, Carol Contributor address; City; Sta | out-of-state PAC (ID#: atte; Zip Code |) | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Not employe | pation / Job title (See Instructions) | | Employer (See Instructions None | 5) | |
| | | | | | | |

| | MONEI | ARY POLITICAL C | ONTRIBUTIO | NS | | SCHEDULI | A1 |
|----------------------|-------------------------------|---|--|--|----------------|--|-----------|
| | The Instru | ction Guide explains how | to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 9/20 Rpt: 12/39 | |
| 2 | FILER NAME Galveston C | ounty Democratic Party | | | 3 | Filer ID (Ethics Commission 00015825 | Filers) |
| 4 | Date 04/27/2025 | 5 Full name of contributor Hollaway, Carol6 Contributor address; City; Sta | out-of-state PAC (ID#: atte; Zip Code | | 7 | Amount of Contribution (\$) | \$10.00 |
| 8 | Principal occu Not employe | Galveston, TX 77551 pation / Job title (See Instructions) | 9 | Employer (See Instructions None | s) | | |
| | Date 06/01/2025 | Full name of contributor Hollaway, Carol Contributor address; City; Sta | out-of-state PAC (ID#: tte; Zip Code | | | Amount of Contribution (\$) | \$10.00 |
| | Principal occu Not employe | pation / Job title (See Instructions) | | Employer (See Instructions None | <u> </u> s) | | |
| | Date 06/29/2025 | Full name of contributor Hollaway, Carol Contributor address; City; Sta | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$10.00 |
| | | Galveston, TX 77551 | <u>, </u> | | | | |
| | Not employe | pation / Job title (See Instructions) d | | Employer (See Instructions None | s) | | |
| 02/02/2025 Jon Co | | Full name of contributor Jones, Scott (Mr.) Contributor address; City; Sta League City, TX 77573-38 | |) | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu Government | pation / Job title (See Instructions) Relations | | Employer (See Instructions Galveston Bay Foundat | | | |
| | Date 02/09/2025 | Full name of contributor Koleng, Esther Contributor address; City; Sta | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$40.00 |
| | Principal occu Not employe | pation / Job title (See Instructions) | | Employer (See Instructions Not employed | s) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | N | IS | | SCHEDULE | A1 |
|---|----------------------------|--|----|---|------------|---|---------|
| | The Instru | ction Guide explains how to complete this f | or | m. | 1 | Total pages Schedule A1: Sch: 10/20 Rpt: 13/39 | |
| 2 | FILER NAME Galveston C | ounty Democratic Party | | | 3 | Filer ID (Ethics Commission 00015825 | Filers) |
| 4 | Date 01/05/2025 | Full name of contributor | | | 7 | Amount of Contribution (\$) | \$5.00 |
| _ | | Friendswood, TX 77546 | _ | | | | |
| 8 | attorney | pation / Job title (See Instructions) | 9 | Employer (See Instructions The LeMay Firm | s) | | |
| | Date 02/09/2025 | Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu | Friendswood, TX 77546 pation / Job title (See Instructions) | | Employer (See Instructions | ;) | | |
| | attorney | | | The LeMay Firm | | | |
| | Date 03/09/2025 | Full name of contributor | |) | | Amount of Contribution (\$) | \$5.00 |
| | | Friendswood, TX 77546 | | | | | |
| | Principal occu attorney | pation / Job title (See Instructions) | | Employer (See Instructions The LeMay Firm | s) | | |
| | Date 04/06/2025 | Full name of contributor out-of-state PAC (ID#:_LeMay, Rachel Contributor address; City; State; Zip Code Friendswood, TX 77546 | |) | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu attorney | pation / Job title (See Instructions) | | Employer (See Instructions The LeMay Firm | 5) | | |
| | Date 05/04/2025 | Full name of contributor out-of-state PAC (ID#:_LeMay, Rachel Contributor address; City; State; Zip Code Friendswood, TX 77546 | |) | | Amount of Contribution (\$) | \$5.00 |
| | Principal occu attorney | pation / Job title (See Instructions) | | Employer (See Instructions The LeMay Firm | s) | | |
| | | | | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | SCHEDULE A1 | | | |
|---|---|--|---------------------------------------|---|-----------------------------|---|-----------|--|
| | The Instruc | ction Guide explains how to | o complete this for | m. | 1 | Total pages Schedule A1: Sch: 11/20 Rpt: 14/39 | | |
| 2 | FILER NAME Galveston C | ounty Democratic Party | | | 3 | Filer ID (Ethics Commission 00015825 | ı Filers) | |
| 4 | 06/08/2025 LeMay, Rachel 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$5.00 | | | |
| 8 | Principal occu attorney | Friendswood, TX 77546 pation / Job title (See Instructions) | 9 | Employer (See Instructions The LeMay Firm |) | | | |
| | Date 01/26/2025 | Full name of contributor Liles, Callie Contributor address; City; State Galveston, TX 77550 | out-of-state PAC (ID#: e; Zip Code | | | Amount of Contribution (\$) | \$10.00 | |
| | | | Employer (See Instructions None |) | | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 02/23/2025 Liles, Callie Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$10.00 | | | |
| | Drincinal occu | Galveston, TX 77550 pation / Job title (See Instructions) | | Employer (See Instructions | | | | |
| | Not employe | | | None | | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 03/23/2025 Liles, Callie Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$10.00 | | |
| | Principal occu Not employe | Galveston, TX 77550 pation / Job title (See Instructions) d | | Employer (See Instructions None |) | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) Liles, Callie Contributor address; City; State; Zip Code Galveston, TX 77550 | | | Amount of Contribution (\$) | \$10.00 | | | |
| | Principal occu Not employe | pation / Job title (See Instructions) | | Employer (See Instructions None |) | | | |
| | | | | | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | | SCHEDULE A1 | | |
|--------------|--|--|---------------------|--|-----------------------------|---|-----------|--|
| | The Instru | ction Guide explains how | to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 12/20 Rpt: 15/39 | | |
| 2 | FILER NAME | t- Damasatia Barta | | | 3 | Filer ID (Ethics Commission | n Filers) | |
| | | ounty Democratic Party | | | L | 00015825 | | |
| 4 | Date 05/25/2025 | 5 Full name of contributor out-of-state PAC (ID#:) Liles, Callie 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$10.00 | | |
| _ | | Galveston, TX 77550 | , 1 | | | | | |
| 8 | Not employe | pation / Job title (See Instructionsed | ;) | 9 Employer (See Instructions None | 5) | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 06/22/2025 Liles, Callie Contributor address; City; State; Zip Code | | • | Amount of Contribution (\$) | \$10.00 | | | |
| | Principal occu | Galveston, TX 77550 pation / Job title (See Instructions | | Employer (See Instructions | s) | | | |
| Not employed | | | None | ۰) | | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) Lynch, Kathleen Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$160.00 | | | |
| | | Galveston, TX 77551 | | | | | | |
| | Principal occu Not Employe | pation / Job title (See Instructionsed | 5) | Employer (See Instructions Not Employed | 5) | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 02/02/2025 Montgomery, Mimi (Ms.) Contributor address; City; State; Zip Code League City, TX 77573-7778 | | • | Amount of Contribution (\$) | \$20.00 | | | |
| | Principal occu Loan Officer | pation / Job title (See Instructions | (3) | Employer (See Instructions Gold Star Mortgage Fin | | sial | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 03/02/2025 Montgomery, Mimi (Ms.) Contributor address; City; State; Zip Code League City, TX 77573-7778 | | | Amount of Contribution (\$) | \$20.00 | | | |
| | Principal occu Loan Officer | pation / Job title (See Instructions | s) | Employer (See Instructions Gold Star Mortgage Fin | | ial | | |
| | | | | | | | | |

