

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00069278	2 Total pages filed: 13	
3 COMMITTEE NAME North Tarrant Democrats			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/13/2025 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 P.O. Box 2134 Keller, TX 76244			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Martha A. ----- NICKNAME LAST SUFFIX Williams			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8105 Mount Shasta Circ. Fort Worth, TX 76137			
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 8105 Mount Shasta Circ. Fort Worth, TX 76137			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 455-9077			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff			
10 PERIOD COVERED	Month Day Year Month Day Year 01/01/2025 THROUGH 06/30/2025			
11 ELECTION	ELECTION DATE Month Day Year 05/03/2025		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special Municipal Election	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME North Tarrant Democrats	13 Filer ID (Ethics Commission Filers) 00069278
---	---

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	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,249.56
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,019.56
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 379.22
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Ms. Martha A. Williams

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 13

17 COMMITTEE NAME North Tarrant Democrats		18 Filer ID 00069278	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	1,249.56
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
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 checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	1,019.56
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	0.00
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
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: 1/3 Rpt: 4/13
2 FILER NAME North Tarrant Democrats		3 Filer ID (Ethics Commission Filers) 00069278
4 Date 06/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) North Tarrant Democrats <hr/> 6 Contributor address; City; State; Zip Code Keller, TX 76244	7 Amount of Contribution (\$) \$192.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) North Tarrant Democrats <hr/> Contributor address; City; State; Zip Code Keller, TX 76244	Amount of Contribution (\$) \$73.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ponce, Arlene (Mrs.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76164	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Retired
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ponce, Jr., Joe (Mr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76164	Amount of Contribution (\$) \$140.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Self employed
Date 06/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ponce, Jr., Joe (Mr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76164	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Self employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/13
2 FILER NAME North Tarrant Democrats		3 Filer ID (Ethics Commission Filers) 00069278
4 Date 03/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Martha (Ms.) 6 Contributor address; City; State; Zip Code Fort Worth, TX 76137	7 Amount of Contribution (\$) \$111.96
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) None
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Martha (Ms.) Contributor address; City; State; Zip Code Fort Worth, TX 76137	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Martha (Ms.) Contributor address; City; State; Zip Code Fort Worth, TX 76137	Amount of Contribution (\$) \$106.17
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 03/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Martha (Ms.) Contributor address; City; State; Zip Code Fort Worth, TX 76137	Amount of Contribution (\$) \$237.61
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 04/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Martha (Ms.) Contributor address; City; State; Zip Code Fort Worth, TX 76137	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/13
2 FILER NAME North Tarrant Democrats		3 Filer ID (Ethics Commission Filers) 00069278
4 Date 05/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Martha (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76137	7 Amount of Contribution (\$) \$169.82
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) None

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

Sch: 1/1 Rpt: 7/13

2 FILER NAME

North Tarrant Democrats

3 Filer ID (Ethics Commission Filers)

00069278

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
Sch: 1/1 Rpt: 8/13

2 FILER NAME
North Tarrant Democrats

3 Filer ID (Ethics Commission Filers)
00069278

4 TOTAL OF UNITEMIZED LOANS

\$ 0.00

5 Date of loan

7 Name of lender ☐ out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

6 Is lender a
financial
institution?

8 Lender address; City; State; Zip Code

10 Interest Rate

11 Maturity Date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral
☐ None

15 Check if personal funds were deposited into political account
(See Instructions)
☐

16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

☐ not applicable

18 Guarantor address; City; State; Zip Code

20 Principal occupation

21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/5 Rpt: 9/13	2 FILER NAME North Tarrant Democrats	3 Filer ID (Ethics Commission Filers) 00069278
4 Date 03/01/2025	5 Payee name Cafe Press	
6 Amount (\$) \$111.96 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 23801 Calabasas Rd. Calabasas, CA 91302	
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 Political note cards.
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 First Financial Bank		
Amount (\$) \$5.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 891 Keller Pkwy, Ste 100 Keller, TX 76248	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fees. Paper statement fee.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/03/2025	Candidate/Officeholder name Office sought Office held	
Payee name First Financial Bank		
Amount (\$) \$5.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 891 Keller Pkwy, Ste 100 Keller, TX 76248	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fees. Paper statement 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: 2/5 Rpt: 10/13	2 FILER NAME North Tarrant Democrats	3 Filer ID (Ethics Commission Filers) 00069278
4 Date 03/03/2025	5 Payee name First Financial Bank	
6 Amount (\$) \$5.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 891 Keller Pkwy, Ste 100 Keller, TX 76248	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fees. Paper statement fee.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/01/2025	Candidate/Officeholder name Office sought Office held	
Payee name First Financial Bank		
Amount (\$) \$5.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 891 Keller Pkwy, Ste 100 Keller, TX 76248	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fees. Paper statement fee.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/01/2025	Candidate/Officeholder name Office sought Office held	
Payee name First Financial Bank		
Amount (\$) \$5.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 891 Keller Pkwy, Ste 100 Keller, TX 76248	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fees. Paper statement 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: 3/5 Rpt: 11/13	2 FILER NAME North Tarrant Democrats	3 Filer ID (Ethics Commission Filers) 00069278
4 Date 06/02/2025	5 Payee name First Financial Bank	
6 Amount (\$) \$5.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 891 Keller Pkwy, Ste 100 Keller, TX 76248	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank fees. Paper statement fee.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/18/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$237.61 <input type="checkbox"/> Expenditure from corporate funds	Payee name Office Depot Payee address; City; State; Zip Code 7608 Denton Hwy, Ste. 340 Watauga, TX 76148	
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 Office supplies, paper, ink for printer.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/03/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$99.00 <input type="checkbox"/> Expenditure from corporate funds	Payee name Signs of Justice Payee address; City; State; Zip Code 4931 SW 76th Ave, #146 Portland, OR 97225	
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 The Majority Project Post Cards.
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: 4/5 Rpt: 12/13	2 FILER NAME North Tarrant Democrats	3 Filer ID (Ethics Commission Filers) 00069278
4 Date 06/04/2025	5 Payee name US Postal Service	
6 Amount (\$) \$192.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 520 E. Vine Street Keller, TX 76248	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Post Office Box 2134.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yearly renewal fee for North Tarrant Democrats Post Office Box.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/04/2025	Candidate/Officeholder name Office sought Office held	
Payee name US Postal Service		
Amount (\$) \$73.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 520 E. Vine Street Keller, TX 76248	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Postage stamps for mailers.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage stamps for mailers to constituents.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/09/2025	Candidate/Officeholder name Office sought Office held	
Payee name Vista Print		
Amount (\$) \$106.17 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 95 Hayden Ave Lexington, MA 02421	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Domain renewal.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web mail box renewal for North Tarrant Democrats.org
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: 5/5 Rpt: 13/13	2 FILER NAME North Tarrant Democrats	3 Filer ID (Ethics Commission Filers) 00069278
4 Date 05/11/2025	5 Payee name Zoom Video Communications, Inc.	
6 Amount (\$) \$169.82 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 55 Almaden Blvd. 6th floor San Jose, CA 95113	
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 Yearly fee for ZOOM video communications.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held