

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

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|--|--|---|---|
| The GPAC Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00015825 | 2 Total pages filed: 39 |
| 3 COMMITTEE NAME Galveston County Democratic Party | | | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/14/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged |
| 4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 1071 La Marque, TX 77568-1071 | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Tierrishia NICKNAME LAST SUFFIX Gibson | | |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1857 Dogwood St Texas City, TX 77591 | | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 1071 La Marque, TX 77568 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (409) 502-3069 | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff | | |
| 10 PERIOD COVERED | Month Day Year 01/01/2025 THROUGH Month Day Year 06/30/2025 | | |
| 11 ELECTION | ELECTION DATE Month Day Year | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | |

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

| | | |
|---|--|--|
| 12 COMMITTEE NAME Galveston County Democratic Party | | 13 Filer ID (Ethics Commission Filers) 00015825 |
| 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported |
| | | B. Opposed |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported |
| | | B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |
| | 15 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 2,198.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 3,435.09 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 216.17 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

16 AFFIDAVIT

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

Tierrishia Gibson

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 39

| | | |
|---|---|---|
| 17 COMMITTEE NAME Galveston County Democratic Party | | 18 Filer ID (Ethics Commission Filers) 00015825 |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 2,198.00 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 5. | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 6. | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 7. | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 8. | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 9. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 10. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 3,435.09 |
| 11. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 13. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 14. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 15. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/20 Rpt: 4/39 |
| 2 FILER NAME Galveston County Democratic Party | | 3 Filer ID (Ethics Commission Filers) 00015825 |
| 4 Date 05/25/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aronson, Henry <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77551 | 7 Amount of Contribution (\$) \$29.00 |
| 8 Principal occupation / Job title (See Instructions) musician | | 9 Employer (See Instructions) freelance |
| Date 01/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Lisa (Mrs.) <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554-8002 | Amount of Contribution (\$) \$19.00 |
| Principal occupation / Job title (See Instructions) Restaurateur | | Employer (See Instructions) Self |
| Date 04/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canavan, Margaret <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 02/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Richard <hr/> Contributor address; City; State; Zip Code Dickinson , TX 77539 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 01/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denney, Pamela (Ms.) <hr/> Contributor address; City; State; Zip Code Clifton, TX 76634-3291 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Self |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/20 Rpt: 5/39 |
| 2 FILER NAME Galveston County Democratic Party | | 3 Filer ID (Ethics Commission Filers) 00015825 |
| 4 Date 02/09/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denney, Pamela (Ms.) 6 Contributor address; City; State; Zip Code Clifton, TX 76634-3291 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) Self |
| Date 03/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denney, Pamela (Ms.) Contributor address; City; State; Zip Code Clifton, TX 76634-3291 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Self |
| Date 04/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denney, Pamela (Ms.) Contributor address; City; State; Zip Code Clifton, TX 76634-3291 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Self |
| Date 05/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denney, Pamela (Ms.) Contributor address; City; State; Zip Code Clifton, TX 76634-3291 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Self |
| Date 06/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denney, Pamela (Ms.) Contributor address; City; State; Zip Code Clifton, TX 76634-3291 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Self |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/20 Rpt: 6/39 |
| 2 FILER NAME Galveston County Democratic Party | | 3 Filer ID (Ethics Commission Filers) 00015825 |
| 4 Date 01/12/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dressler, Don (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77550-4522 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) None | | 9 Employer (See Instructions) None |
| Date 02/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dressler, Don (Mr.) <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550-4522 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) None | | Employer (See Instructions) None |
| Date 03/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dressler, Don (Mr.) <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550-4522 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) None | | Employer (See Instructions) None |
| Date 04/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dressler, Don (Mr.) <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550-4522 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) None | | Employer (See Instructions) None |
| Date 05/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dressler, Don (Mr.) <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550-4522 | Amount of Contribution (\$) \$75.00 |
| Principal occupation / Job title (See Instructions) None | | Employer (See Instructions) None |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/20 Rpt: 7/39 |