| | MONEI | MONETARY POLITICAL CONTRIBUTIONS | | | | SCHEDULE A1 | | |
|---|---|--|----------|---|----------------|---|---------|--|
| | The Instruc | ction Guide explains how to complete t | this for | m. | 1 | Total pages Schedule A1: Sch: 13/20 Rpt: 16/39 | | |
| 2 | FILER NAME Galveston C | ounty Democratic Party | | | 3 | Filer ID (Ethics Commission 00015825 | Filers) | |
| 4 | 03/30/2025 Montgomery, Mimi (Ms.) 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$20.00 | | | |
| 8 | Principal occu | League City, TX 77573-7778 pation / Job title (See Instructions) | 9 | Employer (See Instructions | <u> </u> ;) | | | |
| | Loan Officer | | | Gold Star Mortgage Fina | | ial | | |
| | Date 05/04/2025 | Full name of contributor out-of-state PAC Montgomery, Mimi (Ms.) Contributor address; City; State; Zip Code | C (ID#: |) | | Amount of Contribution (\$) | \$20.00 | |
| | Deinsinal sass | League City, TX 77573-7778 | | Franksian (Cook batusations | <u></u> | | | |
| Principal occupation / Job title (See Instructions) Loan Officer | | | | Employer (See Instructions Gold Star Mortgage Fina | | sial | | |
| | Date 06/01/2025 | Full name of contributor out-of-state PAC Montgomery, Mimi (Ms.) Contributor address; City; State; Zip Code | C (ID#: | | | Amount of Contribution (\$) | \$20.00 | |
| | Deignaignal annu | League City, TX 77573-7778 | | Franksian (Cook batusations | <u></u> | | | |
| | Loan Officer | pation / Job title (See Instructions) | | Employer (See Instructions Gold Star Mortgage Final | • | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) Montgomery, Mimi (Ms.) Contributor address; City; State; Zip Code League City, TX 77573-7778 | | | Amount of Contribution (\$) | \$20.00 | | | |
| | Principal occu Loan Officer | pation / Job title (See Instructions) | | Employer (See Instructions Gold Star Mortgage Fina | | ial | | |
| | Date 02/23/2025 | Full name of contributor out-of-state PAC O'Donell, Alice Contributor address; City; State; Zip Code Galveston, TX 77554 | C (ID#: |) | | Amount of Contribution (\$) | \$40.00 | |
| | Principal occu Not Employe | pation / Job title (See Instructions) | | Employer (See Instructions Not Employed | 5) | | | |
| | | | • | | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | | SCHEDULE | ■ A1 |
|--------------|---|---|-----------------------|---|-----------------------------|---|-------------|
| | The Instruc | ction Guide explains how to c | complete this form | n. | 1 | Total pages Schedule A1: Sch: 14/20 Rpt: 17/39 | |
| 2 | FILER NAME Galveston C | ounty Democratic Party | | | 3 | Filer ID (Ethics Commission 00015825 | Filers) |
| 4 | Date 03/16/2025 | O'Garro, Marilyn | ut-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$5.00 |
| _ | Duinning Langu | Dickinson, TX 77539 | lo- | Faralousy (Co.s. In admirations | | | |
| 8 | Nurse | pation / Job title (See Instructions) | | Employer (See Instructions Houston Methodist |) | | |
| | Date 04/20/2025 | Full name of contributor | | | | Amount of Contribution (\$) | \$40.00 |
| | Principal occu | Galveston, TX 77551 pation / Job title (See Instructions) | | Employer (See Instructions | | | |
| Not Employed | | | Not Employed | , | | | |
| | Date Full name of contributor out-of-state PAC (ID#: | |) | | Amount of Contribution (\$) | \$20.00 | |
| | | Galveston, TX 77551 | | | | | |
| | Principal occu Not employe | pation / Job title (See Instructions) d | | Employer (See Instructions None |) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 02/09/2025 Purvis, Peggy Contributor address; City; State; Zip Code Galveston, TX 77551 | | | Amount of Contribution (\$) | \$20.00 | | |
| | Principal occu Not employe | pation / Job title (See Instructions) | | Employer (See Instructions None |) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 02/02/2025 Ramirez, Elias Contributor address; City; State; Zip Code Galveston, TX 77590 | | | Amount of Contribution (\$) | \$5.00 | | |
| | • | pation / Job title (See Instructions) ppment Specialist | | Employer (See Instructions Boys & Girls Club of Gre | | er Houston | |
| | | · | I | · | | | |

| MONE | ETARY POLITICAL | CONTRIBUTION | JNS | SC | CHEDULE A1 | |
|------------------------------|---|---------------------------|--------------------------------------|--|----------------------|--|
| The Inst | ruction Guide explains ho | w to complete this | form. | 1 Total pages Sched Sch: 15/20 Rpt: | | |
| 2 FILER NA Galvesto | ME n County Democratic Party | | | 3 Filer ID (Ethics 0 00015825 | Commission Filers) | |
| 4 Date 03/02/202 | 5 Full name of contributor Ramirez, Elias 6 Contributor address; City; \$ | | | 7 Amount of Contrib | ution (\$) \$5.00 | |
| | Galveston, TX 77590 | | , | | | |
| • | ccupation / Job title (See Instruction | ns) | 9 Employer (See Instruction: | | | |
| Youth De | velopment Specialist | | Boys & Girls Club of Gr | reater Houston | | |
| Date 03/30/202 | Full name of contributor Ramirez, Elias Contributor address; City; \$ | out-of-state PAC (ID#: | | Amount of Contrib | ution (\$) \$5.00 | |
| | Galveston, TX 77590 | | | | | |
| | ccupation / Job title (See Instruction | Employer (See Instruction | | | | |
| Youth Development Specialist | | Boys & Girls Club of Gr | reater Houston | | | |
| Date 04/27/202 | Full name of contributor Ramirez, Elias Contributor address; City; \$ | out-of-state PAC (ID#: |) | Amount of Contrib | ution (\$) \$5.00 | |
| | Galveston, TX 77590 | | | | | |
| Principal o | ccupation / Job title (See Instruction | ns) | Employer (See Instruction | | | |
| Youth De | velopment Specialist | | Boys & Girls Club of Greater Houston | | | |
| Date 06/01/202 | | | | Amount of Contrib | ution (\$) \$5.00 | |
| • | ccupation / Job title (See Instruction | ns) | Employer (See Instruction | • | | |
| Youth De | velopment Specialist | | Boys & Girls Club of Gr | reater Houston | | |
| Date 06/29/202 | · · | out-of-state PAC (ID#: | | Amount of Contrib | ution (\$) \$5.00 | |
| Princinal o | ccupation / Job title (See Instruction | ns) | Employer (See Instruction | l ns) | | |
| | velopment Specialist | · - , | Boys & Girls Club of Gr | | | |
| | | | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | | | SCHEDULE A1 | | |
|---|--|---|-------------------------|-----------------------------------|---------------------------------|---------|---|---------|--|
| | The Instruc | ction Guide explains hov | v to complete this fo | ori | m. | 1 | Total pages Schedule A1: Sch: 16/20 Rpt: 19/39 | | |
| 2 | FILER NAME Galveston Co | ounty Democratic Party | | | | 3 | Filer ID (Ethics Commission 00015825 | Filers) | |
| 4 | Date 01/12/2025 | | | 7 | Amount of Contribution (\$) | \$10.00 | | | |
| 8 | Principal occur | Galveston, TX 77551 pation / Job title (See Instruction | -) | 0 | Employer (See Instructions | ·/- | | | |
| 0 | Not employe | | 5) | 9 | None | ·) | | | |
| | Date 02/09/2025 | Full name of contributor Sonstein, Frances Contributor address; City; S | out-of-state PAC (ID#:_ | |) | | Amount of Contribution (\$) | \$10.00 | |
| | Galveston, TX 77551 | | | | | | | | |
| Principal occupation / Job title (See Instructions) Not employed | | | 5) | | Employer (See Instructions None | s) | | | |
| | Date 03/09/2025 | | | | Amount of Contribution (\$) | \$10.00 | | | |
| | | Galveston, TX 77551 | | | | | | | |
| | Principal occup Not employe | pation / Job title (See Instruction: d | 5) | Employer (See Instructions) None | | | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 04/06/2025 Sonstein, Frances Contributor address; City; State; Zip Code Galveston, TX 77551 | | • | Amount of Contribution (\$) | \$10.00 | | | | |
| | Principal occup Not employe | pation / Job title (See Instructional | 5) | | Employer (See Instructions None | 5) | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 05/11/2025 Sonstein, Frances Contributor address; City; State; Zip Code Galveston, TX 77551 | | | Amount of Contribution (\$) | \$10.00 | | | | |
| | Principal occup Not employe | pation / Job title (See Instructional | s) | | Employer (See Instructions None | s) | | | |
| | | | | | | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | | SCHEDULE A | | |
|---------|---|---|---------------------------|--------------------------------------|---|---|-----------|--|
| | The Instru | ction Guide explains how | to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 17/20 Rpt: 20/39 | | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | n Filers) | |
| | | ounty Democratic Party | _ | | L | 00015825 | | |
| 4 | Date 06/08/2025 | 5 Full name of contributorSonstein, Frances6 Contributor address; City; S | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$10.00 | |
| | | Galveston, TX 77551 | | | | | | |
| 8 | Principal occu Not employe | pation / Job title (See Instructions | s) | 9 Employer (See Instructions None | s) | | | |
| | | | | | _ | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 01/19/2025 Spain, Charles Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$100.00 | | | |
| | | Houston, TX 77006-5018 | | | | | | |
| | Principal occu | pation / Job title (See Instructions | 3) | Employer (See Instructions | 5) | | | |
| Justice | | | 14th District Court of Ap | pe | als, Tx | | | |
| | Date Full name of contributor out-of-state PAC (ID#: | |) | | Amount of Contribution (\$) | \$20.00 | | |
| | | Houston, TX 77095 | | | | | | |
| | Principal occu | pation / Job title (See Instructions | s) | Employer (See Instructions | <u> </u> | | | |
| | Not Employe | • | , | Not Employed | • | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 04/20/2025 Waters, Phyllis Contributor address; City; State; Zip Code | | | • | Amount of Contribution (\$) | \$40.00 | | |
| | Principal occu | Galveston, TX 77550 pation / Job title (See Instructions | (3) | Employer (See Instructions | <u> </u> s) | | | |
| | Not Employe | | , | Not Employed | , | | | |
| | Date 01/26/2025 | Full name of contributor White , Gregory Contributor address; City; S | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | \$25.00 | |
| | | Dickinson, TX 77539 | ale, Zip Code | | | | | |
| | Principal occu Not employe | pation / Job title (See Instructions d | 5) | Employer (See Instructions None | s) | | | |
| | | | | | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | | SCHEDULE A | | |
|-------------------|---|--|--|-----------------------------------|-----------------------------|---|-----------|--|
| | The Instruc | ction Guide explains how | to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 18/20 Rpt: 21/39 | | |
| 2 | FILER NAME | ounty Democratic Party | | | 3 | Filer ID (Ethics Commission 00015825 | ı Filers) | |
| 4 | Date | 5 Full name of contributor | out-of-state PAC (ID#: | 1 | 7 | Amount of Contribution (\$) | | |
| 7 | 02/02/2025 | White , Gregory | hite , Gregory ontributor address; City; State; Zip Code | | ' | yanount of Contabution (b) | \$20.00 | |
| _ | Dimpinal | Dickinson, TX 77539 | | O Freeless (October Street | | | | |
| 8 | Not employe | pation / Job title (See Instructions | 5) | 9 Employer (See Instructions None | S) | | | |
| | | | | None | _ | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 03/02/2025 White , Gregory Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$25.00 | | | |
| | Dickinson, TX 77539 | | | | | | | |
| | Principal occu | pation / Job title (See Instructions | s) | Employer (See Instructions | s) | | | |
| Not employed None | | | None | | | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 03/02/2025 White , Gregory Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$20.00 | | | |
| | | Dickinson, TX 77539 | | | | | | |
| | Principal occu | pation / Job title (See Instructions | 5) | Employer (See Instructions | s) | | | |
| | Not employe | d | | None | | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 03/30/2025 White , Gregory Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$25.00 | | | |
| | Principal occu | Dickinson, TX 77539 pation / Job title (See Instructions | 3) | Employer (See Instructions | <u> </u> s) | | | |
| | Not employe | , | , | None | , | | | |
| | Date Full name of contributor out-of-state PAC (ID#: | |) | | Amount of Contribution (\$) | \$20.00 | | |
| | | Dickinson, TX 77539 | | | | | | |
| | Principal occu Not employe | pation / Job title (See Instructions d | ;) | Employer (See Instructions None | s) | | | |
| | | | | | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | | | SCHEDULE A | | |
|---|--|--|---------------------|----------------------------------|---------------------------------|---------|---|---------|--|
| | The Instruc | ction Guide explains how | to complete this fo | rr | n. | 1 | Total pages Schedule A1: Sch: 19/20 Rpt: 22/39 | | |
| 2 | FILER NAME Galveston Co | ounty Democratic Party | | | | 3 | Filer ID (Ethics Commission 00015825 | Filers) | |
| 4 | 04/27/2025 White , Gregory 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$25.00 | | | | |
| 8 | Principal occu | Dickinson, TX 77539 pation / Job title (See Instructions | ·) | 9 | Employer (See Instructions | s) | | | |
| | Not employe | | , | | None | , | | | |
| | Date 04/27/2025 | Full name of contributor White , Gregory Contributor address; City; St | | |) | | Amount of Contribution (\$) | \$20.00 | |
| | 5 | Dickinson, TX 77539 | , I | | - 1 (O 1 : :: | <u></u> | | | |
| Principal occupation / Job title (See Instructions) Not employed | | (1) | | Employer (See Instructions None | 5) | | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 05/25/2025 White , Gregory Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$25.00 | | | | |
| | | Dickinson, TX 77539 | | | | | | | |
| | Principal occup Not employe | pation / Job title (See Instructions d |) | Employer (See Instructions) None | | | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 06/01/2025 White , Gregory Contributor address; City; State; Zip Code Dickinson, TX 77539 | | • | Amount of Contribution (\$) | \$20.00 | | | | |
| | Principal occu Not employe | pation / Job title (See Instructions d |) | | Employer (See Instructions None | 5) | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 06/29/2025 White , Gregory Contributor address; City; State; Zip Code Dickinson, TX 77539 | | • | Amount of Contribution (\$) | \$25.00 | | | | |
| | Principal occup Not employe | pation / Job title (See Instructions d |) | | Employer (See Instructions None | s) | | | |
| | | | ' | | | | | | |

| | MONET | TARY POLITICAL CONTRIBUTION | | SCHEDULE A1 | | |
|---|--|---|---|---|--|-------------------------------------|
| | The Instru | ction Guide explains how to complete this | 1 | Total pages Schedule A1: Sch: 20/20 Rpt: 23/39 | | |
| 2 | FILER NAME Galveston County Democratic Party | | | 3 | Filer ID (Ethics Commission Filers) 00015825 | |
| 4 | Date 06/29/2025 | Full name of contributor | |) | 7 | Amount of Contribution (\$) \$20.00 |
| 8 | Principal occu | Dickinson, TX 77539 upation / Job title (See Instructions) | 9 | Employer (See Instructions | | |
| | Not employe | | | None | ,, | |
| | | | | | | |
| | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

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

| Candidate/Officeholder/Politica Credit Card Payment | 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: 1/16 Rpt: 24/39 | Galveston County Democratic Party 00015825 |
| 4 Date | 5 Payee name |
| 01/05/2025 | ActBlue Texas |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$0.20 | PO Box 441146 |
| | |
| Expenditure from corporate funds | Somerville, MA 02144-0031 |
| 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 AB donation fees |
| | Ab donation lees |
| | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 01/12/2025 | ActBlue Texas |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$6.12 | PO Box 441146 |
| Ψ0.12 | 1 0 50% 441140 |
| Expenditure from corporate funds | Somerville, MA 02144-0031 |
| 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 |
| | AB donation fees |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/Oi | 1 |
| Date | Payee name |
| 01/19/2025 | ActBlue Texas |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$3.95 | PO Box 441146 |
| 40.00 | . 6 26% 1.22.0 |
| Expenditure from corporate funds | Somerville, MA 02144-0031 |
| 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 |
| | AB donation fees |
| _ | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | 1 |
| | |
| | |
| | |

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

| Credit Card Payment | The Instruction Guide explains how to compl | lete this form. |
|-----------------------------|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Sch: 2/16 Rpt: 25/39 | Galveston County Democratic Party | 00015825 |
| 4 Date | 5 Payee name | |
| 01/26/2025 | ActBlue Texas | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$1.79 | PO Box 441146 | |
| Expenditure from | | |
| corporate funds | Somerville, MA 02144-0031 | |
| 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 AB donation fees |
| | | Ab dollation lees |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| expenditure to benefit C/OI | - · · · · · · · · · · · · · · · · · · · | Office field |
| | | |
| Date | Payee name | |
| 02/02/2025 | ActBlue Texas | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$1.98 | PO Box 441146 | |
| Expenditure from | | |
| corporate funds | Somerville, MA 02144-0031 | |
| 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 AB donation fees |
| | | 7.5 deficition fees |
| Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| expenditure to benefit C/OI | 9 | |
| Date | Payee name | |
| 02/09/2025 | ActBlue Texas | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$6.34 | PO Box 441146 | |
| Ψ0.54 | 10 000 441140 | |
| Expenditure from | Somerville MA 02144 0021 | |
| corporate funds | Somerville, MA 02144-0031 | |
| PURPOSE OF | 2 (| Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Fees | Check if Austin, TX, officeholder living expense |
| | | AB donation fees |
| | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| expenditure to benefit C/OI | 4 | |
| | | |
| | | |
| | | |

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

| Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|
| 1 Total pages Schedule F1: Sch: 3/16 Rpt: 26/39 | 2 FILER NAME Galveston County Democratic Party 3 Filer ID (Ethics Commission Filers) 00015825 |
| 4 Date 02/16/2025 | 5 Payee name ActBlue Texas |
| 6 Amount (\$) \$4.35 | 7 Payee address; City; State; Zip Code PO Box 441146 |
| Expenditure from corporate funds | Somerville, MA 02144-0031 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense AB donation fees |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sought Office held |
| Date 02/23/2025 | Payee name ActBlue Texas |
| Amount (\$) \$1.98 | Payee address; City; State; Zip Code PO Box 441146 |
| Expenditure from corporate funds | Somerville, MA 02144-0031 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense AB donation fees |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sought Office held |
| Date 03/02/2025 | Payee name ActBlue Texas |
| Amount (\$) \$3.17 | Payee address; City; State; Zip Code PO Box 441146 |
| Expenditure from corporate funds | Somerville, MA 02144-0031 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense AB donation fees |
| Complete ONLY if direct expenditure to benefit C/OF | 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

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 4/16 Rpt: 27/39 | Galveston County Democratic Party 00015825 |
| 4 Date | 5 Payee name |
| 03/09/2025 | ActBlue Texas |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$4.96 | PO Box 441146 |
| | |
| Expenditure from corporate funds | Somerville, MA 02144-0031 |
| 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. |
| EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | AB donation fees |
| | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 03/16/2025 | ActBlue Texas |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1.59 | PO Box 441146 |
| \$1.59 | PO BOX 441140 |
| Expenditure from | |
| corporate funds | Somerville, MA 02144-0031 |
| 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 |
| | AB donation fees |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | 1 |
| Date | Payee name |
| 03/23/2025 | ActBlue Texas |
| | |
| Amount (\$) | |
| \$0.40 | PO Box 441146 |
| Expenditure from | |
| corporate funds | Somerville, MA 02144-0031 |
| 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 |
| | AB donation fees |
| _ | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | 1 |
| | |
| | |
| | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|---|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 5/16 Rpt: 28/39 | Galveston County Democratic Party 00015825 |
| 4 Date | 5 Payee name |
| 03/30/2025 | ActBlue Texas |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$3.17 | PO Box 441146 |
| - Evpanditura from | |
| Expenditure from corporate funds | Somerville, MA 02144-0031 |
| 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 AB donation fees |
| | AB donation lees |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| Date | Payee name |
| 03/31/2025 | ActBlue Texas |
| | |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$3.16 | PO Box 441146 |
| Expenditure from | |
| corporate funds | Somerville, MA 02144-0031 |
| 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 AB donation fees |
| | Ab donation lees |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | |
| Dete | |
| Date | Payee name |
| 04/06/2025 | ActBlue Texas |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$3.77 | PO Box 441146 |
| Expenditure from | |
| corporate funds | Somerville, MA 02144-0031 |
| 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 AB donation fees |
| | AD UUITALIUTI TEES |
| 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 Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

| Candidate/Officeholder/Politica Credit Card Payment | al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) | |
|---|---|----|
| orodic odra i dymoni | The Instruction Guide explains how to complete this form. | |
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers | ;) |
| Sch: 6/16 Rpt: 29/39 | Galveston County Democratic Party 00015825 | |
| 4 Date | 5 Payee name | |
| 04/13/2025 | ActBlue Texas | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$0.80 | PO Box 441146 | |
| , , , , , | | |
| Expenditure from corporate funds | Somerville, MA 02144-0031 | |
| 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. | |
| EXI ENDITORE | Check if Austin, TX, officeholder living expense | |
| | AB donation fees | |
| | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held H | |
| | | |
| Date | Payee name | |
| 04/20/2025 | ActBlue Texas | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$14.82 | PO Box 441146 | |
| | | |
| Expenditure from corporate funds | Somerville, MA 02144-0031 | |
| 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 | |
| | AB donation fees | |
| | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| experiulture to beliefit C/O | п | |
| Date | Payee name | |
| 04/27/2025 | ActBlue Texas | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$2.78 | PO Box 441146 | |
| + = - | | |
| Expenditure from corporate funds | Somerville, MA 02144-0031 | |
| PURPOSE | L. Tax | |
| OF | (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. | |
| EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| | AB donation fees | |
| | | |
| 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to compl | ete this form. |
|----------------------------------|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Sch: 7/16 Rpt: 30/39 | Galveston County Democratic Party | 00015825 |
| 4 Date | 5 Payee name | · |
| 05/04/2025 | ActBlue Texas | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$0.99 | PO Box 441146 | |
| | | |
| Expenditure from corporate funds | Somerville, MA 02144-0031 | |
| 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. |
| EXI ENDITORE | | Check if Austin, TX, officeholder living expense |
| | | AB donation fees |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| expenditure to benefit C/O | | Office field |
| 5. | | |
| Date | Payee name | |
| 05/11/2025 | ActBlue Texas | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$4.76 | PO Box 441146 | |
| Expenditure from | | |
| corporate funds | Somerville, MA 02144-0031 | |
| 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 AB donation fees |
| | | AB dollation lees |
| Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| expenditure to benefit C/Ol | 3 | Office field |
| Data | Burner | |
| Date 05/18/2025 | Payee name ActBlue Texas | |
| | | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$1.39 | PO Box 441146 | |
| Expenditure from | | |
| corporate funds | Somerville, MA 02144-0031 | |
| 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 AB donation fees |
| | | AB dollation ices |
| Complete <u>ONLY</u> if direct | Candidate/Officeholder name Office sought | Office held |
| expenditure to benefit C/O | 3 | Office field |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 8/16 Rpt: 31/39 | Galveston County Democratic Party 00015825 |
| 4 Date | 5 Payee name |
| 05/25/2025 | ActBlue Texas |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$2.54 | PO Box 441146 |
| | |
| Expenditure from corporate funds | Somerville, MA 02144-0031 |
| 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. |
| LAFLINDITORL | Check if Austin, TX, officeholder living expense |
| | AB donation fees |
| | |
| 9 Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 06/01/2025 | ActBlue Texas |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$2.18 | PO Box 441146 |
| ¥=:== | |
| Expenditure from corporate funds | Somerville, MA 02144-0031 |
| 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 |
| | AB donation fees |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 06/08/2025 | ActBlue Texas |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$4.96 | PO Box 441146 |
| * | |
| Expenditure from corporate funds | Somerville, MA 02144-0031 |
| 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. |
| D. LIBITORE | Check if Austin, TX, officeholder living expense |
| | AB donation fees |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| | |
| | |
| | |

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 Salaries (Contract Labor,

| Credit Card Payment | The Instruction Guide explains how to complete this form. | |
|---|---|---|
| 1 Total pages Schedule F1: | <u> </u> | _ |
| Sch: 9/16 Rpt: 32/39 | Galveston County Democratic Party 00015825 | |
| 4 Date | 5 Payee name | |
| 06/15/2025 | ActBlue Texas | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$0.40 | PO Box 441146 | |
| | | |
| Expenditure from corporate funds | Somerville, MA 02144-0031 | |
| 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 | |
| | AB donation fees | |
| | 7.5 30.14.101.1000 | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| expenditure to benefit C/O | | |
| Data | | _ |
| Date | Payee name | |
| 06/22/2025 | ActBlue Texas | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$1.39 | PO Box 441146 | |
| Expenditure from | | |
| corporate funds | Somerville, MA 02144-0031 | |
| 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. | |
| LA LIBITORE | Check if Austin, TX, officeholder living expense | |
| | AB donation fees | |
| | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| experientare to benefit ere. | | |
| Date | Payee name | |
| 06/29/2025 | ActBlue Texas | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$3.17 | PO Box 441146 | |
| | | |
| Expenditure from corporate funds | Somerville, MA 02144-0031 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | _ |
| OF | Fees Categories listed at the top of this scriedule) Check if travel outside of Texas. Complete Schedule T. | |
| EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| | AB donation fees | |
| | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| expenditure to benefit C/OI | H | |
| | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 10/16 Rpt: 33/39 | Galveston County Democratic Party 00015825 |
| 4 Date | 5 Payee name |
| 04/23/2025 | Campaign Verify |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$95.00 | 1215 31st Street NW |
| Expenditure from | PO Box 3554 |
| corporate funds | Washington, DC 20007-9998 |
| 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. |
| EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | Verification fee for Scale To Win texting tool usage. |
| | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 01/02/2025 | City of Texas City- City Hall |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$74.31 | 1801 Ninth Ave N |
| Expenditure from | |
| corporate funds | Texas City , TX 77590 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Ioan of County Chair Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense |
| | payment to water dept-loan of County Chair |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| Date | Payee name |
| 05/28/2025 | Doc Holidays |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$62.92 | 6010 Seawall Blvd |
| Expenditure from | |
| corporate funds | Galveston, TX 77551 |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | GCDP/GID Out of town guest speakers meal |
| | GCDF/GID Out of town guest speakers meal |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| | |
| | |
| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

| Candidate/Officeholder/Politica Credit Card Payment | 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: 11/16 Rpt: 34/39 | Galveston County Democratic Party 00015825 |
| 4 Date | 5 Payee name |
| 03/03/2025 | HomeTown Bank |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$100.00 | 1801 45th St |
| | |
| Expenditure from corporate funds | Galveston, TX 77550 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Loan to primary account to cover account Check if travel outside of Texas. Complete Schedule T. |
| | overdraft Check if Austin, TX, officeholder living expense Loan to primary account to cover account overdraft |
| | Loan to primary account to cover account overtain |
| 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 |
| 06/09/2025 | Innovative Solutions IT |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$386.18 | 10862 Redstone Ct |
| | |
| Expenditure from corporate funds | Missouri City, TX 77459-3278 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Printing Expense Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense Partial payment on printing for yard signs, post |
| | cards, and slate cards |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | |
| | |
| Date | Payee name |
| 01/07/2025 | Public Storage |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$217.00 | 5009 FM 1764 Rd |
| | |
| Expenditure from corporate funds | La Marque, TX 77568-2465 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Storage space- monthly |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | 1 |
| | |
| | |
| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rertising Expense Event Expense Loan Repayment/Reimbu

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

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

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

| Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|---|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 12/16 Rpt: 35/39 | Galveston County Democratic Party 00015825 |
| 4 Date | 5 Payee name |
| 02/28/2025 | Public Storage |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$257.40 | 5009 FM 1764 Rd |
| - " | |
| Expenditure from corporate funds | La Marque, TX 77568-2465 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense Storage space- monthly |
| | Storage space-monthly |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| | |
| Date | Payee name |
| 03/06/2025 | Public Storage |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$217.00 | 5009 FM 1764 Rd |
| | |
| Expenditure from corporate funds | La Marque, TX 77568-2465 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Office Overhead/Rental Expense |
| EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | Storage space monthly fee |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experientare to benefit 6/61 | |
| Date | Payee name |
| 04/09/2025 | Public Storage |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$257.40 | 5009 FM 1764 Rd |
| | |
| Expenditure from corporate funds | La Marque, TX 77568-2465 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Storage space monthly fee |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| | |
| | |
| | |

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

| Credit Card Payment | The Instruction Guide explains how to complete this form. | |
|----------------------------------|---|----------|
| 1 Total pages Schedule F1: | · · · · · · · · · · · · · · · · · · · | _ |
| Sch: 13/16 Rpt: 36/39 | Galveston County Democratic Party 00015825 | |
| 4 Date | 5 Payee name | |
| 05/13/2025 | Public Storage | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$310.20 | 5009 FM 1764 Rd | |
| | | |
| Expenditure from corporate funds | La Marque, TX 77568-2465 | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | Storage space monthly fee | |
| | Grotage option menting rec | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | \dashv |
| expenditure to benefit C/OI | | |
| | | _ |
| Date | Payee name | |
| 06/05/2025 | Public Storage | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$261.00 | 5009 FM 1764 Rd | |
| | | |
| Expenditure from corporate funds | La Marque, TX 77568-2465 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | _ |
| OF EXPENDITURE | Office Overhead/Rental Expense | |
| EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| | Storage space monthly fee | |
| | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| expenditure to benefit C/OI | n | |
| Date | Payee name | |
| 01/13/2025 | Shrimp 'N Stuff | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$55.02 | 2506 Ball Street | |
| | | |
| Expenditure from corporate funds | Galveston, TX 77550 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Food/Beverage Expense | |
| EXPENDITORE | Check if Austin, TX, officeholder living expense | |
| | Meeting with Dem club leaders | |
| | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| expenditure to benefit C/OI | | |
| | | |
| | | |
| | | |

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

| 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: 14/16 Rpt: 37/39 | Galveston County Democratic Party 00015825 |
| 4 Date | 5 Payee name |
| 05/30/2025 | Shrimp 'N Stuff |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$81.99 | 2506 Ball Street |
| | |
| Expenditure from corporate funds | Galveston, TX 77550 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Food/Beverage Expense |
| EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | GCDP Chair meeting with Communication Committee- new members |
| | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | |
| Date | Payee name |
| 01/02/2025 | Squarespace, Inc. |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$294.22 | 225 Varick Street, 12th floor |
| | |
| Expenditure from corporate funds | New York, NY 10014 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense website fee for year |
| | website fee for year |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| Date | Payee name |
| 06/20/2025 | Squarespace, Inc. |
| | |
| Amount (\$) \$20.00 | Payee address; City; State; Zip Code |
| \$20.00 | 225 Varick Street, 12th floor |
| Expenditure from | |
| corporate funds | New York, NY 10014 |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | GCDP website/email fee |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| | |
| | |
| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Candidate/Officenolder/Political | The Instruction Guide explains how to complete this form. | | | |
|---|--|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | |
| Sch: 15/16 Rpt: 38/39 | Galveston County Democratic Party 00015825 | | | |
| 4 Date | 5 Payee name | | | |
| 02/14/2025 | Target | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| \$24.74 | 1801 Gulf Fwy | | | |
| | | | | |
| Expenditure from corporate funds | Dickinson, TX 77539-3207 | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| OF EXPENDITURE | Printing Expense Check if travel outside of Texas. Complete Schedule T. | | | |
| | Check if Austin, TX, officeholder living expense | | | |
| | GCDP Office supplies- paper and folders | | | |
| | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | |
| experialitare to benefit C/OH | | | | |
| Date | Payee name | | | |
| 03/06/2025 | Tommie Austin, Part of JDV by Hyatt | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| \$397.63 | 506 San Jacinto Blvd | | | |
| Ψ001.00 | 330 San Gasino Biva | | | |
| Expenditure from corporate funds | Austin, TX 78701 | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| OF EXPENDITURE | Travel Out of District Check if travel outside of Texas. Complete Schedule T. | | | |
| EXPENDITURE | Check if Austin, TX, officeholder living expense | | | |
| | GCDP Chair lodging for TDCCA/SDEC quarterly | | | |
| | meeting | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| expenditure to benefit C/OH | | | | |
| Date | Payee name | | | |
| 01/07/2025 | United States Postal Service | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| \$216.00 | 509 Laurel Street | | | |
| φ210.00 | Substitution of the substi | | | |
| Expenditure from | | | | |
| corporate funds | La Marque, TX 77568-9998 | | | |
| 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 | | | |
| | PO Box 1071 fee-1 year | | | |
| | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | |
| experience to benefit O/O/I | | | | |
| | | | | |
| | | | | |
| | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| | Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Services Salaries/Wages/Contract La The Instruction Guide explains how to complete this for | |
|---|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| L | Sch: 16/16 Rpt: 39/39 | Galveston County Democratic Party | 00015825 |
| 4 | Date | Payee name | |
| | 06/23/2025 | Walmart Supercenter #529 | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$19.97 | 6410 Interstate 45 | |
| l | | | |
| | Expenditure from corporate funds | La Marque, TX 77568 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Descripti | on |
| | OF EXPENDITURE | Tilling Expense | if travel outside of Texas. Complete Schedule T. |
| | | | if Austin, TX, officeholder living expense |
| l | | GCDP | office supplies- printing paper |
| | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | | | |