CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00016343 87 Date Received COMMITTEE Hays County Democratic Party **ELECTRONICALLY FILED** NAME 07/13/2025 TREASURER Weems, Jeffry NAME Date Hand-delivered or Date Postmarked **ORIGINAL** January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation Dissolution report 30th day before election Date Processed 8th day before election Other (specify) ORIGINAL PERIOD Month Year Day Year Day Month Date Imaged **COVERED THROUGH** 01/01/2025 06/30/2025 **EXPLANATION OF CORRECTION** I manually entered an intermediate number as our "amount of contributions maintained on the last day of the reporting period." On this correction report, I entered the correct number. AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Jeffry Weems Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ____, this the ___ ______, 20_____, to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath Remember To Attach Any Part Of The Campaign Finance Report Form **Needed To Report And Explain Corrections**

FORM CEC **COUNTY EXECUTIVE COMMITTEE CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The CEC Instruction Guide explains how to complete this form. 00016343 3 COMMITTEE NAME **OFFICE USE ONLY** Hays County Democratic Party Date Received **ELECTRONICALLY FILED** 07/13/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 204 Date Hand-delivered or Date Postmarked San Marcos, TX 78667 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Jeffry NAME NICKNAME LAST **SUFFIX** Weems STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 514 Cypress Creek Lane STREET **ADDRESS** (Residence or Business) Wimberley, TX 78676 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 739 MAILING **ADDRESS** Wimberley, TX 78676 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (281) 220-9355 PHONE REPORT January 15 30th day before election Final Report **TYPE** 10th day after campaign treasurer 8th day before election termination July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC COVER SHEET PG 2

12 COMMITTEE NAME	COMMITTEE NAME					
Hays County Democrat	tic Party		00016343			
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
15 CONTRIBUTION TOTALS	PLEDGES, LOAN CONTRIBUTIONS	ED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold	\$	0.00		
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	6,378.15		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ED POLITICAL EXPENDITURES	\$	0.00		
	4. TOTAL POLITIO	CAL EXPENDITURES	\$	12,472.41		
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	L CONTRIBUTIONS MAINTAINED AS OF THE LAST ING PERIOD	DAY \$	30,135.83		
OUTSTANDING LOAN TOTALS	•	L AMOUNT OF ALL OUTSTANDING LOANS AS OF T E REPORTING PERIOD	THE \$	0.00		
16 AFFIDAVIT	<u> </u>		<u>'</u>			
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.				
		Jeffry V	Weems			
		Signature of Car	npaign Treasu	rer		
AFFIX NOTARY	STAMP / SEAL ABOV	E				
Sworn to and subscribed	l before me, by the said	, th	nis the	day		
of	_, 20, to certi	y which, witness my hand and seal of office.				
Signature of officer ac	Iministering oath	Printed name of officer administering oath	Title of office	er administering oath		

SUBTOTALS - CEC FORM CEC COVER SHEET PG 3 4 of 87 7 COMMITTEE NAME Hour County Democratic Porty 18 Filer ID (Ethics Commission Filers)

17 C	TTIMMC	EE NAME	18 Filer ID	(Ethic	s Commission Filers)								
н	ays Cou	nty Democratic Party	00016343										
19 S	CHEDUL	E SUBTOTALS		Ι,	SUBTOTAL AMOUNT								
N/	AME OF	SCHEDULE		'	SUBTOTAL AMOUNT								
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	6,378.15								
2.		\$											
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$									
4.		SCHEDULE E: LOANS		\$									
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	12,472.41								
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$									
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$									
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$									
9.	X	\$	300.00										
10). <u> </u>	\$											

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 1/55 Rpt: 5/87	
2	FILER NAME Hays County	Democratic Party			3	Filer ID (Ethics Commission 00016343	Filers)
4	Date 01/24/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Dripping Springs, TX 78620 pation / Job title (See Instructions)	9	Employer (See Instructions	 - s)		
	Manager	·		ACS Inc			
	Date 02/24/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occur	Dripping Springs, TX 78620 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Manager	,		ACS Inc	,		
	Date 03/24/2025	Full name of contributor out-of-state PAC (ID#: Adams, John Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Dripping Springs, TX 78620					
	Principal occu Manager	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> 5)		
Date Full name of contributor o o o o o o o o o o o o o o o o o o		–				Amount of Contribution (\$)	\$10.00
	Principal occu Manager	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> 5)		
	Date 05/24/2025	Full name of contributor out-of-state PAC (ID#:_Adams, John Contributor address; City; State; Zip Code Dripping Springs, TX 78620)		Amount of Contribution (\$)	\$10.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions ACS Inc	<u>.</u> s)		

	MONET	ARY POLITICAL CONTRIBUT		SCHEDUL	E A1		
	The Instruc	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 2/55 Rpt: 6/87	
2	FILER NAME Hays County	Democratic Party			3	Filer ID (Ethics Commission 00016343	n Filers)
4	Date 06/24/2025	 5 Full name of contributor out-of-state PAC (II Adams, John 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$10.00
_	Delicalization	Dripping Springs, TX 78620		Facelouse (One Instruction			
8	Manager Manager	pation / Job title (See Instructions)	9	Employer (See Instructions ACS Inc	5)		
	Date 06/07/2025	Full name of contributor out-of-state PAC (II Arredondo, Juan Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$120.00
	Principal occu	San Marcos, TX 78666 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	President/CEO			United Way of Hays and		aldwell Co	
	Date 01/09/2025	Full name of contributor out-of-state PAC (If Barker, Shelley Contributor address; City; State; Zip Code	D#:			Amount of Contribution (\$)	\$10.00
		Odessa, TX 79761					
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions Ector ISD	5)		
	Date Full name of contributor out-of-state PAC (I 01/09/2025 Barker, Shelley)	•	Amount of Contribution (\$)	\$10.00
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions Ector ISD	5)		
	Date 02/09/2025	Full name of contributor out-of-state PAC (II Barker, Shelley Contributor address; City; State; Zip Code Odessa, TX 79761				Amount of Contribution (\$)	\$10.00
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions Ector ISD	5)		
			•				

	MONET	ARY POLITICAL CONTR	S 	SCHEDULE A1			
	The Instru	ction Guide explains how to comp	olete this forn	n.	1	Total pages Schedule A1: Sch: 3/55 Rpt: 7/87	
2	FILER NAME Hays County	Democratic Party			3	Filer ID (Ethics Commission 00016343	Filers)
4	Date 03/09/2025	 Full name of contributor out-of-st Barker, Shelley Contributor address; City; State; Zip Cod 			7	Amount of Contribution (\$)	\$10.00
		Odessa, TX 79761					
8	Principal occu Teacher	pation / Job title (See Instructions)	9	Employer (See Instructions Ector ISD	s)		
	Date 04/09/2025	Full name of contributor out-of-st Barker, Shelley Contributor address; City; State; Zip Cod	tate PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	Odessa, TX 79761 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Teacher	odion / Job title (Jee mandenons)		Ector ISD	,,		
	Date 05/09/2025	Barker, Shelley	tate PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Odessa, TX 79761					
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions Ector ISD	5)		
	Date 06/09/2025	Barker, Shelley				Amount of Contribution (\$)	\$10.00
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions Ector ISD	5)		
	Date 01/10/2025	Barton, Zachary)		Amount of Contribution (\$)	\$20.00
	Principal occu Financial Ad	pation / Job title (See Instructions) visor		Employer (See Instructions Self	s)		
			'				

	MONEI	ARY POLITICAL (SCHEDULE A				
	The Instruc	ction Guide explains how	to complete this fo	orn	n.	1	Total pages Schedule A1: Sch: 4/55 Rpt: 8/87	
2	FILER NAME					3	Filer ID (Ethics Commission	Filers)
		Democratic Party				L	00016343	
4	Date 02/10/2025	5 Full name of contributor Barton, Zachary6 Contributor address; City; St	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$20.00
		Kyle, TX 78610						
8	Principal occu Financial Ad	pation / Job title (See Instructions visor)	9	Employer (See Instructions Self	5)		
	Date 03/10/2025	Full name of contributor Barton, Zachary Contributor address; City; St Kyle, TX 78610	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	Financial Advisor		Self					
	Date 04/10/2025	Full name of contributor Barton, Zachary Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$20.00
		Kyle, TX 78610						
	Principal occu Financial Adv	pation / Job title (See Instructions visor)		Employer (See Instructions Self	5)		
	Date 05/10/2025	Full name of contributor Barton, Zachary Contributor address; City; St	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$20.00
	Principal occu Financial Adv	pation / Job title (See Instructions visor)		Employer (See Instructions Self	5)		
	Date 06/10/2025	Full name of contributor Barton, Zachary Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$20.00
	Principal occu Financial Ad	pation / Job title (See Instructions visor)		Employer (See Instructions Self	s)		

	MONET	ARY POLITICAL CO		SCHEDULE A1			
	The Instruc	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 5/55 Rpt: 9/87	
2	FILER NAME Hays County	Democratic Party			3	Filer ID (Ethics Commission 00016343	Filers)
4	Date 06/13/2025	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
_	Deinsinal assu	Driftwood, TX 78619	lo la	Familia va (Can Instructiona			
8	Attorney	pation / Job title (See Instructions)		Employer (See Instructions Caldwell County)		
	Date 01/12/2025	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Dringing age	San Marcos, TX 78666		Employer (Coo Instructional			
	Editor	pation / Job title (See Instructions)		Employer (See Instructions Stratfor)		
	Date 02/12/2025	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		San Marcos, TX 78666					
	Principal occu Editor	pation / Job title (See Instructions)		Employer (See Instructions Stratfor)		
03/12/2025 Blackburn, Robin Contributor address; C		_ _	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Editor	pation / Job title (See Instructions)		Employer (See Instructions Stratfor)		
	Date 04/12/2025	Blackburn, Robin	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Editor	pation / Job title (See Instructions)		Employer (See Instructions Stratfor)		
			<u>, </u>				

	MONET	ARY POLITICAL CO	S		SCHEDULE A1		
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 6/55 Rpt: 10/87	
2	FILER NAME Hays County	Democratic Party			3	Filer ID (Ethics Commission 00016343	Filers)
4	Date 05/12/2025	5 Full name of contributor Blackburn, Robin 6 Contributor address; City; State			7	Amount of Contribution (\$)	\$10.00
_	District	San Marcos, TX 78666	lo.	Faralas as (Cara la desartia a			
8	Principal occuj Editor	pation / Job title (See Instructions)	9	Employer (See Instructions Stratfor			
	Date 06/12/2025	Full name of contributor Blackburn, Robin Contributor address; City; State	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	San Marcos, TX 78666 pation / Job title (See Instructions)		Employer (See Instructions	 		
	Editor			Stratfor	,		
	Date 01/08/2025	Full name of contributor Calvert, Amanda Contributor address; City; State	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$10.00
		Kyle, TX 78640					
	Principal occu District Clerk	pation / Job title (See Instructions)		Employer (See Instructions Hays County	5)		
Date 02/08/2025		Full name of contributor Calvert, Amanda Contributor address; City; State Kyle, TX 78640	·			Amount of Contribution (\$)	\$10.00
	Principal occu District Clerk	pation / Job title (See Instructions)		Employer (See Instructions Hays County	<u> </u> 5)		
	Date 03/08/2025	Full name of contributor Calvert, Amanda Contributor address; City; State Kyle, TX 78640	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$10.00
	Principal occup District Clerk	pation / Job title (See Instructions)		Employer (See Instructions Hays County	5)		

	MONEI	ARY POLITICAL (SCHEDULE A1			
	The Instruc	ction Guide explains hov	v to complete this for	m.	1	Total pages Schedule A1: Sch: 7/55 Rpt: 11/87	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		Democratic Party				00016343	
4	Date 04/08/2025	 5 Full name of contributor Calvert, Amanda 6 Contributor address; City; S 	out-of-state PAC (ID#: tate; Zip Code)	7	Amount of Contribution (\$)	\$10.00
•	Dringing oggu	Kyle, TX 78640	s)	Employer (See Instructional			
0	District Clerk	pation / Job title (See Instructions	5)	Employer (See Instructions Hays County)		
	Date 05/08/2025	Full name of contributor Calvert, Amanda Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Data da al access	Kyle, TX 78640	<u>. </u>	Francisco (Octobro de America de	$\overline{\Gamma}$		
	Principal occupation / Job title (See Instructions) District Clerk		5)	Employer (See Instructions Hays County	5)		
	Date 06/08/2025	Full name of contributor Calvert, Amanda Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Kyle, TX 78640					
	Principal occu District Clerk	pation / Job title (See Instructions	5)	Employer (See Instructions Hays County	5)		
Date 05/29/2025		Full name of contributor out-of-state PAC (ID#:) Campbell, Landon Contributor address; City; State; Zip Code Kyle, TX 78640				Amount of Contribution (\$)	\$10.00
	Principal occu Attorney	pation / Job title (See Instructions	5)	Employer (See Instructions Hays County	5)		
	Date 06/29/2025	Full name of contributor Campbell, Landon Contributor address; City; S Kyle, TX 78640	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Attorney	pation / Job title (See Instructions	5)	Employer (See Instructions Hays County	5)		

	MONEI	ARY POLITICAL CONTRIBUTION		SCHEDULI	E A1	
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/55 Rpt: 12/87	
2	FILER NAME	Democratic Party		3	Filer ID (Ethics Commission 00016343	Filers)
4	Date	· ————————————————————————————————————		 		
01/08/2025 Carriker, Kathy 6 Contributor address; City; State; Zip Code		Carriker, Kathy)	' 	Amount of Contribution (\$)	\$10.00
•	Principal occu	Dripping Springs, TX 78620 pation / Job title (See Instructions)	9 Employer (See Instructions			
o	Not Employe		Not Employed	5)		
	Date 02/08/2025	Full name of contributor out-of-state PAC (ID#:_ Carriker, Kathy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Driverinal	Dripping Springs, TX 78620	Franks von (Coo Instructions	<u></u>		
	Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions Not Employed	S)		
	Date)	_	Amount of Contribution (\$)	
	03/08/2025	Full name of contributor out-of-state PAC (ID#:_ Carriker, Kathy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Dripping Springs, TX 78620				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe	ed	Not Employed			
Date 04/08/2025		Full name of contributor out-of-state PAC (ID#:_ Carriker, Kathy Contributor address; City; State; Zip Code Dripping Springs, TX 78620			Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	s)		
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#:_ Carriker, Kathy Contributor address; City; State; Zip Code Dripping Springs, TX 78620			Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	s)		

	MONET	ARY POLITICAL (IS	SCHEDULE A				
	The Instru	ction Guide explains hov	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 9/55 Rpt: 13/87	
2	FILER NAME Hays County	Democratic Party				3	Filer ID (Ethics Commission 00016343	Filers)
4	Date 06/08/2025	5 Full name of contributor Carriker, Kathy6 Contributor address; City; S	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$10.00
		Dripping Springs, TX 786						
8	Principal occu Not Employe	pation / Job title (See Instructions ed	5)	9	Employer (See Instructions Not Employed	5)		
	Date 05/29/2025	Full name of contributor Case, Margo Contributor address; City; S)	•	Amount of Contribution (\$)	\$10.00
	Dringinal occu	San Marcos, TX 78666	s)		Employer (See Instructions	-/- 		
	Principal occupation / Job title (See Instructions) Not Employed				Not Employed))		
	Date 06/29/2025	Full name of contributor Case, Margo Contributor address; City; S)	•	Amount of Contribution (\$)	\$10.00
		San Marcos, TX 78666						
	Principal occu Not Employe	pation / Job title (See Instructionsed	5)		Employer (See Instructions Not Employed	s)		
	Date 02/18/2025	Full name of contributor Cevallos, Daniel Contributor address; City; S San Marcos, TX 78666	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$10.00
	Principal occu Not employe	pation / Job title (See Instructions d	5)		Employer (See Instructions Not employed	5)		
	Date 03/18/2025	Full name of contributor Cevallos, Daniel Contributor address; City; S San Marcos, TX 78666	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$10.00
	Principal occu Not employe	pation / Job title (See Instructions	5)		Employer (See Instructions Not employed	S)		
			l					

	MONEI	ARY POLITICAL (SCHEDULE A1				
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 10/55 Rpt: 14/87	
2	FILER NAME Hays County	/ Democratic Party			3	Filer ID (Ethics Commission 00016343	r Filers)
4	Date 04/18/2025	5 Full name of contributor Cevallos, Daniel6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$10.00
8	Principal occu Not employe	San Marcos, TX 78666 pation / Job title (See Instructions	(5)	Employer (See Instruction: Not employed	s)		
	Date 05/18/2025	Full name of contributor Cevallos, Daniel Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Not employe	San Marcos, TX 78666 pation / Job title (See Instructionsed	s)	Employer (See Instruction	<u> </u> s)		
	Date 06/18/2025	Full name of contributor Cevallos, Daniel Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Dringing! aggs	San Marcos, TX 78666 pation / Job title (See Instructions		Employer (Coo Instruction	<u></u>		
	Not employe	•) 	Employer (See Instruction: Not employed	5)		
	Date 01/29/2025	Full name of contributor Chavez, Deborah Contributor address; City; S Buda, TX 78620	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions	s)	Employer (See Instructions Not Employed	s)		
	Date 02/28/2025	Full name of contributor Chavez, Deborah Contributor address; City; S Buda, TX 78620	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions ed	5)	Employer (See Instruction: Not Employed	s)		

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how	to complete this form	n.	1	Total pages Schedule A1: Sch: 11/55 Rpt: 15/87	
2	FILER NAME Hays County	Democratic Party			3	Filer ID (Ethics Commission 00016343	Filers)
4	Date 03/29/2025	5 Full name of contributor [Chavez, Deborah6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$25.00
8	Principal occur	Buda, TX 78620 pation / Job title (See Instructions)	اه	Employer (See Instructions	·,		
0	Not Employe		l ³	Not Employed)		
	Date 04/29/2025	Full name of contributor [Chavez, Deborah Contributor address; City; Sta				Amount of Contribution (\$)	\$25.00
		Buda, TX 78620					
	Principal occup Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 05/29/2025	Full name of contributor [Chavez, Deborah Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Buda, TX 78620					
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)		
	Date 06/29/2025	Full name of contributor [Chavez, Deborah Contributor address; City; Sta Buda, TX 78620	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u>I </u>		
	Date 05/29/2025	Full name of contributor Cohen, Marie Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu Training Spe	pation / Job title (See Instructions)		Employer (See Instructions Texas Comptroller of Pu		r Accounts	
	Training Spe	- Charlot		. SAGS COMPRONE OF FE	4.JII		

	MONEI	ARY POLITICAL (CONTRIBUTIO	INS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 12/55 Rpt: 16/87	
2	FILER NAME Havs County	/ Democratic Party			3	Filer ID (Ethics Commission 00016343	r Filers)
4	Date 06/29/2025	5 Full name of contributorCohen, Marie6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		7	Amount of Contribution (\$)	\$25.00
•	Principal occu	Kyle, TX 78640 pation / Job title (See Instructions	, 1	9 Employer (See Instructions	<u>-,</u>		
0	Training Spe		,	Texas Comptroller of Pu		c Accounts	
	Date 01/12/2025	Full name of contributor Cummings, Terry Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	Buda, TX 78610 pation / Job title (See Instructions	, 1	Employer (See Instructions	<u>-,</u>		
	Not Employe)	Not Employed	5)		
	Date 02/12/2025	Full name of contributor Cummings, Terry Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$10.00
		Buda, TX 78610					
	Principal occu Not Employe	pation / Job title (See Instructions ed)	Employer (See Instructions Not Employed	s)		
	Date 04/21/2025	Full name of contributor Delgado, Deborah Contributor address; City; St Austin, TX 78737	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions ed)	Employer (See Instructions Not Employed	s)		
	Date 05/21/2025	Full name of contributor Delgado, Deborah Contributor address; City; St Austin, TX 78737	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions ed)	Employer (See Instructions Not Employed	s)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 13/55 Rpt: 17/87	
2	FILER NAME Hays County	Democratic Party			3	Filer ID (Ethics Commission 00016343	n Filers)
4		 Full name of contributor Delgado, Deborah Contributor address; City; State; J 	out-of-state PAC (ID#: Zip Code		7	Amount of Contribution (\$)	\$25.00
8	Principal occup	Austin, TX 78737 Dation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date 05/14/2025	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 05/29/2025	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		San Marcos, TX 78666		<u> </u>			
	Driver	pation / Job title (See Instructions)		Employer (See Instructions Transdev)		
	Date 06/29/2025	Estes, Terry Contributor address; City; State; 2				Amount of Contribution (\$)	\$10.00
	Principal occup	San Marcos, TX 78666 pation / Job title (See Instructions)		Employer (See Instructions Transdev)		
	Date 06/12/2025	Full name of contributor Feray, Dianne Contributor address; City; State; 2 Dripping Springs, TX 78620	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occup Not employe	oation / Job title (See Instructions)		Employer (See Instructions Not employed)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	N	IS		SCHEDULI	A1
	The Instru	ction Guide explains hov	v to complete this fo	orı	n.	1	Total pages Schedule A1: Sch: 14/55 Rpt: 18/87	
2	FILER NAME	/ Democratic Party				3	Filer ID (Ethics Commission 00016343	ı Filers)
4	Date	5 Full name of contributor)	-	Amount of Contribution (\$)	
4	01/15/2025	Friedman, Ivan 6 Contributor address; City; S	out-of-state PAC (ID#:_			'	Amount of Contribution (\$)	\$10.00
•	Dringing Logo	San Marcos, TX 78666		•	Employer (Coo Instruction			
0	Attorney	pation / Job title (See Instruction:	o)	9	Employer (See Instructions Self	·)		
	Date 02/15/2025	Full name of contributor Friedman, Ivan Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$10.00
		San Marcos, TX 78666				<u> </u>		
	Principal occu Attorney	pation / Job title (See Instructions	5)		Employer (See Instructions Self	s)		
	Date 03/15/2025	Full name of contributor Friedman, Ivan Contributor address; City; S	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$10.00
		San Marcos, TX 78666						
	•	pation / Job title (See Instruction:	5)		Employer (See Instructions	5)		
	Attorney	·				_		
	Date 04/15/2025	Full name of contributor Friedman, Ivan Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code)		Amount of Contribution (\$)	\$10.00
		San Marcos, TX 78666						
	Principal occu Attorney	pation / Job title (See Instructions	5)		Employer (See Instructions Self	s)		
	Date 05/15/2025	Full name of contributor Friedman, Ivan Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$10.00
		San Marcos, TX 78666						
	Principal occu Attorney	pation / Job title (See Instructions	5)		Employer (See Instructions Self	s)		

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how	to complete this f	orı	n.	1	Total pages Schedule A1: Sch: 15/55 Rpt: 19/87	
2	FILER NAME Hays County	/ Democratic Party				3	Filer ID (Ethics Commission 00016343	Filers)
4	Date 06/15/2025	5 Full name of contributor Friedman, Ivan	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$10.00
_		San Marcos, TX 78666						
8	Attorney	pation / Job title (See Instructions	;)	9	Employer (See Instructions Self	5)		
	Date 04/29/2025	Full name of contributor Harding, Genest Contributor address; City; S)		Amount of Contribution (\$)	\$75.00
	Principal occu	Kyle, TX 78640 pation / Job title (See Instructions	s)		Employer (See Instructions	<u> </u>		
	Not Employe	ed			Not Employed			
	Date 05/14/2025	Full name of contributor Harding, Genest Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$15.00
		Kyle, TX 78640						
	Principal occu Not Employe	pation / Job title (See Instructions ed	s)		Employer (See Instructions Not Employed	5)		
	Date 05/18/2025	Full name of contributor Hart, Susan Contributor address; City; S San Marcos, TX 78666)		Amount of Contribution (\$)	\$10.00
	Principal occu Market Rese	pation / Job title (See Instructions earch	s)		Employer (See Instructions	<u>I</u> 5)		
	Date 06/18/2025	Full name of contributor Hart, Susan Contributor address; City; Si San Marcos, TX 78666	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$10.00
	Principal occu Market Rese	pation / Job title (See Instructions	·)		Employer (See Instructions	5)		
	WILLIAM NESE				7.11110			

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 16/55 Rpt: 20/87	
2	FILER NAME Hays County	Democratic Party			3	Filer ID (Ethics Commission 00016343	ı Filers)
4	Date 01/12/2025				7	Amount of Contribution (\$)	\$10.00
_		Buda, TX 78610	<u> </u>				
8	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 02/12/2025	Haschke, Donna Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	Buda, TX 78610 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Retired			Not Employed			
	Date 03/12/2025	Full name of contributor Haschke, Donna Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Buda, TX 78610					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 04/12/2025	Full name of contributor Haschke, Donna Contributor address; City; State; Buda, TX 78610	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u> </u> 5)		
	Date 05/12/2025	Haschke, Donna	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			•				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 17/55 Rpt: 21/87	
2	FILER NAME Hays County	Democratic Party			3	Filer ID (Ethics Commission 00016343	n Filers)
4	Date 06/12/2025	·			7	Amount of Contribution (\$)	\$10.00
_	Deire sin al access	Buda, TX 78610	la la	English (On Instruction			
8	Retired	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date 01/13/2025	Full name of contributor Hatch, John Contributor address; City; State;	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$100.00
		Buda, TX 78610					
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Texas Petition Strategie			
	Date 02/13/2025	Full name of contributor Hatch, John Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
		Buda, TX 78610					
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Texas Petition Strategie	-		
	Date 03/13/2025	Full name of contributor Hatch, John Contributor address; City; State; Buda, TX 78610	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Texas Petition Strategie			
	Date 04/13/2025	Full name of contributor Hatch, John Contributor address; City; State; Buda, TX 78610	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Texas Petition Strategie			
			I	<u> </u>			

	MONEI	ARY POLITICAL CO	ONTRIBUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how t	to complete this for	m.	1	Total pages Schedule A1: Sch: 18/55 Rpt: 22/87	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		Democratic Party	_			00016343	
4	Date 05/13/2025	5 Full name of contributor Hatch, John6 Contributor address; City; Stat	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
		Buda, TX 78610					
8		pation / Job title (See Instructions)	9	Employer (See Instructions			
	Consultant			Texas Petition Strategie	s		
	Date 06/13/2025	Full name of contributor [Hatch, John Contributor address; City; Stat	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Buda, TX 78610					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions			
	Consultant			Texas Petition Strategie	S		
	Date 01/10/2025	Full name of contributor [Hays County Tejano Demo Contributor address; City; Stat				Amount of Contribution (\$)	\$100.00
		Buda, TX 78610					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 05/29/2025	Full name of contributor Henry, Grant Contributor address; City; Stat Buda, TX 78610	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Program ma	pation / Job title (See Instructions) nager		Employer (See Instructions Athena Health)		
	Date 06/29/2025	Full name of contributor Henry, Grant Contributor address; City; Stat Buda, TX 78610	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		pation / Job title (See Instructions)		Employer (See Instructions	()		
	Program ma	nager		Athena Health			

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	tion Guide explains how to com	nplete this forn	1.	1	Total pages Schedule A1: Sch: 19/55 Rpt: 23/87	
2	FILER NAME Hays County	Democratic Party			3	Filer ID (Ethics Commission 00016343	Filers)
4	Date 01/09/2025	 Full name of contributor out-of-Herrick, Kathie Contributor address; City; State; Zip C 			7	Amount of Contribution (\$)	\$10.00
_	Deire sin al a second	Kyle, TX 78640	lo	Faralana (Gas lastrustiana			
8	Not employe	ation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 02/09/2025	Full name of contributor out-of-Herrick, Kathie Contributor address; City; State; Zip C	-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions)		
	Not employe	d					
	Date 03/09/2025	Full name of contributor out-of-Herrick, Kathie Contributor address; City; State; Zip C	-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Kyle, TX 78640					
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 04/09/2025	Herrick, Kathie	-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 05/09/2025	Herrick, Kathie	-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occup Not employe	ation / Job title (See Instructions)		Employer (See Instructions)		
			1				

	MONET	ARY POLITICAL CONTRII	BUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to comple	ete this fo	rm.	1	Total pages Schedule A1: Sch: 20/55 Rpt: 24/87	
2	FILER NAME Hays County	Democratic Party			3	Filer ID (Ethics Commission 00016343	Filers)
4			PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
_	Dringing! goog	Kyle, TX 78640	10	Employer (Co.) Instructions	<u></u>		
8	Not employe	pation / Job title (See Instructions) d	9	Employer (See Instructions	>)		
	Date 02/28/2025	Hilburn, Peggy	PAC (ID#:		•	Amount of Contribution (\$)	\$50.00
		San Marcos, TX 78666					
	Principal occup Retired	pation / Job title (See Instructions)		Employer (See Instructions None	s)		
	Date 03/31/2025	Full name of contributor out-of-state Hilburn, Peggy Contributor address; City; State; Zip Code	PAC (ID#:		•	Amount of Contribution (\$)	\$50.00
		San Marcos, TX 78666					
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions None	s)		
	Date 04/30/2025	Hilburn, Peggy	PAC (ID#:		•	Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions None	5)		
	Date 05/31/2025	Full name of contributor out-of-state Hilburn, Peggy Contributor address; City; State; Zip Code San Marcos, TX 78666				Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions None	5)		
			•				

	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 21/55 Rpt: 25/87	
2	FILER NAME Hays County	Democratic Party			3	Filer ID (Ethics Commission 00016343	ı Filers)
4	Date 06/30/2025	5 Full name of contributor out-of-	state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
_		San Marcos, TX 78666					
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions None	5)		
	Date 05/11/2025	Hill, Paul Contributor address; City; State; Zip Co				Amount of Contribution (\$)	\$47.15
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Attorney			State of Texas			
	Date 05/31/2025	Full name of contributor out-of- Hill, Paul Contributor address; City; State; Zip Co	state PAC (ID#: ode			Amount of Contribution (\$)	\$10.00
		Kyle, TX 78640					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions State of Texas	5)		
	Date 06/30/2025	Hill, Paul	state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions State of Texas	<u> </u>		
	Date 01/31/2025	Hillburn, Peggy	state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
			1				

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULI	E A1
	The Instru	ction Guide explains hov	v to complete this fo	rm.	1	Total pages Schedule A1: Sch: 22/55 Rpt: 26/87	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		Democratic Party	_		┖	00016343	
4	Date 01/09/2025	5 Full name of contributor Huynh, Jessica6 Contributor address; City; S	out-of-state PAC (ID#:	,	7	Amount of Contribution (\$)	\$10.00
_	Dinainal	Austin, TX 78737		Fuel to a (Carlos bases)			
8	Attorney	pation / Job title (See Instruction:	5)	Employer (See Instructions Smith & Vinson	S)		
	Date 02/09/2025	Full name of contributor Huynh, Jessica Contributor address; City; S Austin, TX 78737	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instruction:	5)	Employer (See Instructions	<u> </u> s)		
	Attorney			Smith & Vinson	•		
	Date 03/09/2025	Full name of contributor Huynh, Jessica Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Austin, TX 78737					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
	Attorney			Smith & Vinson			
	Date 04/09/2025	Full name of contributor Huynh, Jessica Contributor address; City; S Austin, TX 78737	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Attorney	pation / Job title (See Instructions	5)	Employer (See Instructions Smith & Vinson	<u> </u> S)		
	Date 05/09/2025	Full name of contributor Huynh, Jessica Contributor address; City; S Austin, TX 78737	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Attorney	pation / Job title (See Instructions	5)	Employer (See Instructions Smith & Vinson	s)		

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 23/55 Rpt: 27/87	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Hays County	Democratic Party				00016343	
4	Date 06/09/2025	 Full name of contributor Huynh, Jessica Contributor address; City; S 	out-of-state PAC (ID#: tate; Zip Code)	7	Amount of Contribution (\$)	\$10.00
_		Austin, TX 78737	,				
8	Attorney	pation / Job title (See Instructions	9	Employer (See Instructions Smith & Vinson	s)		
	Date 01/08/2025	Full name of contributor Ishibashi, Susan Contributor address; City; Si Kyle, TX 78640	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u> s)		
	Not Employed		,	Not Employed	,		
	Date 02/08/2025	Full name of contributor Ishibashi, Susan Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Kyle, TX 78640					
	Principal occu Not Employe	pation / Job title (See Instructionsed	5)	Employer (See Instructions Not Employed	s)		
		out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00	
	Principal occu Not Employe	pation / Job title (See Instructionsed	5)	Employer (See Instructions Not Employed	<u>I</u> S)		
	Date 04/08/2025	Full name of contributor Ishibashi, Susan Contributor address; City; S Kyle, TX 78640	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions ed	5)	Employer (See Instructions Not Employed	s)		

	MONEI	ARY POLITICAL CO	ONTRIBUTION	IS		SCHEDULI	E A1
	The Instru	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 24/55 Rpt: 28/87	
2	FILER NAME	/ Democratic Party			3	Filer ID (Ethics Commission 00016343	r Filers)
_		-	_		L		
4	Date 05/08/2025	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
		Kyle, TX 78640					
8	Principal occu Not Employe	pation / Job title (See Instructions)	9	Employer (See Instructions Not Employed	s)		
	Date 06/08/2025	Full name of contributor Ishibashi, Susan Contributor address; City; Stat	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Dringing Lagou	Kyle, TX 78640	1	Franks var (Caa kastuvatiana	<u>, </u>		
	Principal occupation / Job title (See Instructions) Not Employed			Employer (See Instructions Not Employed	5)		
	Date 01/18/2025	Full name of contributor Jensen, Ann Contributor address; City; Stat	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		San Marcos, TX 78666					
	Principal occu Instructional	pation / Job title (See Instructions) Designer		Employer (See Instructions Texas State University	5)		
		out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$10.00	
	Principal occu Instructional	pation / Job title (See Instructions) Designer		Employer (See Instructions Texas State University	5)		
	Date 03/18/2025	Full name of contributor Jensen, Ann Contributor address; City; Stat San Marcos, TX 78666	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Instructional	pation / Job title (See Instructions) Designer		Employer (See Instructions Texas State University	5)		
			<u>'</u>				

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 25/55 Rpt: 29/87	
2	FILER NAME	/ Democratic Party			3	Filer ID (Ethics Commission 00016343	r Filers)
_					Ŀ		
4	Date 04/18/2025	5 Full name of contributorJensen, Ann6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
		San Marcos, TX 78666					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Instructional	Designer		Texas State University			
	Date 05/18/2025	Full name of contributor Jensen, Ann Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		San Marcos, TX 78666					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Instructional Designer Te		Texas State University				
	Date 06/18/2025	Full name of contributor Jensen, Ann Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$10.00
		San Marcos, TX 78666					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>		
	Instructional	Designer		Texas State University			
	Date 01/30/2025	Full name of contributor Johnson, Lucy Contributor address; City; St San Marcos, TX 78666	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$25.00
	Principal occu Real Estate	pation / Job title (See Instructions Investor)	Employer (See Instructions Self	5)		
	Date 01/17/2025	Full name of contributor Juarez, Ana Contributor address; City; St San Marcos, TX 78666	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$10.00
	Principal occu Retired	pation / Job title (See Instructions		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL CONTRIB	BUTION	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete	e this for	m.	1	Total pages Schedule A1: Sch: 26/55 Rpt: 30/87	
2	FILER NAME Hays County	Democratic Party			3	Filer ID (Ethics Commission 00016343	r Filers)
4	Date 02/17/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
_		San Marcos, TX 78666					
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired			
	Date 03/17/2025	Juarez, Ana	PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu	San Marcos, TX 78666 pation / Job title (See Instructions)		Employer (See Instructions	 - s)		
	Retired			Retired			
	Date 04/17/2025	Full name of contributor				Amount of Contribution (\$)	\$10.00
		San Marcos, TX 78666					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
Date 05/17/2025		Full name of contributor out-of-state F Juarez, Ana Contributor address; City; State; Zip Code San Marcos, TX 78666)		Amount of Contribution (\$)	\$10.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>l</u> 5)		
	Date 06/17/2025	Full name of contributor out-of-state F Juarez, Ana Contributor address; City; State; Zip Code San Marcos, TX 78666)		Amount of Contribution (\$)	\$10.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			•				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this forr	n.	1	Total pages Schedule A1: Sch: 27/55 Rpt: 31/87	
2	FILER NAME Hays County	Democratic Party			3	Filer ID (Ethics Commission 00016343	n Filers)
4		5 Full name of contributor Just, Beth	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$10.00
		Buda, TX 78610					
8	Principal occu Physician	pation / Job title (See Instructions)	9	Employer (See Instructions DirectMed DPC)		
	Date 03/08/2025	Full name of contributor Kapral, Lucinda Contributor address; City; State;)		Amount of Contribution (\$)	\$120.00
	Principal occur	Austin, TX 78737 pation / Job title (See Instructions)	1	Employer (See Instructions)		
	Retired	sation 7 oob title (oce mattactions)		Employer (dee mandenona	,		
	Date 04/02/2025	Full name of contributor Kapral, Lucinda Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		Austin, TX 78737					
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions)		
	Date 05/02/2025	Full name of contributor Kapral, Lucinda Contributor address; City; State; Austin, TX 78737				Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 06/02/2025	Full name of contributor Kapral, Lucinda Contributor address; City; State; Austin, TX 78737	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions)		

	MONET	ARY POLITICAL (CONTRIBUTIO	DNS		SCHEDULI	E A1
	The Instru	ction Guide explains hov	to complete this f	orm.	1	Total pages Schedule A1: Sch: 28/55 Rpt: 32/87	
2	FILER NAME Hays County	Democratic Party			3	Filer ID (Ethics Commission 00016343	n Filers)
4	Date 06/11/2025	5 Full name of contributor Kapral, Lucinda6 Contributor address; City; S	out-of-state PAC (ID#:_tate; Zip Code		7	Amount of Contribution (\$)	\$10.00
		Austin, TX 78737					
8	Principal occu Retired	pation / Job title (See Instructions	8)	9 Employer (See Instructio	ns)		
	Date 01/15/2025	Full name of contributor Kenney, Gregory Contributor address; City; S				Amount of Contribution (\$)	\$25.00
	Principal occu	Wimberley, TX 78676 pation / Job title (See Instructions	5)	Employer (See Instructio	ns)		
	Not Employed		Not Employed				
	Date 02/15/2025	Full name of contributor Kenney, Gregory Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$25.00
		Wimberley, TX 78676					
	Principal occu Not Employe	pation / Job title (See Instructionsed	5)	Employer (See Instructio Not Employed	ns)		
	Date 03/15/2025	Full name of contributor Kenney, Gregory Contributor address; City; S Wimberley, TX 78676				Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructionsed	5)	Employer (See Instructio Not Employed	ns)		
	Date 04/15/2025	Full name of contributor Kenney, Gregory Contributor address; City; S Wimberley, TX 78676	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions	(5)	Employer (See Instructio Not Employed	ns)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 29/55 Rpt: 33/87	
2	FILER NAME Hays County	/ Democratic Party			3	Filer ID (Ethics Commission 00016343	r Filers)
4	Date 05/15/2025			7	Amount of Contribution (\$)	\$25.00	
8	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instruction: Not Employed	s)		
	Date 06/15/2025	Full name of contributor Kenney, Gregory Contributor address; City; St Wimberley, TX 78676	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instruction:	s)		
	Date 01/12/2025	Full name of contributor Kleinpeter, Amy Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$10.00
		Manor, TX 78653					
	Principal occu Attorney	pation / Job title (See Instructions	(i)	Employer (See Instruction: Ciment Law Firm	s)		
Date 02/12/2029		Full name of contributor Kleinpeter, Amy Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Attorney	Manor, TX 78653 pation / Job title (See Instructions)	Employer (See Instructions Ciment Law Firm	<u> </u> s)		
	Date 03/12/2025	Full name of contributor Kleinpeter, Amy Contributor address; City; St Manor, TX 78653	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu Attorney	pation / Job title (See Instructions		Employer (See Instruction: Ciment Law Firm	s)		

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 30/55 Rpt: 34/87	
2	FILER NAME Hays County	/ Democratic Party			3	Filer ID (Ethics Commission 00016343	Filers)
4	Date 04/12/2025	5 Full name of contributor Kleinpeter, Amy6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		7	Amount of Contribution (\$)	\$10.00
8	Principal occu Attorney	Manor, TX 78653 pation / Job title (See Instructions	9	Employer (See Instructions Ciment Law Firm	5)		
	Date 05/12/2025	Full name of contributor Kleinpeter, Amy Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu Attorney	Manor, TX 78653 pation / Job title (See Instructions)	Employer (See Instructions Ciment Law Firm	<u> </u> 5)		
	Date 06/12/2025	Full name of contributor Kleinpeter, Amy Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$10.00
		Manor, TX 78653					
	Attorney	pation / Job title (See Instructions)	Employer (See Instructions Ciment Law Firm	5)		
Date 06/04/2025		Full name of contributor Liddle, Melanie Contributor address; City; St San Marcos, TX 78666	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$10.00
	•	pation / Job title (See Instructions elopment Specialist)	Employer (See Instructions Texas State University	<u> </u> 5)		
	Date 01/22/2025	Full name of contributor Love, Gordy Contributor address; City; St San Marcos, TX 78666	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions ed)	Employer (See Instructions Not Employed	5)		

	MONEI	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULI	■ A1
	The Instru	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 31/55 Rpt: 35/87	
2	FILER NAME Hays County	Democratic Party			3	Filer ID (Ethics Commission 00016343	Filers)
4	Date 02/22/2025	Love, Gordy 6 Contributor address; City; State; Zi	ut-of-state PAC (ID#: p Code	_	7	Amount of Contribution (\$)	\$10.00
8	Principal occu Not Employe	San Marcos, TX 78666 pation / Job title (See Instructions)	9	Employer (See Instructions Not Employed)		
	Date 03/22/2025	Love, Gordy Contributor address; City; State; Zi	ut-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	San Marcos, TX 78666 pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date 04/22/2025	Full name of contributor ou Love, Gordy Contributor address; City; State; Zi	p Code)		Amount of Contribution (\$)	\$10.00
		San Marcos, TX 78666 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 05/22/2025		p Code	Not Employed		Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date 06/22/2025	Full name of contributor ou Love, Gordy Contributor address; City; State; Zi San Marcos, TX 78666	nt-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to com	plete this forr	m.	1	Total pages Schedule A1: Sch: 32/55 Rpt: 36/87	
2	FILER NAME Hays County	Democratic Party			3	Filer ID (Ethics Commission 00016343	Filers)
4	Date 02/18/2025	 Full name of contributor out-of- Lowman, Helen Contributor address; City; State; Zip C)	7	Amount of Contribution (\$)	\$25.00
0	Dringing occur	San Marcos, TX 78666	lo.	Employer (See Instructions			
8	Director	pation / Job title (See Instructions)	9	Employer (See Instructions DHS	•)		
	Date 03/18/2025	Full name of contributor out-of- Lowman, Helen Contributor address; City; State; Zip C	state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Dringing age	San Marcos, TX 78666		Employer (Coo Instructions	<u></u>		
	Director	pation / Job title (See Instructions)		Employer (See Instructions DHS	5)		
	Date 04/18/2025	Full name of contributor out-of- Lowman, Helen Contributor address; City; State; Zip C	state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		San Marcos, TX 78666					
	Principal occu Director	pation / Job title (See Instructions)		Employer (See Instructions DHS	5)		
	Date O5/18/2025 Full name of contributor Lowman, Helen Contributor address; City; State; Zip Code San Marcos, TX 78666					Amount of Contribution (\$)	\$25.00
	Principal occu Director	pation / Job title (See Instructions)		Employer (See Instructions DHS	5)		
	Date 06/18/2025	Lowman, Helen	state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Director	oation / Job title (See Instructions)		Employer (See Instructions DHS	5)		
			•				

	MONEI	ONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 33/55 Rpt: 37/87		
2	FILER NAME	. Daniel and in			3	Filer ID (Ethics Commission	n Filers)	
_		Democratic Party			_	00016343		
4	Date 06/04/2025	5 Full name of contributor	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$25.00	
_	Driveriend	San Marcos, TX 78666		England (Car later time				
8	Not Employe	pation / Job title (See Instructions) ed	9	Employer (See Instructions Not Employed)			
	Date 06/03/2025	Full name of contributor McGregor, Linda Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$120.00	
	Dein ein el e e e e	San Marcos, TX 78666		Faralassa (Osas kastaustisas				
	Not employe	pation / Job title (See Instructions) d		Employer (See Instructions Not employed)			
	Date 01/14/2025	Full name of contributor [McIntyre, Pam Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$10.00	
		San Marcos, TX 78666						
	Principal occu Caregiver	pation / Job title (See Instructions)		Employer (See Instructions Madeline Busch)			
	Date 02/14/2025	Full name of contributor McIntyre, Pam Contributor address; City; Stat San Marcos, TX 78666	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$10.00	
	Principal occu Caregiver	pation / Job title (See Instructions)		Employer (See Instructions Madeline Busch)			
	Date 03/14/2025	Full name of contributor McIntyre, Pam Contributor address; City; Stat San Marcos, TX 78666	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00	
	Principal occu Caregiver	pation / Job title (See Instructions)		Employer (See Instructions Madeline Busch)			
			•					

	MONET	ARY POLITICAL CONTRIBUT	SCHEDULE A1				
	The Instru	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 34/55 Rpt: 38/87	
2	FILER NAME Hays County	Democratic Party			3	Filer ID (Ethics Commission 00016343	n Filers)
4	Date 04/14/2025	 Full name of contributor out-of-state PAC (McIntyre, Pam Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$10.00
_		San Marcos, TX 78666			L		
8	Principal occu Caregiver	pation / Job title (See Instructions)	9	Employer (See Instructions Madeline Busch	5)		
	Date 05/14/2025	Full name of contributor out-of-state PAC (McIntyre, Pam Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$10.00
	Deinsinal	San Marcos, TX 78666		Frankrije (Ozakativati			
	Caregiver	pation / Job title (See Instructions)		Employer (See Instructions Madeline Busch	5)		
	Date 06/14/2025	Full name of contributor out-of-state PAC (McIntyre, Pam Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$10.00
		San Marcos, TX 78666					
	Principal occu Caregiver	pation / Job title (See Instructions)		Employer (See Instructions Madeline Busch	5)		
	Date 06/02/2025	Full name of contributor out-of-state PAC (Monserrate, Michele Contributor address; City; State; Zip Code San Marcos, TX 78666	`)		Amount of Contribution (\$)	\$120.00
	Principal occu Psychologica	pation / Job title (See Instructions) al Associate		Employer (See Instructions Miren EPS	5)		
	Date 01/12/2025	Full name of contributor out-of-state PAC (Murphy, Mark Contributor address; City; State; Zip Code San Marcos, TX 78666			•	Amount of Contribution (\$)	\$10.00
	Principal occu Not employe	pation / Job title (See Instructions) d		Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRI	IBUTIO	NS		SCHEDULE	■ A1
	The Instruc	tion Guide explains how to compl	ete this fo	rm.	1	Total pages Schedule A1: Sch: 35/55 Rpt: 39/87	
2	FILER NAME Hays County	Democratic Party			3	Filer ID (Ethics Commission 00016343	ı Filers)
4	Date 02/12/2025	 Full name of contributor	te PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
_	Dringing! aggu	San Marcos, TX 78666	10	Employer (Coo Instructions	<u></u>		
8	Not employe	ation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 03/12/2025	Murphy, Mark Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$10.00
	Principal occur	San Marcos, TX 78666 nation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Not employe			, . , . (,		
	Date 04/12/2025	Full name of contributor out-of-state Murphy, Mark Contributor address; City; State; Zip Code	te PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		San Marcos, TX 78666					
	Principal occup	oation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 05/12/2025	Murphy, Mark)		Amount of Contribution (\$)	\$10.00
	Principal occup Not employe	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 01/12/2025	Musgrove, Mahlin)		Amount of Contribution (\$)	\$10.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions NXP Semiconductors	5)		
	Supply Clidii			TVAL SCHILLOHUULUIS			

	MONEI	ONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains hov	<i>t</i> to complete this fo	rm.	1	Total pages Schedule A1: Sch: 36/55 Rpt: 40/87		
2	FILER NAME	B			3	Filer ID (Ethics Commission	Filers)	
		/ Democratic Party	_		L	00016343		
4	Date 02/12/2025	5 Full name of contributorMusgrove, Mahlin6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$10.00	
		Buda, TX 78610						
8	Principal occu Supply Chair	pation / Job title (See Instructions	s) <u>(</u>	9 Employer (See Instructions NXP Semiconductors	5)			
	Date 03/12/2025	Full name of contributor Musgrove, Mahlin Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00	
		Buda, TX 78610						
	Supply Chair	pation / Job title (See Instructions n	5)	Employer (See Instructions NXP Semiconductors	S)			
	Date 04/12/2025	Full name of contributor Musgrove, Mahlin Contributor address; City; S	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$10.00	
		Buda, TX 78610						
	Principal occu Supply Chair	pation / Job title (See Instructions	5)	Employer (See Instructions NXP Semiconductors	5)			
	Date 05/12/2025	Full name of contributor Musgrove, Mahlin Contributor address; City; S Buda, TX 78610	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00	
	Principal occu Supply Chair	pation / Job title (See Instructions n	5)	Employer (See Instructions NXP Semiconductors	5)			
	Date 06/12/2025	Full name of contributor Musgrove, Mahlin Contributor address; City; S Buda, TX 78610	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00	
	Principal occu Supply Chair	pation / Job title (See Instructions n	5)	Employer (See Instructions NXP Semiconductors	5)			
			<u>'</u>					

	MONEI	ONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 37/55 Rpt: 41/87		
2	FILER NAME				3	Filer ID (Ethics Commission	r Filers)	
	Hays County	Democratic Party				00016343		
4	Date 01/02/2025	5 Full name of contributor Newlan, Nichole6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$10.00	
		Austin, TX 78737						
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Accounting N	Manager		Whole Foods Market				
	Date 02/02/2025	Full name of contributor Newlan, Nichole Contributor address; City; St	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$10.00	
	Dringing con	Austin, TX 78737	\	Employer (Coo Instructions	<u>, </u>			
		pation / Job title (See Instructions Manager)	Employer (See Instructions Whole Foods Market	>)			
	Accounting Manager Date Full name of contributor Out-of-state PAC (vinole i oods warket	_	Assessment of Ossetsile sticks (th)		
	03/02/2025	Newlan, Nichole Contributor address; City; St	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$10.00	
		Austin, TX 78737						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Accounting N	Manager		Whole Foods Market				
	Date 04/02/2025	Full name of contributor Newlan, Nichole Contributor address; City; St Austin, TX 78737	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00	
	Principal occu Accounting N	pation / Job title (See Instructions Manager)	Employer (See Instructions Whole Foods Market	5)			
	Date 05/02/2025	Full name of contributor Newlan, Nichole Contributor address; City; St Austin, TX 78737	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$10.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Accounting N	Manager		Whole Foods Market				

	MONET	ONETARY POLITICAL CONTRIBUTIONS					E A1
	The Instruc	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 38/55 Rpt: 42/87	
2	FILER NAME Hays County	Democratic Party			3	Filer ID (Ethics Commission 00016343	n Filers)
4	Date 06/02/2025	5 Full name of contributor Newlan, Nichole	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$10.00
8	Principal occur	Austin, TX 78737 pation / Job title (See Instructions) [a	Employer (See Instructions	<u>e)</u>		
0	Accounting N		9	Whole Foods Market	5)		
	Date 05/31/2025	Full name of contributor Nilsson, Patricia Contributor address; City; St			-	Amount of Contribution (\$)	\$10.00
		Wimberley, TX 78676	1				
	Principal occu Teacher	pation / Job title (See Instructions	(3)	Employer (See Instructions Spring Branch ISD	s)		
	Date 06/03/2025	Full name of contributor Nilsson, Patricia Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$10.00
		Wimberley, TX 78676	1				
	Principal occu Teacher	pation / Job title (See Instructions	(i)	Employer (See Instructions Spring Branch ISD	s)		
	Date 03/31/2025	Full name of contributor Norris, Robert Contributor address; City; St San Marcos, TX 78666	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Planner	pation / Job title (See Instructions)	Employer (See Instructions Texas GLO	s)		
	Date 05/17/2025	Full name of contributor Ogletree, Shirley Contributor address; City; St San Marcos, TX 78666				Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	s)		
	F76			F A			

	MONEI	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 39/55 Rpt: 43/87		
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)	
		Democratic Party				00016343		
4	Date 05/17/2025	 Full name of contributor out-of-state PAI out-of-st)	7	Amount of Contribution (\$)	\$50.00	
8	Principal occu	San Marcos, TX 78666 pation / Job title (See Instructions)	l g	Employer (See Instructions	() 			
Ü	Not Employe			Not Employed	')			
	Date 03/21/2025	Full name of contributor out-of-state PAGO Oltrogge, Kymberly Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$25.00	
	Principal occu	Dripping Springs, TX 78620 pation / Job title (See Instructions)		Employer (See Instructions	·/			
	Lawyer	pation 7 305 title (See Instructions)		Texas Health and Huma		Services Commission		
	Date 02/17/2025	Full name of contributor out-of-state PAI Parker, Marty Contributor address; City; State; Zip Code	C (ID#:)		Amount of Contribution (\$)	\$25.00	
		Del Valle, TX 78617			Ĺ			
	Auditor	pation / Job title (See Instructions)		Employer (See Instructions Self	5) 			
	Date 03/17/2025	Full name of contributor out-of-state PAG Parker, Marty Contributor address; City; State; Zip Code Del Valle, TX 78617	C (ID#:			Amount of Contribution (\$)	\$25.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)			
	Date 04/17/2025	Full name of contributor out-of-state PAI Parker, Marty Contributor address; City; State; Zip Code Del Valle, TX 78617	C (ID#:)		Amount of Contribution (\$)	\$25.00	
	Principal occu Auditor	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)			

	MONET	ARY POLITICAL CONTRIBUTION	۸C	IS		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 40/55 Rpt: 44/87	
2	FILER NAME Hays County	Democratic Party			3	Filer ID (Ethics Commission 00016343	ı Filers)
4	Date 05/17/2025	 Full name of contributor out-of-state PAC (ID#: Parker, Marty Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Del Valle, TX 78617 pation / Job title (See Instructions)	Ια	Employer (See Instructions	;) 		
Ü	Auditor	pation / Job title (See Instructions)		Self	P)		
	Date 06/17/2025	Full name of contributor out-of-state PAC (ID#: Parker, Marty Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Dringing age	Del Valle, TX 78617	_	Employer (Coo Instructions	<u></u>		
	Auditor	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 01/02/2025	Full name of contributor out-of-state PAC (ID#: Parrish, Linda Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$20.00
		Driftwood, TX 78619					
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	s)		
	Date 01/18/2025	Full name of contributor out-of-state PAC (ID#: Parrish, Linda Contributor address; City; State; Zip Code Driftwood, TX 78619)		Amount of Contribution (\$)	\$20.00
	Principal occu Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)		
	Date 02/02/2025	Full name of contributor out-of-state PAC (ID#: Parrish, Linda Contributor address; City; State; Zip Code Driftwood, TX 78619			•	Amount of Contribution (\$)	\$20.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			•				

	MONEI	ONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to co	mplete this form.		1	Total pages Schedule A1: Sch: 41/55 Rpt: 45/87		
2	FILER NAME	Democratic Party			3	Filer ID (Ethics Commission 00016343	Filers)	
_					_			
4	Date 02/18/2025	 Full name of contributor out- Parrish, Linda Contributor address; City; State; Zip 	of-state PAC (ID#: Code		7	Amount of Contribution (\$)	\$20.00	
•	Dringing aggr	Driftwood, TX 78619	lo r	malayar (Caa Instructions)				
0	Not Employe	pation / Job title (See Instructions)		mployer (See Instructions) ot Employed)			
	Date 03/02/2025	Full name of contributor out- Parrish, Linda Contributor address; City; State; Zip	of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00	
	Dringing con	Driftwood, TX 78619		mpleyer (See Instructions)				
	Not Employe	pation / Job title (See Instructions)		mployer (See Instructions) ot Employed)			
				١]		Amount of Contribution (\$)		
	03/18/2025	Parrish, Linda Contributor address; City; State; Zip	of-state PAC (ID#:			Amount of Continuation (4)	\$20.00	
		Driftwood, TX 78619						
	Principal occu	pation / Job title (See Instructions)	E	mployer (See Instructions))			
	Not Employe	d	N	ot Employed				
	Date 04/02/2025	Full name of contributor out- Parrish, Linda Contributor address; City; State; Zip Driftwood, TX 78619	of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00	
	Principal occu Not Employe	pation / Job title (See Instructions)		mployer (See Instructions) ot Employed)			
	Date 04/18/2025	Full name of contributor out- Parrish, Linda Contributor address; City; State; Zip Driftwood, TX 78619	of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00	
	Principal occu Not Employe	pation / Job title (See Instructions)		mployer (See Instructions) ot Employed)			

	MONET	ARY POLITICAL CONTRIBUT	TON	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete thi	s for	m.	1	Total pages Schedule A1: Sch: 42/55 Rpt: 46/87	
2	FILER NAME Hays County	Democratic Party			3	Filer ID (Ethics Commission 00016343	n Filers)
4	Date 05/02/2025	 Full name of contributor out-of-state PAC (II Parrish, Linda Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$20.00
8	Principal occu	Driftwood, TX 78619 pation / Job title (See Instructions)	9	Employer (See Instructions	 s)		
	Not Employe	d		Not Employed			
	Date 05/18/2025	Full name of contributor out-of-state PAC (II Parrish, Linda Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$20.00
	Delegale at a second	Driftwood, TX 78619		Formula you (O a a la atomatica			
	Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 06/02/2025	Full name of contributor out-of-state PAC (II Parrish, Linda Contributor address; City; State; Zip Code	D#:		•	Amount of Contribution (\$)	\$20.00
		Driftwood, TX 78619					
	Principal occup	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)		
	Date 06/18/2025	Full name of contributor out-of-state PAC (II Parrish, Linda Contributor address; City; State; Zip Code Driftwood, TX 78619				Amount of Contribution (\$)	\$20.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 01/11/2025	Full name of contributor out-of-state PAC (II Rolfes, Kevin Contributor address; City; State; Zip Code Austin, TX 78737			•	Amount of Contribution (\$)	\$10.00
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		

	MONET	ARY POLITICAL CO		SCHEDULE	LE A1			
	The Instru	ction Guide explains how t	o complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 43/55 Rpt: 47/87	
2	FILER NAME Hays County	Democratic Party				3	Filer ID (Ethics Commission 00016343	Filers)
4	Date 02/11/2025	5 Full name of contributor Rolfes, Kevin6 Contributor address; City; Stat)	7	Amount of Contribution (\$)	\$10.00
		Austin, TX 78737						
8	Principal occu Engineer	pation / Job title (See Instructions)		9	Employer (See Instructions Self	5)		
	Date 03/11/2025	Full name of contributor Rolfes, Kevin Contributor address; City; Stat	out-of-state PAC (ID#:_ e; Zip Code				Amount of Contribution (\$)	\$10.00
	Principal occu	Austin, TX 78737 pation / Job title (See Instructions)			Employer (See Instructions	 		
	Engineer	,			Self	,		
	Date 04/11/2025	Full name of contributor Rolfes, Kevin Contributor address; City; Stat	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$10.00
		Austin, TX 78737						
	Principal occu Engineer	pation / Job title (See Instructions)			Employer (See Instructions Self	5)		
	Date 05/11/2025	Full name of contributor Rolfes, Kevin Contributor address; City; Stat Austin, TX 78737	out-of-state PAC (ID#:_ e; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu Engineer	pation / Job title (See Instructions)			Employer (See Instructions Self	5)		
	Date 06/11/2025	Full name of contributor Rolfes, Kevin Contributor address; City; Stat Austin, TX 78737	out-of-state PAC (ID#:_ e; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu Engineer	pation / Job title (See Instructions)			Employer (See Instructions Self	5)		

	MONEI	ONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 44/55 Rpt: 48/87		
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)	
		Democratic Party				00016343		
4	Date 06/22/2025	5 Full name of contributor Salathe, Douglas6 Contributor address; City; State;	out-of-state PAC (ID#: Zip Code)	7	Amount of Contribution (\$)	\$25.00	
8	Principal occu	Bronx, NY 10462 pation / Job title (See Instructions)	l q	Employer (See Instructions)			
Ü	Civil Servant			City of New York	,			
	Date 01/03/2025	Full name of contributor Salter, Dayna Contributor address; City; State; Buda, TX 78610	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00	
	Drincinal occu	pation / Job title (See Instructions)		Employer (See Instructions) 			
	Not Employe			Not Employed)			
	Date 02/03/2025		out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00	
		Buda, TX 78610						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)			
	Not Employe			Not Employed	,			
	Date 03/03/2025	Full name of contributor Salter, Dayna Contributor address; City; State; Buda, TX 78610	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00	
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)			
	Date 04/03/2025	Full name of contributor Salter, Dayna Contributor address; City; State; Buda, TX 78610	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00	
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)			

	MONEI	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A		
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 45/55 Rpt: 49/87		
2	FILER NAME	/ Democratic Party			3	Filer ID (Ethics Commission 00016343	r Filers)	
_		-			Ļ			
4	Date 05/03/2025	5 Full name of contributor Salter, Dayna6 Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code)	7	Amount of Contribution (\$)	\$50.00	
		Buda, TX 78610						
8	Principal occu Not Employe	pation / Job title (See Instructions ed	Job title (See Instructions) Bemployer (See Instructions) Not Employed					
	Date Full name of contributor out-of-state PAC (ID#:) Salter, Dayna Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00			
	Dringing con	Buda, TX 78610 Principal occupation / Job title (See Instructions) Employer (See Instructions)						
	Not Employed Not Employed Not Employed				>)			
	Date Full name of contributor out-of-state PAC (ID#:) 01/29/2025 Smith, Alexandra Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$10.00			
		San Marcos, TX 78666						
	Principal occu Research Ac	pation / Job title (See Instructions	5)	Employer (See Instructions Texas State University	5)			
					_			
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00			
	Principal occu	San Marcos, TX 78666 pation / Job title (See Instructions	3)	Employer (See Instructions	رة) 			
	Research Ac		,,	Texas State University	3)			
	Date Full name of contributor out-of-state PAC (ID#:) 03/29/2025 Smith, Alexandra Contributor address; City; State; Zip Code San Marcos, TX 78666				Amount of Contribution (\$)	\$10.00		
		pation / Job title (See Instructions	5)	Employer (See Instructions	5)			
	Research Ac	dministrator		Texas State University				

	MONET	ARY POLITICAL CONT	SCHEDULE A				
	The Instruc	ction Guide explains how to cor	mplete this forr	m.	1	Total pages Schedule A1: Sch: 46/55 Rpt: 50/87	
2	FILER NAME Hays County	Democratic Party			3	Filer ID (Ethics Commission 00016343	ı Filers)
4	Date 04/29/2025	5 Full name of contributor out-o	of-state PAC (ID#:		7	Amount of Contribution (\$)	\$10.00
_	Deinsinal assu	San Marcos, TX 78666	lo.	Franks on (Cooks to the street in the	<u></u>		
8	Research Ac	pation / Job title (See Instructions) Iministrator	9	Employer (See Instructions Texas State University	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 05/29/2025 Smith, Alexandra Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00		
	San Marcos, TX 78666 Principal occupation / Joh title (See Instructions) Employer (See Instructions)						
	Principal occupation / Job title (See Instructions) Research Administrator			Employer (See Instructions Texas State University	5)		
	Date Full name of contributor out-of-state PAC (ID#:_ 06/29/2025 Smith, Alexandra Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$10.00
		San Marcos, TX 78666					
	Principal occu Research Ac	pation / Job title (See Instructions) Iministrator		Employer (See Instructions Texas State University	5)		
	Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$10.00
	Austin, TX 78737 Principal occupation / Job title (See Instructions) Video Producer			Employer (See Instructions	<u>(</u>		
	Date Full name of contributor out-of-state PAC (ID#:) 02/23/2025 Smith, Nathan Contributor address; City; State; Zip Code Austin, TX 78737			Amount of Contribution (\$)	\$10.00		
	Principal occu Video Produ	pation / Job title (See Instructions) cer		Employer (See Instructions IBM	5)		
			1				

	MONEI	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 47/55 Rpt: 51/87		
2	FILER NAME	/ Democratic Party			3	Filer ID (Ethics Commission 00016343	n Filers)	
1	Date	5 Full name of contributor	out-of-state PAC (ID#:	1	7	Amount of Contribution (\$)		
-	03/23/2025	Smith, Nathan 6 Contributor address; City; St	_			Amount of Contribution (4)	\$10.00	
		Austin, TX 78737						
8	Principal occupation / Job title (See Instructions) Video Producer 9 Employer (See Instructions) IBM		S)					
	Date Full name of contributor out-of-state PAC (ID#:) 04/23/2025 Smith, Nathan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00			
	Principal occu	Austin, TX 78737 Principal occupation / Job title (See Instructions) Employer (See Instructions)						
	Video Producer IBM				>)			
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$10.00		
		Austin, TX 78737						
	Principal occu Video Produ	pation / Job title (See Instructions cer)	Employer (See Instructions	5)			
Date Full name of contributor out-of-state PAC (ID#: 06/23/2025 Smith, Nathan Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$10.00			
	Principal occu Video Produ	Austin, TX 78737 pation / Job title (See Instructions cer)	Employer (See Instructions	<u>l</u> S)			
	Date Full name of contributor out-of-state PAC (ID#:) 01/12/2025 Soechting, Charles Contributor address; City; State; Zip Code San Marcos, TX 78666			Amount of Contribution (\$)	\$100.00			
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions	s)			

	MONET	ARY POLITICAL CONTR	SCHEDULE A				
	The Instruc	ction Guide explains how to comp	lete this forr	n.	1	Total pages Schedule A1: Sch: 48/55 Rpt: 52/87	
2	FILER NAME Hays County	Democratic Party			3	Filer ID (Ethics Commission 00016343	n Filers)
4	Date 02/12/2025	2/12/2025 Soechting, Charles 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00	
_	<u> </u>	San Marcos, TX 78666		5 1 (0 1 : :			
8	Attorney	pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 01/09/2025 Thomas, Kathi Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00		
	Austin, TX 78737 Principal occupation / Joh title (See Instructions) Employer (See Instructions)			<u></u>			
	Principal occupation / Job title (See Instructions) Floral Designer & Event Planner Kathy Thomas Design			5)			
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00		
		Austin, TX 78737					
		pation / Job title (See Instructions) ner & Event Planner		Employer (See Instructions Kathy Thomas Design	5)		
Date Full name of contributor out-of-state PAC (ID#: 03/09/2025 Thomas, Kathi Contributor address; City; State; Zip Code Austin, TX 78737				Amount of Contribution (\$)	\$10.00		
	•	pation / Job title (See Instructions) ner & Event Planner		Employer (See Instructions Kathy Thomas Design	<u>l </u>		
	Date Full name of contributor out-of-state PAC (ID#:) Thomas, Kathi Contributor address; City; State; Zip Code Austin, TX 78737			Amount of Contribution (\$)	\$10.00		
		pation / Job title (See Instructions) ner & Event Planner		Employer (See Instructions Kathy Thomas Design	5)		
	200igi						

	MONEI	IONETARY POLITICAL CONTRIBUTIONS				SCHEDULI	E A1	
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 49/55 Rpt: 53/87		
2	FILER NAME Hays County	/ Democratic Party			3	Filer ID (Ethics Commission 00016343	ı Filers)	
4	Date 05/09/2025	7/09/2025 Thomas, Kathi 6 Contributor address; City; State; Zip Code Austin, TX 78737		7	Amount of Contribution (\$)	\$10.00		
Ω	Principal occu	Austin, TX 78737 pation / Job title (See Instructions	1	9 Employer (See Instruction	e)			
0		ner & Event Planner	,	Kathy Thomas Design	3)			
	Date Full name of contributor out-of-state PAC (ID#:) Thomas, Kathi Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00			
	Deinsinal sass	Austin, TX 78737 Principal occupation / Job title (See Instructions) Employer (See Instructions)						
				Kathy Thomas Design	S)			
	Date Full name of contributor out-of-state PAC (ID#:) Thompson, Jeff Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$6.00			
		Kyle, TX 78640			Ĺ			
	Not Employe	pation / Job title (See Instructions ed)	Employer (See Instruction Not Employed	S)			
	Date Full name of contributor out-of-state PAC (ID#:) 02/17/2025 Thompson, Jeff Contributor address; City; State; Zip Code Kyle, TX 78640			Amount of Contribution (\$)	\$6.00			
	Principal occu Not Employe	pation / Job title (See Instructions ed		Employer (See Instruction Not Employed	s)			
	Date Full name of contributor out-of-state PAC (ID#:) 103/17/2025 Thompson, Jeff Contributor address; City; State; Zip Code Kyle, TX 78640			Amount of Contribution (\$)	\$6.00			
	Principal occu Not Employe	pation / Job title (See Instructions ed		Employer (See Instruction Not Employed	s)			

	MONET	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A		
	The Instruc	ction Guide explains how	to complete this for	m.	1	1 Total pages Scl Sch: 50/55 Rp			
2	FILER NAME Hays County	Democratic Party			3	3 Filer ID (Ethic 00016343	s Commission	Filers)	
4	Date 04/17/2025	5 Full name of contributor Thompson, Jeff6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code) 7	7 Amount of Conf	tribution (\$)	\$6.00	
_	Deinsinal assu	Kyle, TX 78640)	Franksias (Cool	la aturrationa (
8	Not Employe	pation / Job title (See Instructions ed	9	Employer (See I Not Employed					
	Date Full name of contributor out-of-state PAC (ID#:) 05/17/2025 Thompson, Jeff Contributor address; City; State; Zip Code		Amount of Cont	ribution (\$)	\$6.00				
	Principal occu	Kyle, TX 78640 pation / Job title (See Instructions)	Employer (See I	nstructions)				
	Not Employed			Not Employed					
	Date Full name of contributor out-of-state PAC (ID#:_ 06/17/2025 Thompson, Jeff Contributor address; City; State; Zip Code		<u> </u>)	Amount of Conf	tribution (\$)	\$6.00	
		Kyle, TX 78640							
	Principal occu Not Employe	pation / Job title (See Instructions		Employer (See I Not Employed					
	Date Full name of contributor out-of-state PAC (ID#: 01/26/2025 Waller, Lacy Contributor address; City; State; Zip Code		out-of-state PAC (ID#: ate; Zip Code			Amount of Conf	ribution (\$)	\$10.00	
	Principal occup Self-Employe	Kyle, TX 78640 pation / Job title (See Instructionsed)	Employer (See I	nstructions)				
	Date O2/26/2025 Waller, Lacy Contributor address; City; State; Zip Code Kyle, TX 78640			Amount of Conf	ribution (\$)	\$10.00			
	Principal occup Self-Employe	pation / Job title (See Instructions ed)	Employer (See I Self	nstructions)				

	MONEI	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how	<i>ı</i> to complete this fo	orm	1.	1	Total pages Schedule A1: Sch: 51/55 Rpt: 55/87	
2	FILER NAME	/ Democratic Party				3	Filer ID (Ethics Commission 00016343	n Filers)
4	Date	5 Full name of contributor	out-of-state PAC (ID#:		,	7	Amount of Contribution (\$)	
•	04/26/2025	Waller, Lacy 6 Contributor address; City; S			,		, another of Contabation (C)	\$10.00
		Kyle, TX 78640						
8	Principal occu Self-Employe	pation / Job title (See Instructions ed	le (See Instructions) 9 Employer (See Instructions) Self)			
	Date Full name of contributor out-of-state PAC (ID#:) 05/26/2025 Waller, Lacy Contributor address; City; State; Zip Code Kyle, TX 78640			Amount of Contribution (\$)	\$10.00			
	Principal occupation / Job title (See Instructions) Employer (See Instructions))			
	Self-Employed Self							
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00		
		Kyle, TX 78640						
	Principal occu Self-Employe	pation / Job title (See Instructions ed	5)		Employer (See Instructions Self)		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$10.00		
	Principal occu Global Progr	pation / Job title (See Instructions am Director	5)		Employer (See Instructions ASSA ABLOY Hospitalit			
	Date Full name of contributor out-of-state PAC (ID#:) 02/12/2025 Warder, Melissa Contributor address; City; State; Zip Code Austin, TX 78737			Amount of Contribution (\$)	\$10.00			
		pation / Job title (See Instructions	6)		Employer (See Instructions			
	Global Progr	ani Directol			ASSA ABLOY Hospitalit	y		

	MONEI	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A		
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 52/55 Rpt: 56/87		
2	FILER NAME Hays County	/ Democratic Party			3	Filer ID (Ethics Commission 00016343	n Filers)	
4	Date 03/12/2025			7	Amount of Contribution (\$)	\$10.00		
0	Dringing oggu	Austin, TX 78737 pation / Job title (See Instructions	. I	9 Employer (See Instruction	<u></u>			
0	Global Progr)	ASSA ABLOY Hospita				
	Date Full name of contributor out-of-state PAC (ID#:) 04/12/2025 Warder, Melissa Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00			
	5	Austin, TX 78737	, I					
	Principal occupation / Job title (See Instructions) Employer (See Instructions Global Program Director ASSA ABLOY Hospitali							
	Date Full name of contributor out-of-state PAC (ID#:) 05/12/2025 Warder, Melissa Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00			
		Austin, TX 78737						
	Principal occu Global Progr	pation / Job title (See Instructions cam Director)	Employer (See Instruction ASSA ABLOY Hospita				
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$10.00			
	Principal occu Global Progr	pation / Job title (See Instructions am Director)	Employer (See Instruction ASSA ABLOY Hospita	•			
	Date Full name of contributor out-of-state PAC (ID#:) 01/07/2025 Weems, Jeffry Contributor address; City; State; Zip Code Wimberley, TX 78676			Amount of Contribution (\$)	\$100.00			
	Principal occu Not Employe	pation / Job title (See Instructionsed)	Employer (See Instruction Not Employed	ns)			

	MONET	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 53/55 Rpt: 57/87		
2	FILER NAME Hays County	Democratic Party			3	Filer ID (Ethics Commission 00016343	n Filers)	
4	Date 02/07/2025	5 Full name of contributor Weems, Jeffry6 Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$100.00	
8	Principal occu	Wimberley, TX 78676 pation / Job title (See Instructions)	9	Employer (See Instructions	 			
	Not Employe			Not Employed				
	Date Full name of contributor out-of-state PAC (ID#:) 03/07/2025 Weems, Jeffry Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$100.00			
	Dringing coou	Wimberley, TX 78676		Employer (See Instructions	<u>''</u>			
	Principal occupation / Job title (See Instructions) Not Employed			Not Employed	>)			
Date Full name of contributor out-of-state PAC (ID#: 04/07/2025 Weems, Jeffry Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$100.00			
		Wimberley, TX 78676						
	Principal occup Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)			
Date Full name of contributor out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$100.00		
	Principal occup Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 06/07/2025 Weems, Jeffry Contributor address; City; State; Zip Code Wimberley, TX 78676		•	Amount of Contribution (\$)	\$100.00			
	Principal occup Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)			

	MONET	ARY POLITICAL CON	SCHEDULE A1				
	The Instruc	ction Guide explains how to c	omplete this forr	m.	1	Total pages Schedule A1: Sch: 54/55 Rpt: 58/87	
2	FILER NAME Hays County	Democratic Party			3	Filer ID (Ethics Commission 00016343	ı Filers)
4		5 Full name of contributor ou Wright, Jessica	ut-of-state PAC (ID#: p Code)	7	Amount of Contribution (\$)	\$10.00
_	5	San Marcos, TX 78666	10				
8		pation / Job title (See Instructions) ervation Coordinator	9	Employer (See Instructions City of Kyle	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 01/14/2025 Zachrison, Kendra Contributor address; City; State; Zip Code Driftwood, TX 78619			Amount of Contribution (\$)	\$10.00		
	Principal occupation / Job title (See Instructions) RN			Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00	
	Principal occur	Driftwood, TX 78619 pation / Job title (See Instructions)		Employer (See Instructions) 		
	RN	pation / cos title (ccc morastions)		HCA	,		
Date Full name of contributor out-of-state PAC (ID#:					Amount of Contribution (\$)	\$10.00	
	Principal occu	Driftwood, TX 78619 pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 04/14/2025 Zachrison, Kendra Contributor address; City; State; Zip Code Driftwood, TX 78619			Amount of Contribution (\$)	\$10.00		
	Principal occu RN	pation / Job title (See Instructions)		Employer (See Instructions HCA)		
			<u>, </u>				

TARY POLITICAL CONTRIBUTION	SCHEDULE A1	
action Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 55/55 Rpt: 59/87
y Democratic Party		3 Filer ID (Ethics Commission Filers) 00016343
05/14/2025 Zachrison, Kendra 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$10.00
Driftwood, TX 78619		
RN HCA		s)
Date Full name of contributor out-of-state PAC (ID#:) 06/14/2025 Zachrison, Kendra Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$10.00
upation / Job title (See Instructions)	I s)	
	ction Guide explains how to complete this y Democratic Party 5 Full name of contributor out-of-state PAC (ID#: Zachrison, Kendra 6 Contributor address; City; State; Zip Code Driftwood, TX 78619 pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Zachrison, Kendra Contributor address; City; State; Zip Code Driftwood, TX 78619	S Full name of contributor

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/27 Rpt: 60/87 Hays County Democratic Party 00016343 4 Date Payee name 01/02/2025 ActBlue 6 Amount (\$) Payee address; City; State; Zip Code \$3.15 PO Box 441146 Somerville, MA 02144 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Card Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/06/2025 ActBlue Amount (\$) Payee address; City; State; Zip Code \$2.97 PO Box 441146 Somerville, MA 02144 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Card Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/08/2025 ActBlue Amount (\$) Payee address: City; State; Zip Code \$3.17 PO Box 441146 Somerville, MA 02144 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Card Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	, -	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Ļ	Sch: 2/27 Rpt: 61/87	Hays County Democratic Party	00016343
4	Date 01/15/2025	5 Payee name ActBlue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
ľ	\$18.64	PO Box 441146	
	4 20.0 .		
		Somerville, MA 02144	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Charge Fee
			Charge Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		55554
F	Date	Payee name	
	01/23/2025	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.97	PO Box 441146	
		Somerville, MA 02144	
┢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL		Check if Austin, TX, officeholder living expense Charge Fee
			Charge ree
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
	01/29/2025	ActBlue	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.60	PO Box 441146	
		Somerville, MA 02144	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Charge Fee
-	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
ı			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gift/Awards/Memorials Legal Services The Instruction G	·		ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed ab	ove)
1	Total pages Schedule F1:	2			<u> </u>				3	Filer ID	(Ethics Commissi	on Filers)
_	Sch: 3/27 Rpt: 62/87	ı		y Democratic F	arty				٥	00016343	(Earlos Commissi	0111 11010)
4	Date	5	Payee name									
	02/05/2025		ActBlue									
6	Amount (\$)	7	Payee addres	ss; City;	State:	; Zip Co	de					
	\$5.55	ı	PO Box 441	-	•							
	,											
			Comontillo	MA 02144								
		_	Somerville,	WIA UZ144								
8	PURPOSE OF	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	EXPENDITURE		Fees					=		de of Texas. Com		
								Charge Fee	, 1,	officeholder living	j expense	
								Charge rec				
<u>_</u>	Complete ONII V if alias -t	<u> </u>	Condidate /Offi	oboldor		Office as:	ah+			Office	ald.	
9	Complete ONLY if direct expenditure to benefit C/OI		Januluale/UTII	ceholder name	(Office sou	yııı			Office he	au	
L	•	_										
	Date		Payee name									
	02/12/2025		ActBlue									
	Amount (\$)		Payee addres	ss; City;	State;	; Zip Co	de					
	\$8.73		PO Box 441	146								
			Somerville,	MA 02144								
	PURPOSE OF	(a)	Category (Se	e Categories listed at	the top of this sch	iedule)	(b)	Description				
	EXPENDITURE		Fees					=		de of Texas. Com		
								Charge Fee	, 1,	officeholder living	j expense	
								Orlarge r ce				
\vdash	Complete ONLY if direct		Pandidate/Offic	ceholder name		Office sou	tdr			Office he	ald.	
	expenditure to benefit C/OI		Januluale/OIII	Choldel Hallie		zince sou(giil			Office He	Jiu	
 	Data	_										
	Date	ı	Payee name									
	02/20/2025	⊢	ActBlue									
	Amount (\$)	ı	Payee addres		State;	; Zip Co	de					
	\$14.08		PO Box 441	146								
			Somerville,	MA 02144								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	iedule)	(b)	Description				
	OF EXPENDITURE		Fees					<u></u>		de of Texas. Com		
									, TX,	officeholder living	g expense	
								Charge Fee				
	0 1: 0	L	- P. L. 1								1.1	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	C	Office sou	ght			Office he	eid	
	Superiord to benefit 0/01											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 4/27 Rpt: 63/87	Hays County Democratic Party 00016343
4	Date	5 Payee name
	02/26/2025	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.41	PO Box 441146
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Charge Fee
		Charge 1 cc
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	03/05/2025	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.36	PO Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Charge Face
		Charge Fee
	Operation ONLY if allowed	On all data (Office helder marrie
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	03/12/2025	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.47	PO Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Charge Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/Oi	T T T T T T T T T T T T T T T T T T T

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor,

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/27 Rpt: 64/87	Hays County Democratic Party 00016343
4	Date	5 Payee name
	03/19/2025	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.63	PO Box 441146
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Charge Fee
		G.i.v.i.go i Go
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	03/26/2025	ActBlue
	Amount (\$) \$6.00	Payee address; City; State; Zip Code PO Box 441146
	Φ0.00	PO BOX 441140
		9 31 44 994 44
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Charge Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
	Date	Payee name
	04/02/2025	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.79	PO Box 441146
	Ψ1.13	1 0 80% 441140
		Somerville, MA 02144
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Charge Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/27 Rpt: 65/87	Hays County Democratic Party 00016343
4	Date	5 Payee name
	04/03/2025	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.38	PO Box 441146
		Somerville, MA 02144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Charge Fee
		Change 1 dd
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/O	
_		
	Date	Payee name
	04/09/2025	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.57	PO Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	En Eller Comment	Check if Austin, TX, officeholder living expense Charge Fee
		Charge Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	04/16/2025	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.29	PO Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Charge fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to benefit Gree	·

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/27 Rpt: 66/87	Hays County Democratic Party 00016343
4 Date	5 Payee name
04/23/2025	ActBlue
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$6.40	PO Box 441146
	Somerville, MA 02144
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Charge Fee
	Charge ree
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/30/2025	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$2.59	PO Box 441146
	Somerville, MA 02144
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Charge Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experience to believe of o	
Date	Payee name
05/07/2025	ActBlue
Amount (\$)	Payee address; City; State; Zip Code
\$6.94	PO Box 441146
	Somerville, MA 02144
PURPOSE	Somerville, MA 02144 (a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Somerville, MA 02144 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	Somerville, MA 02144 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
OF	Somerville, MA 02144 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Somerville, MA 02144 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Charge Fee
OF EXPENDITURE Complete ONLY if direct	Somerville, MA 02144 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Charge Fee Candidate/Officeholder name Office sought Office held
OF EXPENDITURE	Somerville, MA 02144 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Charge Fee Candidate/Officeholder name Office sought Office held
OF EXPENDITURE Complete ONLY if direct	Somerville, MA 02144 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Charge Fee Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor	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:		3 Filer ID (Ethics Commission Filers)
	Sch: 8/27 Rpt: 67/87	Hays County Democratic Party	00016343
4	Date	5 Payee name	
	05/14/2025	ActBlue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$9.81	PO Box 441146	
		Somerville, MA 02144	
8	PURPOSE	(5) 5	
_	OF		utside of Texas. Complete Schedule T.
	EXPENDITURE	·	TX, officeholder living expense
		Charge Fee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	05/21/2025	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$19.08	PO Box 441146	
		Somerville, MA 02144	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel or	utside of Texas. Complete Schedule T.
	EXPENDITURE	1 663	TX, officeholder living expense
		Charge Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	05/29/2025	ActBlue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2.19	PO Box 441146	
		Somerville, MA 02144	
	DUDDOCE	()-	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	utside of Texas. Complete Schedule T.
	EXPENDITURE	1 663	TX, officeholder living expense
		Charge Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1: Sch: 9/27 Rpt: 68/87	FILER NAME Hays County Democratic Party	3 Filer ID (Ethics Commission Filers) 00016343
4	Date 06/04/2025	5 Payee name ActBlue	•
6	Amount (\$) \$7.16	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Charge Fee
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	t Office held
	Date 06/11/2025	Payee name ActBlue	
	Amount (\$) \$24.73	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Charge Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
	Date 06/18/2025	Payee name ActBlue	
	Amount (\$) \$14.70	Payee address; City; State; Zip Code PO Box 441146	
		Somerville, MA 02144	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Charge Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

l	Credit Card Payment	The Instruction Guide explains how to complete	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
l	Sch: 10/27 Rpt: 69/87	Hays County Democratic Party	00016343
4	Date	5 Payee name	
l	06/25/2025	ActBlue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$6.40	PO Box 441146	
		Somerville, MA 02144	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF EXPENDITURE	Fees [Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Charge Fee
Ļ	0 1 0 0 1 1 1 1		000
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
┡	·		
l	Date	Payee name	
	01/14/2025	Ayala, Daniel	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$200.00	210 Mossycup Dr.	
L		San Marcos, TX 78666	
l	PURPOSE OF	_	Description
l	EXPENDITURE	Loan Repayment/Reimbursement	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		L	Reimbursement for expenses for sponsoring SDEC
			meeting.
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
l	expenditure to benefit C/OI	1	
F	Date	Payee name	
	01/14/2025	Ayala, Daniel	
Г	Amount (\$)	Payee address; City; State; Zip Code	
l	\$2,301.18	210 Mossycup Dr.	
l			
l		San Marcos, TX 78666	
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF EXPENDITURE	Loan Repayment/Reimbursement	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Reimbursement for expenses related to hosting SDEC meeting.
\vdash	Complete ONLY if direct		Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office field
\vdash			
l			

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Git/Award/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	OTTIEN (enter a category not listed above)
1	Total pages Schedule F1:		Filer ID (Ethics Commission Filers)
	Sch: 11/27 Rpt: 70/87		00016343
4	Date	5 Payee name	
	01/13/2025	Braverman, Ellen	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$25.20	106 Wild Plum Dr	
		San Marcos, TX 78666	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	1	side of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, T.	X, officeholder living expense
		Reimbursemer	it for GOTV thank you notes.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/02/2025	Braverman, Ellen	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.80	106 Wild Plum Dr	
		San Marcos, TX 78666	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Loan Repayment/Reimbursement	side of Texas. Complete Schedule T.
	LAI LINDITORE		X, officeholder living expense
		Reinbursemer	It for postage expense.
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	Office field
		<u> </u>	
	Date	Payee name	
	03/28/2025	City of Dripping Springs	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,050.00	P.O. Box 384	
		Dripping Springs , TX 78620	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Lvent Expense	side of Texas. Complete Schedule T.
		Rental of Facili	X, officeholder living expense
		Trental of Facility	70Willian
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	Cindo Hold

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		
	Sch: 12/27 Rpt: 71/87	Hays County Democratic Party 00016343	
4	Date	5 Payee name	
	03/29/2025	Feagan, Cody	
6	Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 5458 FM 2770	
		Kyle, TX 78640	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Security at Townhall	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	02/10/2025	Floral Studio	
	Amount (\$) \$121.24	Payee address; City; State; Zip Code 331 W. Hopkins	
		San Marcos, TX 78666	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Flowers for funeral	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	06/25/2025	Foarde, Hannah	
	Amount (\$) \$136.91	Payee address; City; State; Zip Code 125 Polk	
		Kyle, TX 78640	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reimbursement for GOTV event	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/27 Rpt: 72/87	Hays County Democratic Party 00016343
4	Date	5 Payee name
	01/02/2025	ForrReal, Ltd.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$325.00	215 W. San Antonio Street
		San Marcos, TX 78666
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Rental
		Since Rental
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
	Date	Payee name
	01/17/2025	ForrReal, Ltd.
	Amount (\$)	Payee address; City; State; Zip Code
	\$275.00	215 W. San Antonio Street
		San Marcos, TX 78666
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Rental
		Office Refital
	Commiste ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	·	
	Date	Payee name
	02/13/2025	ForrReal, Ltd.
	Amount (\$)	Payee address; City; State; Zip Code
	\$275.00	215 W. San Antonio Street
		San Marcos, TX 78666
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Office Rental
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experialitate to bettern over	

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Giff(Alwards/Me)

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		<u>_</u>
1	Total pages Schedule F1: Sch: 14/27 Rpt: 73/87	2 FILER NAME Hays County Democratic Party 3 Filer ID (Ethics Commission Filers) 00016343
4	Date	5 Payee name
	04/08/2025	Go Daddy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.17	14455 N Hayden Rd
		Scottsdale, AZ 85260
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Texting Services Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Annual Fee
_	Operation ONE V. C. F.	Overfields (Office health and over a complete co
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/10/2025	Go Daddy
	Amount (\$)	Payee address; City; State; Zip Code
	\$332.08	14455 N Hayden Rd
		Scottsdale, AZ 85260
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Texting Services Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fee for service
		T de loi service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	05/29/2025	Go Daddy
	Amount (\$)	Payee address; City; State; Zip Code
	\$99.99	14455 N Hayden Rd
		Scottsdale, AZ 85260
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Texting Services Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Texting Fees
		Texting Fees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	

SCHEDULE F1

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

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

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 15/27 Rpt: 74/87	Hays County Democratic Party 00016343
4 Date	5 Payee name
01/02/2025	Google
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$84.43	1600 Amphitheater Parkway
	Mountain View, CA 94003
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense
	Software expense
• • • • • • • • • •	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/03/2025	Google
Amount (\$)	Payee address; City; State; Zip Code
\$84.43	1600 Amphitheater Parkway
	Mountain View, CA 94003
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Software expense
	Continuo expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	
Date	Payee name
03/03/2025	Google
Amount (\$)	Payee address; City; State; Zip Code
\$84.43	1600 Amphitheater Parkway
	Mountain View, CA 94003
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Software Expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	
·	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outer a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Cabadala E4	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 16/27 Rpt: 75/87	2 FILER NAME Hays County Democratic Party 3 Filer ID (Ethics Commission Filers) 00016343
4	Date	5 Payee name
	04/01/2025	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$87.15	1600 Amphitheater Parkway
		Mountain View, CA 94003
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Software Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/01/2025	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$98.50	1600 Amphitheater Parkway
		Mountain View, CA 94003
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Software expense
_	Operation ONLY if allowed	Occasional Office health and a second of the
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/02/2025	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$98.50	1600 Amphitheater Parkway
		Mountain View, CA 94003
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Software Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Reimbursement
Rental Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this for	m.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 17/27 Rpt: 76/87	Hays County Democratic Party	00016343
4	Date	5 Payee name	
	02/06/2025	Haschke, Donna	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$83.56	308 Fox Hollow	
		Buda, TX 78610	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descripti	ion
	OF EXPENDITURE	Loan Repayment/Reimbursement	if travel outside of Texas. Complete Schedule T.
		l	if Austin, TX, officeholder living expense
		Reinibu	rsement for voter contact expenses.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/O		Office field
_	Date	Davida nama	
	03/25/2025	Payee name Hays Free Press	
	Amount (\$)	Payee address; City; State; Zip Code 113 W. Center St.	
	\$405.00	113 W. Center St.	
		V 1. TV 700 to	
		Kyle, TX 78640	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	
	EXPENDITURE	Navertising Expense	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
		,	sing for Townhall
			-
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OH	H	
	Date	Payee name	
	01/23/2025	Hiscox c/o George Torres Agency	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$87.05	112 Cimarron Place #B	
		Buda, TX 78610	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descripti	ion
	OF		if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check	if Austin, TX, officeholder living expense
		Insuran	ce
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/27 Rpt: 77/87	Hays County Democratic Party 00016343
4	Date	5 Payee name
	02/24/2025	Hiscox c/o George Torres Agency
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$90.63	112 Cimarron Place #B
		Buda, TX 78610
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Insurance
		insulance
_	Complete ONLY if alice at	Candidate/Officeholder name Office sought
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	03/24/2025	Hiscox c/o George Torres Agency
	Amount (\$)	Payee address; City; State; Zip Code
	\$90.67	112 Cimarron Place #B
		Buda, TX 78610
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Insurance
		in editarios
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Dato	Dougo nama
	Date 04/23/2025	Payee name
		Hiscox c/o George Torres Agency
	Amount (\$)	Payee address; City; State; Zip Code
	\$90.67	112 Cimarron Place #B
		Buda, TX 78610
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Insurance
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

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

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

	Candidate/Officeholder/Politica Credit Card Payment		ove)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission	on Filers)
	Sch: 19/27 Rpt: 78/87	Hays County Democratic Party 00016343	
4	Date	5 Payee name	
	05/27/2025	Hiscox c/o George Torres Agency	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$90.67	112 Cimarron Place #B	
		Buda, TX 78610	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Insurance	
		insurance	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
H	Date	Payee name	
	06/24/2025	Hiscox c/o George Torres Agency	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$90.67	112 Cimarron Place #B	
	Φ90.07	112 Cililation Place #B	
		Buda, TX 78610	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Insurance	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	н	
	Date	Payee name	
	03/04/2025	Isla Management	
\vdash	Amount (\$)	Payee address; City; State; Zip Code	
	\$600.00	215 San Antonio	
	ψοσο.σο	LIG Gail / Wilding	
		San Marcos, TX 78666	
_	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Office Rental	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/27 Rpt: 79/87	Hays County Democratic Party 00016343
4	Date	5 Payee name
	04/02/2025	Isla Management
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$600.00	215 San Antonio
		San Marcos, TX 78666
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Office Rental
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiantare to benefit ere	
	Date	Payee name
	05/08/2025	Isla Management
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	215 San Antonio
		San Marcos, TX 78666
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Rental
		3 3
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	06/09/2025	Isla Management
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	215 San Antonio
		San Marcos, TX 78666
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense
		Office Rental
_	Operation ONE V. C. F.	Ora didata (Office hadden grown
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/27 Rpt: 80/87	Hays County Democratic Party 00016343
4	Date	5 Payee name
	03/06/2025	Moonlight Graphix
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$238.69	603 W Goforth Road
		Buda, TX 78610
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Printing maps for office use
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	David and the second
	Date 01/13/2025	Payee name Nevares, Darren
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	1008 Faris Street
		Apt C
		San Marcos, TX 78666
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Final payment for labor.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	03/18/2025	Rodriguez, Linda
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.15	105 Tonkawa Cove
		Kyle, TX 78640
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Reimbursement for voter thank you notes.
		Reinibulsement for voter triank you flotes.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/27 Rpt: 81/87	Hays County Democratic Party 00016343
4	Date	5 Payee name
	03/31/2025	Rogelio's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$68.99	625 S. LBJ Drive
		San Marcos, TX 78666
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meeting expense for strategy meeting
		mooning expense is change, meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	06/04/2025	Scale to Win
	Amount (\$)	Payee address; City; State; Zip Code
	\$429.08	13742 Harper St
	ΨΨΔΟιΟΟ	13742 Haipei St
		Santa Ana, CA 92703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Texting Services Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Texting Services Fee
		Toking Corvices I Co
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Date	Davies wares
	01/30/2025	Payee name Spectrum
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.30	750 Barnes, Suite 130
		San Marcos, TV 79666
		San Marcos, TX 78666
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Telephone and internet service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 23/27 Rpt: 82/87	Hays County Democratic Party	00016343
4	Date	5 Payee name	•
	03/03/2025	Spectrum	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$80.30	750 Barnes, Suite 130	
		San Marcos, TX 78666	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	'	Check if Austin, TX, officeholder living expense
			Telephone and internet service
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experience to benefit Gree		
	Date	Payee name	
	03/31/2025	Spectrum	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$80.30	750 Barnes, Suite 130	
		San Marcos, TX 78666	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EX. ENDITORE		Check if Austin, TX, officeholder living expense
			Telephone and internet service
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
	Date	Payee name	
	04/30/2025	Spectrum	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$80.30	750 Barnes, Suite 130	
		San Marcos, TX 78666	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Telephone and internet fee
			1 Stophone and internet too
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Cindo Hold

SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/27 Rpt: 83/87	Hays County Democratic Party 00016343
4	Date	5 Payee name
	05/30/2025	Spectrum
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$80.30	750 Barnes, Suite 130
		San Marcos, TX 78666
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Telephone and internet service
		relephone and internet service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Dete	
	Date	Payee name
	06/30/2025	Spectrum
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.30	750 Barnes, Suite 130
		San Marcos, TX 78666
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Telephone and internet service
		relephone and internet service
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Device same
	Date 03/06/2025	Payee name Strand, Liz
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.00	16201 Oak Grove Road
		Buda, TX 78620
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Reimbursement for voter thank you notes.
		reimbursement for voter thank you notes.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/27 Rpt: 84/87	Hays County Democratic Party 00016343
4	Date	5 Payee name
	04/29/2025	Survey Monkey
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$319.80	910 Park Place, Suite 300
		San Mateo, CA 94403
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Annual fee for services
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/03/2025	Thomas, Kathi
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	13524 Evergreen Way
		Austin, TX 78737-9119
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Reimburse for HCDP sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	
	Date 02/03/2025	Payee name
		Thomas, Kathi
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.00	13524 Evergreen Way
		Austin, TX 78737-9119
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Reimbursement for GOTV expenses
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	o

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

C	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.						
1 To	otal pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	ch: 26/27 Rpt: 85/87	Hays County Democratic Party 00016343						
4 Da	ate	5 Payee name						
06	6/27/2025	USPS						
6 Ar	mount (\$)	7 Payee address; City; State; Zip Code						
	\$192.00	555 Veterans Dr						
		Kyle, TX 78640						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
Е	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense P.O. Box Annual Rental Fee						
		1 .o. Box / timual Northal 1 ee						
9 Co	omplete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	rpenditure to benefit C/OI							
	ate	Payee name						
02	2/04/2025	Willis, Kent						
Ar	mount (\$)	Payee address; City; State; Zip Code						
	\$35.72	829 Tom Sawyer						
		Dripping Springs, TX 78620						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
E	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Reimburse expenses incurred in content creation						
		Troilibulos expenses meanes in content a status.						
	omplete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	rpenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·						
<u> </u>		Г						
	ate	Payee name						
U)	1/06/2025	Word Place Properties						
Ar	mount (\$)	Payee address; City; State; Zip Code						
	\$98.03	201 Marietta's Way						
		Buda, TX 78610						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
E	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.						
_		Check if Austin, TX, officeholder living expense						
		Utilities Payment for Campaign HQ						
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								
	.portantaro to portoni o, o.							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Gift/Awards/Memorials Expense		Salaries	Expense /Wages/Contract Labor	Travel (Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:					3 Filer I		nission Filers)		
	Sch: 27/27 Rpt: 86/87		nty Democratic Party	1		0001	6343			
4	Date	I	5 Payee name							
	06/23/2025	Zoom								
6	Amount (\$)	7 Payee add		State; Zip C	Code					
	\$170.46	55 Almado	en Blvd.							
		San Jose,	, CA 95113							
8	PURPOSE	(a) Category	(See Categories listed at the to	p of this schedule)	(b) Description					
	OF EXPENDITURE		erhead/Rental Expen		_		as. Complete Schedule T.			
					Online meet		der living expense			
						ang amraa	. 100			
9	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office so	ught	0	ffice held			

SCHEDULE |

	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME Hays County Democratic Party 3 Filer ID (Ethics Commission Filers) 00016343							
4	Date 04/14/2025	5 Payee name Centro Cultural Hispano de San Marcos							
6	Amount (\$) 300.00	7 Payee Address; City; State; Zip 211 Lee Street							
l		San Marcos, TX 78666							
8	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description (See instructions regarding type of information required.) Sponsorship of Cinco de Mayo Event							