| 2 FILER NAME Galveston County Democratic Party | | 3 Filer ID (Ethics Commission Filers) 00015825 |
| 4 Date 06/08/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dressler, Don (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77550-4522 | 7 Amount of Contribution (\$) \$75.00 |
| 8 Principal occupation / Job title (See Instructions) None | | 9 Employer (See Instructions) None |
| Date 03/31/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ewing, Daryl <hr/> Contributor address; City; State; Zip Code Galveston , TX 77550 | Amount of Contribution (\$) \$80.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 04/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flinn, Paula Marie (Ms.) <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551-4840 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Retired. | | Employer (See Instructions) None. |
| Date 03/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Heidi (Mrs.) <hr/> Contributor address; City; State; Zip Code League City, TX 77573-5026 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) None | | Employer (See Instructions) None |
| Date 04/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Heidi (Mrs.) <hr/> Contributor address; City; State; Zip Code League City, TX 77573-5026 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) None | | Employer (See Instructions) None |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/20 Rpt: 8/39 |
| 2 FILER NAME Galveston County Democratic Party | | 3 Filer ID (Ethics Commission Filers) 00015825 |
| 4 Date 05/18/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Heidi (Mrs.) 6 Contributor address; City; State; Zip Code League City, TX 77573-5026 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) None | | 9 Employer (See Instructions) None |
| Date 06/22/2025 | Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions) None | | Employer (See Instructions) None |
| Date 01/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graves, Ava Contributor address; City; State; Zip Code Galveston, TX 77554 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 02/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graves, Ava Contributor address; City; State; Zip Code Galveston, TX 77554 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 03/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graves, Ava Contributor address; City; State; Zip Code Galveston, TX 77554 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 6/20 Rpt: 9/39 |
| 2 FILER NAME Galveston County Democratic Party | | 3 Filer ID (Ethics Commission Filers) 00015825 |
| 4 Date 04/13/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graves, Ava <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77554 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 05/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graves, Ava <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 06/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graves, Ava <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 04/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grossman, John (Mr.) <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550-6841 | Amount of Contribution (\$) \$80.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 03/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heathcock, Zac <hr/> Contributor address; City; State; Zip Code Texas City, TX 77590 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Telemetry Tech | | Employer (See Instructions) Hiculty Heath |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 7/20 Rpt: 10/39 |
| 2 FILER NAME Galveston County Democratic Party | | 3 Filer ID (Ethics Commission Filers) 00015825 |
| 4 Date 01/12/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Amylin 6 Contributor address; City; State; Zip Code Dickinson, TX 77539 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) Administrative Assistant | | 9 Employer (See Instructions) Mary Moody Northern Endowment |
| Date 01/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Amylin Contributor address; City; State; Zip Code Dickinson, TX 77539 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Administrative Assistant | | Employer (See Instructions) Mary Moody Northern Endowment |
| Date 02/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Amylin Contributor address; City; State; Zip Code Dickinson, TX 77539 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Administrative Assistant | | Employer (See Instructions) Mary Moody Northern Endowment |
| Date 03/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Amylin Contributor address; City; State; Zip Code Dickinson, TX 77539 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Administrative Assistant | | Employer (See Instructions) Mary Moody Northern Endowment |
| Date 04/13/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Amylin Contributor address; City; State; Zip Code Dickinson, TX 77539 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Administrative Assistant | | Employer (See Instructions) Mary Moody Northern Endowment |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 8/20 Rpt: 11/39 |
| 2 FILER NAME Galveston County Democratic Party | | 3 Filer ID (Ethics Commission Filers) 00015825 |
| 4 Date 05/18/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Amylin <hr/> 6 Contributor address; City; State; Zip Code Dickinson, TX 77539 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) Administrative Assistant | | 9 Employer (See Instructions) Mary Moody Northern Endowment |
| Date 06/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Amylin <hr/> Contributor address; City; State; Zip Code Dickinson, TX 77539 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Administrative Assistant | | Employer (See Instructions) Mary Moody Northern Endowment |
| Date 01/26/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollaway, Carol <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) None |
| Date 03/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollaway, Carol <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) None |
| Date 03/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollaway, Carol <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) None |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 9/20 Rpt: 12/39 |
| 2 FILER NAME Galveston County Democratic Party | | 3 Filer ID (Ethics Commission Filers) 00015825 |
| 4 Date 04/27/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollaway, Carol <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77551 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) Not employed | | 9 Employer (See Instructions) None |
| Date 06/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollaway, Carol <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) None |
| Date 06/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollaway, Carol <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) None |
| Date 02/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Scott (Mr.) <hr/> Contributor address; City; State; Zip Code League City, TX 77573-3868 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Government Relations | | Employer (See Instructions) Galveston Bay Foundation |
| Date 02/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koleng, Esther <hr/> Contributor address; City; State; Zip Code Texas City, TX 77590 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) Not employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 10/20 Rpt: 13/39 |
| 2 FILER NAME Galveston County Democratic Party | | 3 Filer ID (Ethics Commission Filers) 00015825 |
| 4 Date 01/05/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeMay, Rachel 6 Contributor address; City; State; Zip Code Friendswood, TX 77546 | 7 Amount of Contribution (\$) \$5.00 |
| 8 Principal occupation / Job title (See Instructions) attorney | | 9 Employer (See Instructions) The LeMay Firm |
| Date 02/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeMay, Rachel Contributor address; City; State; Zip Code Friendswood, TX 77546 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) attorney | | Employer (See Instructions) The LeMay Firm |
| Date 03/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeMay, Rachel Contributor address; City; State; Zip Code Friendswood, TX 77546 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) attorney | | Employer (See Instructions) The LeMay Firm |
| Date 04/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeMay, Rachel Contributor address; City; State; Zip Code Friendswood, TX 77546 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) attorney | | Employer (See Instructions) The LeMay Firm |
| Date 05/04/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeMay, Rachel Contributor address; City; State; Zip Code Friendswood, TX 77546 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) attorney | | Employer (See Instructions) The LeMay Firm |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 11/20 Rpt: 14/39 |
| 2 FILER NAME Galveston County Democratic Party | | 3 Filer ID (Ethics Commission Filers) 00015825 |
| 4 Date 06/08/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeMay, Rachel <hr/> 6 Contributor address; City; State; Zip Code Friendswood, TX 77546 | 7 Amount of Contribution (\$) \$5.00 |
| 8 Principal occupation / Job title (See Instructions) attorney | | 9 Employer (See Instructions) The LeMay Firm |
| Date 01/26/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liles, Callie <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) None |
| Date 02/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liles, Callie <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) None |
| Date 03/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liles, Callie <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) None |
| Date 04/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liles, Callie <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) None |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 12/20 Rpt: 15/39 |
| 2 FILER NAME Galveston County Democratic Party | | 3 Filer ID (Ethics Commission Filers) 00015825 |
| 4 Date 05/25/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liles, Callie 6 Contributor address; City; State; Zip Code Galveston, TX 77550 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) Not employed | | 9 Employer (See Instructions) None |
| Date 06/22/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liles, Callie Contributor address; City; State; Zip Code Galveston, TX 77550 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) None |
| Date 04/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynch, Kathleen Contributor address; City; State; Zip Code Galveston, TX 77551 | Amount of Contribution (\$) \$160.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 02/02/2025 | Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions) Loan Officer | | Employer (See Instructions) Gold Star Mortgage Financial |
| Date 03/02/2025 | Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions) Loan Officer | | Employer (See Instructions) Gold Star Mortgage Financial |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 13/20 Rpt: 16/39 |
| 2 FILER NAME Galveston County Democratic Party | | 3 Filer ID (Ethics Commission Filers) 00015825 |
| 4 Date 03/30/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery, Mimi (Ms.) <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77573-7778 | 7 Amount of Contribution (\$) \$20.00 |
| 8 Principal occupation / Job title (See Instructions) Loan Officer | | 9 Employer (See Instructions) Gold Star Mortgage Financial |
| Date 05/04/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery, Mimi (Ms.) <hr/> Contributor address; City; State; Zip Code League City, TX 77573-7778 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Loan Officer | | Employer (See Instructions) Gold Star Mortgage Financial |
| Date 06/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery, Mimi (Ms.) <hr/> Contributor address; City; State; Zip Code League City, TX 77573-7778 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Loan Officer | | Employer (See Instructions) Gold Star Mortgage Financial |
| Date 06/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery, Mimi (Ms.) <hr/> Contributor address; City; State; Zip Code League City, TX 77573-7778 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Loan Officer | | Employer (See Instructions) Gold Star Mortgage Financial |
| Date 02/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Donell, Alice <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 14/20 Rpt: 17/39 |
| 2 FILER NAME Galveston County Democratic Party | | 3 Filer ID (Ethics Commission Filers) 00015825 |
| 4 Date 03/16/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Garro, Marilyn <hr/> 6 Contributor address; City; State; Zip Code Dickinson, TX 77539 | 7 Amount of Contribution (\$) \$5.00 |
| 8 Principal occupation / Job title (See Instructions) Nurse | | 9 Employer (See Instructions) Houston Methodist |
| Date 04/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parkinson, Regina <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 01/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purvis, Peggy <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) None |
| Date 02/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purvis, Peggy <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) None |
| Date 02/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Elias <hr/> Contributor address; City; State; Zip Code Galveston, TX 77590 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Youth Development Specialist | | Employer (See Instructions) Boys & Girls Club of Greater Houston |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 15/20 Rpt: 18/39 |
| 2 FILER NAME Galveston County Democratic Party | | 3 Filer ID (Ethics Commission Filers) 00015825 |
| 4 Date 03/02/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Elias <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77590 | 7 Amount of Contribution (\$) \$5.00 |
| 8 Principal occupation / Job title (See Instructions) Youth Development Specialist | | 9 Employer (See Instructions) Boys & Girls Club of Greater Houston |
| Date 03/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Elias <hr/> Contributor address; City; State; Zip Code Galveston, TX 77590 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Youth Development Specialist | | Employer (See Instructions) Boys & Girls Club of Greater Houston |
| Date 04/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Elias <hr/> Contributor address; City; State; Zip Code Galveston, TX 77590 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Youth Development Specialist | | Employer (See Instructions) Boys & Girls Club of Greater Houston |
| Date 06/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Elias <hr/> Contributor address; City; State; Zip Code Galveston, TX 77590 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Youth Development Specialist | | Employer (See Instructions) Boys & Girls Club of Greater Houston |
| Date 06/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Elias <hr/> Contributor address; City; State; Zip Code Galveston, TX 77590 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Youth Development Specialist | | Employer (See Instructions) Boys & Girls Club of Greater Houston |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 16/20 Rpt: 19/39 |
| 2 FILER NAME Galveston County Democratic Party | | 3 Filer ID (Ethics Commission Filers) 00015825 |
| 4 Date 01/12/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sonstein, Frances <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77551 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) Not employed | | 9 Employer (See Instructions) None |
| Date 02/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sonstein, Frances <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) None |
| Date 03/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sonstein, Frances <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) None |
| Date 04/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sonstein, Frances <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) None |
| Date 05/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sonstein, Frances <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) None |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 17/20 Rpt: 20/39 |
| 2 FILER NAME Galveston County Democratic Party | | 3 Filer ID (Ethics Commission Filers) 00015825 |
| 4 Date 06/08/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sonstein, Frances <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77551 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) Not employed | | 9 Employer (See Instructions) None |
| Date 01/19/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spain, Charles <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-5018 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Justice | | Employer (See Instructions) 14th District Court of Appeals, Tx |
| Date 04/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Michael <hr/> Contributor address; City; State; Zip Code Houston, TX 77095 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 04/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Phyllis <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 01/26/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White , Gregory <hr/> Contributor address; City; State; Zip Code Dickinson, TX 77539 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) None |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 18/20 Rpt: 21/39 |
| 2 FILER NAME Galveston County Democratic Party | | 3 Filer ID (Ethics Commission Filers) 00015825 |
| 4 Date 02/02/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White , Gregory 6 Contributor address; City; State; Zip Code Dickinson, TX 77539 | 7 Amount of Contribution (\$) \$20.00 |
| 8 Principal occupation / Job title (See Instructions) Not employed | | 9 Employer (See Instructions) None |
| Date 03/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White , Gregory Contributor address; City; State; Zip Code Dickinson, TX 77539 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) None |
| Date 03/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White , Gregory Contributor address; City; State; Zip Code Dickinson, TX 77539 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) None |
| Date 03/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White , Gregory Contributor address; City; State; Zip Code Dickinson, TX 77539 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) None |
| Date 03/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White , Gregory Contributor address; City; State; Zip Code Dickinson, TX 77539 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) None |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 19/20 Rpt: 22/39 |
| 2 FILER NAME Galveston County Democratic Party | | 3 Filer ID (Ethics Commission Filers) 00015825 |
| 4 Date 04/27/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White , Gregory 6 Contributor address; City; State; Zip Code Dickinson, TX 77539 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) Not employed | | 9 Employer (See Instructions) None |
| Date 04/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White , Gregory Contributor address; City; State; Zip Code Dickinson, TX 77539 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) None |
| Date 05/25/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White , Gregory Contributor address; City; State; Zip Code Dickinson, TX 77539 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) None |
| Date 06/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White , Gregory Contributor address; City; State; Zip Code Dickinson, TX 77539 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) None |
| Date 06/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White , Gregory Contributor address; City; State; Zip Code Dickinson, TX 77539 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) None |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 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 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White , Gregory <hr/> 6 Contributor address; City; State; Zip Code Dickinson, TX 77539 | 7 Amount of Contribution (\$) \$20.00 |
| 8 Principal occupation / Job title (See Instructions) Not employed | | 9 Employer (See Instructions) None |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 1/16 Rpt: 24/39 | 2 FILER NAME Galveston County Democratic Party | 3 Filer ID (Ethics Commission Filers) 00015825 |
| 4 Date 01/05/2025 | 5 Payee name ActBlue Texas | |
| 6 Amount (\$) \$0.20 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB donation fees |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 01/12/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name ActBlue Texas | | |
| Amount (\$) \$6.12 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB donation fees |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 01/19/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name ActBlue Texas | | |
| Amount (\$) \$3.95 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB donation fees |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 2/16 Rpt: 25/39 | 2 FILER NAME Galveston County Democratic Party | 3 Filer ID (Ethics Commission Filers) 00015825 |
| 4 Date 01/26/2025 | 5 Payee name ActBlue Texas | |
| 6 Amount (\$) \$1.79 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB donation fees |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 02/02/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name ActBlue Texas | | |
| Amount (\$) \$1.98 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB donation fees |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 02/09/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name ActBlue Texas | | |
| Amount (\$) \$6.34 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB donation fees |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 3/16 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 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB donation fees |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 02/23/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name ActBlue Texas | | |
| Amount (\$) \$1.98 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB donation fees |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 03/02/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name ActBlue Texas | | |
| Amount (\$) \$3.17 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB donation fees |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 4/16 Rpt: 27/39 | 2 FILER NAME Galveston County Democratic Party | 3 Filer ID (Ethics Commission Filers) 00015825 |
| 4 Date 03/09/2025 | 5 Payee name ActBlue Texas | |
| 6 Amount (\$) \$4.96 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB donation fees |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 03/16/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name ActBlue Texas | | |
| Amount (\$) \$1.59 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB donation fees |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 03/23/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name ActBlue Texas | | |
| Amount (\$) \$0.40 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB donation fees |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 5/16 Rpt: 28/39 | 2 FILER NAME Galveston County Democratic Party | 3 Filer ID (Ethics Commission Filers) 00015825 |
| 4 Date 03/30/2025 | 5 Payee name ActBlue Texas | |
| 6 Amount (\$) \$3.17 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB donation fees |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 03/31/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name ActBlue Texas | | |
| Amount (\$) \$3.16 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB donation fees |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/06/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name ActBlue Texas | | |
| Amount (\$) \$3.77 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB donation fees |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 6/16 Rpt: 29/39 | 2 FILER NAME Galveston County Democratic Party | 3 Filer ID (Ethics Commission Filers) 00015825 |
| 4 Date 04/13/2025 | 5 Payee name ActBlue Texas | |
| 6 Amount (\$) \$0.80 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB donation fees |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/20/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name ActBlue Texas | | |
| Amount (\$) \$14.82 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB donation fees |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/27/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name ActBlue Texas | | |
| Amount (\$) \$2.78 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB donation fees |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 7/16 Rpt: 30/39 | 2 FILER NAME Galveston County Democratic Party | 3 Filer ID (Ethics Commission Filers) 00015825 |
| 4 Date 05/04/2025 | 5 Payee name ActBlue Texas | |
| 6 Amount (\$) \$0.99 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB donation fees |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/11/2025 | Payee name ActBlue Texas | |
| Amount (\$) \$4.76 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB donation fees |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/18/2025 | Payee name ActBlue Texas | |
| Amount (\$) \$1.39 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB donation fees |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 8/16 Rpt: 31/39 | 2 FILER NAME Galveston County Democratic Party | 3 Filer ID (Ethics Commission Filers) 00015825 |
| 4 Date 05/25/2025 | 5 Payee name ActBlue Texas | |
| 6 Amount (\$) \$2.54 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB donation fees |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 06/01/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name ActBlue Texas | | |
| Amount (\$) \$2.18 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB donation fees |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 06/08/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name ActBlue Texas | | |
| Amount (\$) \$4.96 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB donation fees |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 9/16 Rpt: 32/39 | 2 FILER NAME Galveston County Democratic Party | 3 Filer ID (Ethics Commission Filers) 00015825 |
| 4 Date 06/15/2025 | 5 Payee name ActBlue Texas | |
| 6 Amount (\$) \$0.40 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB donation fees |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 06/22/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name ActBlue Texas | | |
| Amount (\$) \$1.39 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB donation fees |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 06/29/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name ActBlue Texas | | |
| Amount (\$) \$3.17 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144-0031 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AB donation fees |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 10/16 Rpt: 33/39 | 2 FILER NAME Galveston County Democratic Party | 3 Filer ID (Ethics Commission Filers) 00015825 |
| 4 Date 04/23/2025 | 5 Payee name Campaign Verify | |
| 6 Amount (\$) \$95.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 1215 31st Street NW PO Box 3554 Washington, DC 20007-9998 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Verification fee for Scale To Win texting tool usage. |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/02/2025 | Payee name City of Texas City- City Hall | |
| Amount (\$) \$74.31 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1801 Ninth Ave N Texas City , TX 77590 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) loan of County Chair | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment to water dept-loan of County Chair |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/28/2025 | Payee name Doc Holidays | |
| Amount (\$) \$62.92 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 6010 Seawall Blvd Galveston, TX 77551 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP/GID Out of town guest speakers meal |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 11/16 Rpt: 34/39 | 2 FILER NAME Galveston County Democratic Party | 3 Filer ID (Ethics Commission Filers) 00015825 |
| 4 Date 03/03/2025 | 5 Payee name HomeTown Bank | |
| 6 Amount (\$) \$100.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 1801 45th St Galveston, TX 77550 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Loan to primary account to cover account overdraft | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Loan to primary account to cover account overdraft |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/09/2025 | Payee name Innovative Solutions IT | |
| Amount (\$) \$386.18 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 10862 Redstone Ct Missouri City, TX 77459-3278 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Partial payment on printing for yard signs, post cards, and slate cards |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/07/2025 | Payee name Public Storage | |
| Amount (\$) \$217.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 5009 FM 1764 Rd La Marque, TX 77568-2465 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage space- monthly |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 12/16 Rpt: 35/39 | 2 FILER NAME Galveston County Democratic Party | 3 Filer ID (Ethics Commission Filers) 00015825 |
| 4 Date 02/28/2025 | 5 Payee name Public Storage | |
| 6 Amount (\$) \$257.40 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 5009 FM 1764 Rd La Marque, TX 77568-2465 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage space- monthly |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 03/06/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Public Storage | | |
| Amount (\$) \$217.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 5009 FM 1764 Rd La Marque, TX 77568-2465 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage space monthly fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/09/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Public Storage | | |
| Amount (\$) \$257.40 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 5009 FM 1764 Rd La Marque, TX 77568-2465 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage space monthly fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 13/16 Rpt: 36/39 | 2 FILER NAME Galveston County Democratic Party | 3 Filer ID (Ethics Commission Filers) 00015825 |
| 4 Date 05/13/2025 | 5 Payee name Public Storage | |
| 6 Amount (\$) \$310.20 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 5009 FM 1764 Rd La Marque, TX 77568-2465 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage space monthly fee |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 06/05/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Public Storage | | |
| Amount (\$) \$261.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 5009 FM 1764 Rd La Marque, TX 77568-2465 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage space monthly fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 01/13/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Shrimp 'N Stuff | | |
| Amount (\$) \$55.02 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 2506 Ball Street Galveston, TX 77550 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting with Dem club leaders |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 14/16 Rpt: 37/39 | 2 FILER NAME Galveston County Democratic Party | 3 Filer ID (Ethics Commission Filers) 00015825 |
| 4 Date 05/30/2025 | 5 Payee name Shrimp 'N Stuff | |
| 6 Amount (\$) \$81.99 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 2506 Ball Street Galveston, TX 77550 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP Chair meeting with Communication Committee- new members |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 01/02/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Squarespace, Inc. | | |
| Amount (\$) \$294.22 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 225 Varick Street, 12th floor New York, NY 10014 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website fee for year |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 06/20/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Squarespace, Inc. | | |
| Amount (\$) \$20.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 225 Varick Street, 12th floor New York, NY 10014 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP website/email fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 16/16 Rpt: 39/39 | 2 FILER NAME Galveston County Democratic Party | 3 Filer ID (Ethics Commission Filers) 00015825 |
| 4 Date 06/23/2025 | 5 Payee name Walmart Supercenter #529 | |
| 6 Amount (\$) \$19.97 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 6410 Interstate 45 La Marque, TX 77568 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GCDP office supplies- printing paper |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |