#### 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. 00084168 3 COMMITTEE NAME **OFFICE USE ONLY** Gillespie County Democratic Party Date Received **ELECTRONICALLY FILED** 07/15/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 209 N. Crockett Date Hand-delivered or Date Postmarked Suite 1 Fredericksburg, TX 78624 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Helen NAME NICKNAME LAST **SUFFIX** Tait STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 209 North Crockett STREET **ADDRESS** Ste. 1 (Residence or Business) Fredericksburg, TX 78624 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 209 North Crockett MAILING **ADDRESS** Ste. 1 Fredericksburg, TX 78624 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (830) 459-3834 PHONE REPORT January 15 30th day before election Final Report **TYPE** 10th day after campaign treasurer 8th day before election July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED** 01/01/2025 **THROUGH** 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

# COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

# FORM CEC COVER SHEET PG 2

2 COMMITTEE NAME			13 Filer	· ID	(Ethics Commission Filers)
Gillespie County Demo	cratic Party		0008	34168	
4 COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)	A. Supported	l		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOAN CONTRIBUTIONS	ED POLITICAL CONTRIBUTIONS (OTHER S, OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold	THAN	\$	1,129.00
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LO	OANS)	\$	8,884.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$	18,635.56
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	CONTRIBUTIONS MAINTAINED AS OF TING PERIOD	HE LAST DAY	\$	24,524.22
OUTSTANDING LOAN TOTALS		L AMOUNT OF ALL OUTSTANDING LOANS E REPORTING PERIOD	S AS OF THE	\$	0.00
6 AFFIDAVIT	1			<u> </u>	
		I swear, or affirm, under per true and correct and include under Title 15, Election Cod	es all information r		
			Helen Tait		
		Signat	ture of Campaign	Treasur	rer
AFFIX NOTARY	STAMP / SEAL ABOV	<b>≣</b>			
					day
of	_, 20, to certi	y which, witness my hand and seal of office.			
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title	of offic	er administering oath

#### **SUBTOTALS - CEC** FORM CEC **COVER SHEET PG 3** 18 Filer ID **17** COMMITTEE NAME (Ethics Commission Filers) Gillespie County Democratic Party 00084168 19 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 8,884.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 18,635.56 \$

6.

7.

8.

10.

TO FILER

SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS

SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

\$

\$

\$

\$

\$

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/13 Rpt: 4/32	
2	FILER NAME Gillespie Cou	inty Democratic Party		3	Filer ID (Ethics Commission 00084168	n Filers)
4	Date 03/30/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$100.00
_	Dringing!	Fredericksburg, TX 78624	) Frankrije (Coo koste vetice)	_		
8	not employed		Employer (See Instructions	5)		
	Date 01/18/2025	Full name of contributor out-of-state PAC (ID#: Burdett, Linda Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
	Dringing! aggr	Fredericksburg, TX 78624	Employer (Coo Instructions	_		
	Retiree	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 02/18/2025	Full name of contributor out-of-state PAC (ID#: Burdett, Linda Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
		Fredericksburg, TX 78624				
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 03/22/2025	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$10.00
	Principal occu Retiree	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 04/18/2025	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Retiree	pation / Job title (See Instructions)	Employer (See Instructions	)		
		<u>'</u>				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/13 Rpt: 5/32	
2	FILER NAME Gillespie Cou	unty Democratic Party		3	Filer ID (Ethics Commission 00084168	n Filers)
4	Date 05/18/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$10.00
_	B	Fredericksburg, TX 78624				
8	Principal occu Retiree	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 06/18/2025	Full name of contributor out-of-state PAC (ID#:_ Burdett, Linda Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$10.00
	Principal occu	Fredericksburg, TX 78624 pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retiree					
	Date 01/09/2025	Full name of contributor out-of-state PAC (ID#:_ Collier, Cathy  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$125.00
		Fredericksburg, TX 78624				
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions NA	()		
	Date 02/09/2025	Full name of contributor out-of-state PAC (ID#:_ Collier, Cathy Contributor address; City; State; Zip Code Fredericksburg, TX 78624	)		Amount of Contribution (\$)	\$125.00
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions NA	)		
	Date 03/09/2025	Full name of contributor out-of-state PAC (ID#:_ Collier, Cathy Contributor address; City; State; Zip Code Fredericksburg, TX 78624			Amount of Contribution (\$)	\$125.00
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions NA	)		
		·				

	MONET	ARY POLITICAL CONTRIBUTIO	Ν	IS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 3/13 Rpt: 6/32	
2	FILER NAME Gillespie Cou	ınty Democratic Party			3	Filer ID (Ethics Commission 00084168	ı Filers)
4	Date 05/09/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$125.00
8	Principal occu	Fredericksburg, TX 78624 pation / Job title (See Instructions)	9	Employer (See Instructions	  -  s)		
	Date 06/09/2025	Full name of contributor out-of-state PAC (ID#:_ Collier, Cathy Contributor address; City; State; Zip Code Fredericksburg, TX 78624		NA)		Amount of Contribution (\$)	\$125.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	<u>                                      </u>		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_ Duff, Carla Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$200.00
	Principal occu Self-employe	Fredericksburg, TX 78624 Dation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 01/05/2025	Full name of contributor  out-of-state PAC (ID#:_ Harris, Gayle		)		Amount of Contribution (\$)	\$150.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> s)		
	Date 02/03/2025	Full name of contributor out-of-state PAC (ID#:_ Harris, Gayle Contributor address; City; State; Zip Code Fredericksburg, TX 78624		)		Amount of Contribution (\$)	\$150.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 4/13 Rpt: 7/32	
2	FILER NAME Gillespie Cou	unty Democratic Party			3	Filer ID (Ethics Commission 00084168	n Filers)
4	Date 03/01/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$150.00
8	Principal occur	Fredericksburg, TX 78624 pation / Job title (See Instructions)	9	Employer (See Instructions	;) 		
_	Retired	pation / 300 title (See Instituctions)		NA NA	•)		
	Date 05/02/2025	Full name of contributor		)		Amount of Contribution (\$)	\$150.00
	Principal occur	Fredericksburg, TX 78624 pation / Job title (See Instructions)		Employer (See Instructions	-, 		
	Retired	pation / Job title (See Instructions)		NA NA	·)		
	Date 06/02/2025	Full name of contributor  out-of-state PAC (ID#:_ Harris, Gayle Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$150.00
		Fredericksburg, TX 78624					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions NA	s)		
	Date 01/06/2025	Full name of contributor out-of-state PAC (ID#:_McBride, Bill, Sharan  Contributor address; City; State; Zip Code  Fredericksburg, TX 78624		)		Amount of Contribution (\$)	\$200.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/06/2025	Full name of contributor out-of-state PAC (ID#:_McBride, Bill, Sharan  Contributor address; City; State; Zip Code  Fredericksburg, TX 78624				Amount of Contribution (\$)	\$200.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONEI	ARY POLITICAL CONTRIBUT	IIONS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete th	is form.	1	I pages Schedule A1: : 5/13 Rpt: 8/32	
2	FILER NAME			1	ID (Ethics Commission	n Filers)
		Inty Democratic Party			84168	
4	Date 03/06/2025	<ul> <li>Full name of contributor  out-of-state PAC (I McBride, Bill, Sharan</li> <li>Contributor address; City; State; Zip Code</li> </ul>	ID#:)	<b>7</b> Amo	unt of Contribution (\$)	\$200.00
		Fredericksburg, TX 78624				
8	Principal occu retired	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date	Full name of contributor  ut-of-state PAC (I	ID#:)	Amo	unt of Contribution (\$)	
	04/06/2025	McBride, Bill, Sharan				\$200.00
		Contributor address; City; State; Zip Code				
		Fredericksburg, TX 78624				
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor  ut-of-state PAC (I	ID#:)	Amo	unt of Contribution (\$)	
	05/06/2025	McBride, Bill, Sharan				\$200.00
		Contributor address; City; State; Zip Code Fredericksburg, TX 78624				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>                                     </u>		
	retired					
	Date	Full name of contributor out-of-state PAC (I	ID#:)	Amo	unt of Contribution (\$)	
	06/06/2025	McBride, Bill, Sharan  Contributor address; City; State; Zip Code				\$200.00
		Fredericksburg, TX 78624				
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date	Full name of contributor out-of-state PAC (I	ID#:)	Amo	unt of Contribution (\$)	
	01/15/2025	Mear, Sharon				\$150.00
		Contributor address; City; State; Zip Code				
		Fredericksburg, TX 78624				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 6/13 Rpt: 9/32	
2	FILER NAME Gillespie Cou	unty Democratic Party			3	Filer ID (Ethics Commission 00084168	Filers)
4	Date 01/13/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Frederickburg, TX 78624 pation / Job title (See Instructions)	0	Employer (See Instructions	", 		
<u> </u>	retired	pation / Job title (See Instructions)	9	none	·)		
	Date 02/13/2025	Full name of contributor out-of-state PAC (ID#:_Pace, Carol  Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$50.00
	Dringinal occu	Frederickburg, TX 78624		Employer (See Instructions	<u>''</u>		
	retired	pation / Job title (See Instructions)		Employer (See Instructions none	s)		
	Date 03/13/2025	Full name of contributor out-of-state PAC (ID#:_ Pace, Carol  Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$50.00
		Frederickburg, TX 78624					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions none	5)		
	Date Full name of contributor out-of-state PAC (ID#:			)		Amount of Contribution (\$)	\$50.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions none	<u>I</u> S)		
	Date 04/15/2025	Full name of contributor out-of-state PAC (ID#:_ Pace, Carol Contributor address; City; State; Zip Code Frederickburg, TX 78624		)		Amount of Contribution (\$)	\$50.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions none	5)		

	MONEI	ARY POLITICAL CONTRIBUTION	UNS	SCHEDULE A1
	The Instruc	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 7/13 Rpt: 10/32
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		unty Democratic Party		00084168
4	Date 05/18/2025	_ `		7 Amount of Contribution (\$) \$50.00
		Frederickburg, TX 78624		
8	Principal occu retired	pation / Job title (See Instructions)	9 Employer (See Instructions none	s)
	Date 06/14/2025	Full name of contributor	:)	Amount of Contribution (\$) \$50.00
		Frederickburg, TX 78624	<b>,</b>	
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions none	is)
	Date 04/27/2025	Full name of contributor out-of-state PAC (ID#: Pumfrey, William  Contributor address; City; State; Zip Code	:)	Amount of Contribution (\$) \$50.00
		Austin, TX 78736		
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions	I (s)
	Date 01/15/2025	Full name of contributor out-of-state PAC (ID#: Rowan, Dana  Contributor address; City; State; Zip Code  Kingwood, TX 77345	:)	Amount of Contribution (\$)
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ls)
	Date 02/15/2025	Full name of contributor out-of-state PAC (ID#: Rowan, Dana  Contributor address; City; State; Zip Code  Kingwood, TX 77345	:)	Amount of Contribution (\$)
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 8/13 Rpt: 11/32	
2	FILER NAME Gillespie Cou	ınty Democratic Party		3	Filer ID (Ethics Commission 00084168	n Filers)
4	Date 03/15/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Rowan, Dana</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$20.00
8	Principal occur	Kingwood, TX 77345	2 Employer (See Instructions	_		
0	not employed	·	9 Employer (See Instructions	')		
	Date 04/15/2025	Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$20.00
	Principal occu	Kingwood, TX 77345 pation / Job title (See Instructions)	Employer (See Instructions	<u>.</u>		
	not employed	·		,		
	Date 05/18/2025	Full name of contributor out-of-state PAC (ID#: Rowan, Dana Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
		Kingwood, TX 77345				
	Principal occu not employed	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 06/15/2025	Full name of contributor out-of-state PAC (ID#: Rowan, Dana Contributor address; City; State; Zip Code Kingwood, TX 77345			Amount of Contribution (\$)	\$20.00
	Principal occu not employed	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 03/05/2025	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$200.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	)		
		<u>'</u>				

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 9/13 Rpt: 12/32	
2	FILER NAME Gillespie Cou	ınty Democratic Party		3	Filer ID (Ethics Commission 00084168	Filers)
4	Date 01/10/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$50.00
_		Fredericksburg, TX 78624				
8	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/10/2025	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Fredericksburg, TX 78624 Dation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Retired					
	Date 03/10/2025	Full name of contributor out-of-state PAC (ID#: Tait, Lane Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$50.00
		Fredericksburg, TX 78624				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 05/10/2025	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/10/2025	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	()		
		1				

	MONET	ARY POLITICAL CONTRIBUTIO	Ν	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 10/13 Rpt: 13/32	
2	FILER NAME Gillespie Cou	unty Democratic Party			3	Filer ID (Ethics Commission 00084168	n Filers)
4	Date 01/28/2025	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$100.00
8	Principal occur	Fredericksburg, TX 78624 pation / Job title (See Instructions)	0	Employer (See Instructions	·,		
0	Retired	pation / Job title (See instructions)	9	None	•)		
	Date 04/07/2025	Full name of contributor		)		Amount of Contribution (\$)	\$100.00
	Principal occu	Fredericksburg, TX 78624 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Retired	, ,		None			
	Date 05/13/2025	Full name of contributor		)		Amount of Contribution (\$)	\$100.00
		Fredericksburg, TX 78624					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions None	s)		
	Date 01/31/2025	Full name of contributor out-of-state PAC (ID#:_Vaclav, Jerry  Contributor address; City; State; Zip Code  Fredericksburg, TX 78624		)		Amount of Contribution (\$)	\$125.00
		pation / Job title (See Instructions) ed property manager		Employer (See Instructions	5)		
	Date 03/01/2025	Full name of contributor out-of-state PAC (ID#:_ Vaclav, Jerry  Contributor address; City; State; Zip Code  Fredericksburg, TX 78624		)		Amount of Contribution (\$)	\$125.00
		pation / Job title (See Instructions) ed property manager		Employer (See Instructions	s)		

	MONEI	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/13 Rpt: 14/32	
2	FILER NAME Gillespie Cou	unty Democratic Party		3	Filer ID (Ethics Commission 00084168	n Filers)
4	Date 03/31/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$125.00
8		Fredericksburg, TX 78624 pation / Job title (See Instructions) ed property manager	9 Employer (See Instructions)	)		
	Date 04/30/2025	Full name of contributor out-of-state PAC (ID#:_Vaclav, Jerry  Contributor address; City; State; Zip Code  Fredericksburg, TX 78624			Amount of Contribution (\$)	\$125.00
		pation / Job title (See Instructions) ed property manager	Employer (See Instructions)	)		
	Date 06/01/2025	Full name of contributor  out-of-state PAC (ID#:_ Vaclav, Jerry  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$125.00
		Fredericksburg, TX 78624 pation / Job title (See Instructions)	Employer (See Instructions)	)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Vaclav, Jerry  Contributor address; City; State; Zip Code  Fredericksburg, TX 78624			Amount of Contribution (\$)	\$125.00
	•	pation / Job title (See Instructions) ed property manager	Employer (See Instructions)	)		
	Date 02/13/2025	Full name of contributor out-of-state PAC (ID#:_ Whited, Eileen Contributor address; City; State; Zip Code Fredericksburg, TX 78624			Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)	)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		E <b>A1</b>
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 12/13 Rpt: 15/32		
2	FILER NAME Gillespie Cou	unty Democratic Party			3	Filer ID (Ethics Commission 00084168	n Filers)
4	Date 03/13/2025	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$50.00	
_	Distribut	Fredericksburg, TX 78624	- 10	Foundament (October American			
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions NA	5)		
	Date 05/18/2025				Amount of Contribution (\$)	\$50.00	
	Principal occu	Fredericksburg, TX 78624 pation / Job title (See Instructions)		Employer (See Instructions	 5)		
	Retired			NA			
	Date Full name of contributor out-of-state PAC (ID#:)  06/13/2025 Whited, Eileen  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$50.00	
		Fredericksburg, TX 78624					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	<u>I</u> 5)		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$50.00	
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	<u>I</u> 5)		
	Date O1/05/2025 Wilson, Lee, Gayle Contributor address; City; State; Zip Code  Fredericksburg, TX 78624			Amount of Contribution (\$)	\$400.00		
	Principal occupation / Job title (See Instructions)  Retired  Employer (See Instructions)  NA			5)			

MONEI	ARY POLITICAL CONTRIBUTION	SCHEDULE A1		
The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 13/13 Rpt: 16/32		
2 FILER NAME			3 Filer ID (Ethics Commission F	-ilers)
	unty Democratic Party		00084168	
4 Date 02/01/2025			7 Amount of Contribution (\$)	\$400.00
	Fredericksburg, TX 78624			
8 Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions     NA	5)	
Date 03/01/2025			Amount of Contribution (\$)	\$400.00
Dringing Loggy	Fredericksburg, TX 78624  pation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Retired	pation / Job title (See Instituctions)	NA	5)	
Date Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$400.00
	Fredericksburg, TX 78624			
Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions NA	5)	
Date 05/01/2025			Amount of Contribution (\$)	\$400.00
Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	I S)	
Date 06/01/2025	06/01/2025 Wilson, Lee, Gayle  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$400.00
Principal occu Retired	Predericksburg, TX 78624  pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 	
	pation / Job title (See Instructions)	, , ,	s) 	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Travel Out 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: 1/16 Rpt: 17/32	Gillespie County Democratic Party	00084168	
4	Date	5 Payee name		
	02/10/2025	All In Property Management		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$1,450.00	412 S. Adams St. #1162		
		Fredericksburg, TX 78624		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE		outside of Texas. Complete Schedule T.	
	EXPENDITORE		TX, officeholder living expense	
		Office rent		
_				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	03/31/2025	All In Property Management		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$1,450.00	412 S. Adams St. #1162		
		Fredericksburg, TX 78624		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Onice Overnedd/Nerital Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense	
		office rental	17, officerolder living expense	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OI	1		
	Date	Payee name		
	04/28/2025	All In Property Management		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$1,450.00	412 S. Adams St. #1162		
		Fredericksburg, TX 78624		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF		outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin,	TX, officeholder living expense	
		office rent		
			200	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

xpense 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 Salaries (Contract Labor

	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: 2/16 Rpt: 18/32	Gillespie County Democratic Party 00084168		
4	Date	5 Payee name		
	06/03/2025	All In Property Management		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$1,450.00	412 S. Adams St. #1162		
		Fredericksburg, TX 78624		
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 rent		
		Office Tent		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
9	Complete ONLY if direct expenditure to benefit C/OI			
_				
	Date	Payee name		
	06/30/2025	All In Property Management		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$1,450.00	412 S. Adams St. #1162		
		Fredericksburg, TX 78624		
	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 rent		
		onide rent		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI			
_	Data	Davies same		
	Date 01/29/2025	Payee name Atmos Energy		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$177.50	P.O. Box 740353		
		Cincinnati, OH 45274-0353		
	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 electricity service		
		electricity service		
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI			

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

	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: 3/16 Rpt: 19/32	Gillespie County Democratic Party 00084168
4	Date	5 Payee name
	03/04/2025	Atmos Energy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$187.68	P.O. Box 740353
		Cincinnati, OH 45274-0353
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
		dunies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Date	Davies name
	03/24/2025	Payee name Atmos Energy
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$183.31	P.O. Box 740353
L		Cincinnati, OH 45274-0353
	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
		utilities
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
H	Date	Payee name
	04/30/2025	Atmos Energy
L	Amount (\$)	
	\$159.69	Payee address; City; State; Zip Code P.O. Box 740353
	Φ139.09	F.O. BOX 740333
		Oinsignati OII 45074 0050
		Cincinnati, OH 45274-0353
	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 utilities
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 4/16 Rpt: 20/32	Gillespie County Democratic Party 00084168		
4	Date	5 Payee name		
	05/22/2025	Atmos Energy		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$158.67	P.O. Box 740353		
		Cincinnati, OH 45274-0353		
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  electric utility		
		Clectife dunity		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
9	Complete ONLY if direct expenditure to benefit C/OH			
_				
	Date	Payee name		
	06/25/2025	Atmos Energy		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$158.67	P.O. Box 740353		
		Cincinnati, OH 45274-0353		
	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 utilities		
		onido dinido		
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			
_	Date	Payee name		
	01/07/2025	Bentch, Sue		
		·		
	Amount (\$) \$82.27	Payee address; City; State; Zip Code 205 N. Bowie St.		
	Φ02.21	203 N. BOWIE St.		
		Far decide house TV 70004		
		Fredericksburg, TX 78624		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taxon Complete Schedule T		
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
		Reimburse Bentch for poster for precinct meeting.		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OH			

#### 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 5/16 Rpt: 21/32	Gillespie County Democratic Party  00084168
4	Date	5 Payee name
	02/04/2025	Charter Communications
6	Amount (\$) \$140.54	7 Payee address; City; State; Zip Code PO Box 60074  City of Industry, CA 91716-0074
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 internet connection
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/04/2025	Charter Communications
	Amount (\$) \$140.54	Payee address; City; State; Zip Code PO Box 60074  City of Industry, CA 91716-0074
		City of industry, CA 91710-0074
	PURPOSE OF EXPENDITURE	(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.  Check if Austin, TX, officeholder living expense internet connection
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/01/2025	Charter Communications
	Amount (\$) \$150.61	Payee address; City; State; Zip Code PO Box 60074
		City of Industry, CA 91716-0074
	PURPOSE OF EXPENDITURE	(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.  Check if Austin, TX, officeholder living expense internet connection
	Complete ONLY 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 Commi

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: 6/16 Rpt: 22/32	Gillespie County Democratic Party 00084168		
4	Date	5 Payee name		
	05/06/2025	Charter Communications		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$150.61	PO Box 60074		
		City of Industry, CA 91716-0074		
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		
		internet connection		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	1		
	Date	Payee name		
	05/28/2025	Charter Communications		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$150.61	PO Box 60074		
		City of Industry, CA 91716-0074		
	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 internet connection		
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			
_	Data	Davisa nama		
	Date 01/27/2025	Payee name City of Fredericksburg		
_		, -		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$65.50	126 West Main St.		
		Fredericksburg , TX 78624		
	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 utilities		
		unines		
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)		
L		The Instruction Guide explains how to complete this form.		
1				
	Sch: 7/16 Rpt: 23/32	Gillespie County Democratic Party 00084168		
4	Date	5 Payee name		
	02/20/2025	City of Fredericksburg		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$62.56	126 West Main St.		
		Fredericksburg , TX 78624		
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		
		utilities		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
	experiorure to beriefit C/Of			
	Date	Payee name		
	03/19/2025	City of Fredericksburg		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$66.08	126 West Main St.		
		Fredericksburg , TX 78624		
	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  utilities		
		dunides		
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			
_	Date	Payros namo		
	04/11/2025	Payee name City of Fredericksburg		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$72.72	126 West Main St.		
		Fredericksburg , TX 78624		
	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 utilities		
		uullues		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	<u> </u>			
	Sch: 8/16 Rpt: 24/32	Gillespie County Democratic Party 00084168			
4	Date	5 Payee name			
	05/16/2025	City of Fredericksburg			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$79.30	126 West Main St.			
		Fredericksburg, TX 78624			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense			
	EXI ENDITORE	Check if Austin, TX, officeholder living expense  office utilities			
		Office utilities			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/OI				
_	Data	David and the second			
	Date 06/23/2025	Payee name City of Frodorickshurg			
		City of Fredericksburg			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$89.57	126 West Main St.			
		Fuel Claber TV 70004			
		Fredericksburg , TX 78624			
	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 utilities			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	1			
	Date	Payee name			
	01/02/2025	Collier, Cathy			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$127.92	408 Cora			
		Fredericksburg, TX 78624			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Loan Repayment/Reimbursement			
	LAI LINDITORE	Check if Austin, TX, officeholder living expense			
		Reimburse party chair for Mail Chimp office expense			
L	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held			
	Complete ONLY if direct expenditure to benefit C/OI				
l					

### 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 Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·			
	Sch: 9/16 Rpt: 25/32	Gillespie County Democratic Party 00084168			
4	Date	5 Payee name			
	02/19/2025	Collier, Terry			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$129.26	PO Box 169			
		Fredericksburg, TX 78624			
8	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			
		reimburse for business lunch			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
_	Date	Davies same			
	03/14/2025	Payee name Collier, Terry			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$60.00	PO Box 169			
		Fredericksburg, TX 78624			
	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 reimburse for Eggs-Stravaganza egg giveaway			
		expense			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
	Date	Payee name			
	03/06/2025	Collier, Terry			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$366.34	PO Box 169			
		Fredericksburg, TX 78624			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Loan Repayment/Reimbursement			
		Check if Austin, TX, officeholder living expense			
		reimburse for t-shirt printing			
	Complete ONLY if direct	Constitute (Office helder norm)			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H			

### SCHEDULE F1

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

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

Fees Office C
Food/Beverage Expense Polling I
Gift/Awards/Memorials Expense Printing
Legal Services Salaries

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 t	this form.		
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 10/16 Rpt: 26/32	Gillespie County Democratic Party	00084168		
4	Date	5 Payee name	·		
	04/02/2025	Collier, Terry			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$1,323.69	PO Box 169			
		Fredericksburg, TX 78624			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription		
	OF EXPENDITURE	Loan Repayment/Reimbursement	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
		rei	imburse for Town Hall security expense		
			, ,		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI	1			
F	Date	Payee name			
	04/14/2025	Collier, Terry			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$299.71	PO Box 169			
		Fredericksburg, TX 78624			
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription		
	OF EXPENDITURE	Loan Repayment/Reimbursement	Check if travel outside of Texas. Complete Schedule T.		
		rei	Check if Austin, TX, officeholder living expense imburse for printing t-shirts		
			initial control printing to time		
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI				
F	Date	Payee name			
	04/14/2025	Collier, Terry			
H	Amount (\$)	Payee address; City; State; Zip Code			
	\$328.31	PO Box 169			
		Fredericksburg, TX 78624			
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription		
	OF EXPENDITURE	Loan Repayment/Reimbursement	Check if travel outside of Texas. Complete Schedule T.		
			Check if Austin, TX, officeholder living expense imburse for Town Hall planning dinner		
			imbarse for Town Hall planning uniner		
-	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI				

### 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 Committee

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

Travel ir Travel C Intract Labor OTHER

	Credit Card Payment	The Instruction Guide explains how to complete t	this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 11/16 Rpt: 27/32	Gillespie County Democratic Party	00084168
4	Date	5 Payee name	·
	05/02/2025	Collier, Terry	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$307.78	PO Box 169	
		Fredericksburg, TX 78624	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Loan Repayment/Reimbursement	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense imburse for May Day pizza event
			inibarde for may bay pizza event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
H	Date	Payee name	
	06/02/2025	Collier, Terry	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
l	\$186.98	PO Box 169	
	¥200.00	7 6 23% 200	
		Fredericksburg, TX 78624	
┝	PURPOSE		escription
l	OF	(a) Category (See Categories listed at the top of this schedule)  Loan Repayment/Reimbursement	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		Check if Austin, TX, officeholder living expense
		rei	imburse for two business lunches
L			
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
L			
	Date	Payee name	
	06/11/2025	Collier, Terry	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$43.38	PO Box 169	
		Fredericksburg, TX 78624	
l	PURPOSE OF		escription
l	EXPENDITURE	Loan Repayment/Reimbursement	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l		rei	imburse for office supplies
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	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 complete this form.					
1	Total pages Schedule F1: Sch: 12/16 Rpt: 28/32	2 FILER NAME Gillespie County Democratic Party  3 Filer ID (Ethics Commission Filers) 00084168					
4	Date 06/30/2025	5 Payee name Collier, Terry					
6	Amount (\$) \$118.37	7 Payee address; City; State; Zip Code PO Box 169					
		Fredericksburg, TX 78624					
8	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 reimburse for cards printed for precinct chairs					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held					
	Date 01/31/2025	Payee name Fredericksburg Standard					
	Amount (\$) \$805.00	Payee address; City; State; Zip Code 712 West Main Street  Fredericksburg, TX 79624					
		Fredericksburg, TX 78624					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Ad: "The More Important Thing"					
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
	Date 02/21/2025	Payee name Freeborn, Charlotte					
	Amount (\$) \$54.60	Payee address; City; State; Zip Code 5318 Lower Crabapple Rd					
		Fredericksburg , TX 78624					
	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  Reimburse for eggs for Eggs-Stravaganza egg giveaway event.					
	Complete ONLY 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 Credit Card Payment			Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials nmittee Legal Services The Instruction Gu	Expense	Office Overhor Polling Experienting Experience Salaries/Wag	ense ges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
_			ilde explains i	TOW TO COM	orcte ting form.	1_		(=u: 0 : : =u )	
1	Total pages Schedule F1: Sch: 13/16 Rpt: 29/32	2	Gillespie County Democration	c Party			3	Filer ID 00084168	(Ethics Commission Filers)
4	Date	5	Payee name				<u> </u>		
	03/18/2025		Freeborn, Charlotte						
6	Amount (\$) \$32.48	7	Payee address; City; 5318 Lower Crabapple Rd Fredericksburg , TX 78624	State;	Zip Code	9			
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the Loan Repayment/Reimburs		edule) (k	Check if Austin	ı, TX	ide of Texas. Com , officeholder living ggs-Stravaga	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	0	office sough	nt		Office he	eld
	Date		Payee name						
	02/18/2025		Friends of LBJ						
	Amount (\$)		Payee address; City;	State;	Zip Code	9			
	\$1,000.00		P.O. Box 1831						
			100 Lady Bird Lane						
			Johnson City, TX 78636						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the Advertising Expense	ne top of this sche	edule) (k	ш	ı, TX	ide of Texas. Com , officeholder living nip	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	0	office sough	nt		Office he	eld
	Date 04/17/2025		Payee name Gillespie County High Scho	ol					
	Amount (\$) \$800.00		Payee address; City; 110 South Adams	State;	Zip Code				
			Fredericksburg, TX 78624						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the Event Expense	ne top of this sche	edule) (k		ı, TX	ide of Texas. Com	
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Officeholder name	0	office sough	nt		Office he	eld
	rms provided by Tayas F	+h:-	o Commission	MAN othics st	toto trans				Version V// 1 0 f10d0fd9

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

	Candidate/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: 14/16 Rpt: 30/32	Gillespie County Democratic Party 00084168				
4	Date	5 Payee name				
	01/14/2025	Hill Country Community Needs Council				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$250.00	1904 Llano St.				
		Fredericksburg, TX 78624				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense donation made by the CEC to a community charity				
		donation made by the CEC to a community chanty				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
	Date	Payee name				
	06/02/2025	Holmes, Gracie				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,000.00	88 Charolet Avenue				
	•					
		Harper, TX 78631				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense  Award to high school upper classmen for "Profiles in				
		Courage" essay contest				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OH						
	Date	Payee name				
	06/09/2025	Johnson, Jackson				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,000.00	1547 Funf Kinder Road				
	, ,					
		Fredericksburg, TX 78624				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.				
	-	Check if Austin, TX, officeholder living expense  Award for "Profiles in Courage" essay contest for				
		High School upper classmen				
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					

### SCHEDULE F1

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

	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: 15/16 Rpt: 31/32	Gillespie County Democratic Party 00084168			
4	Date	5 Payee name			
	02/14/2025	Vaclav, Jerry			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$54.60	701 East San Antonio St.			
		Fredericksburg, TX 78624			
8	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  Reimburse for Eggs for our Eggs-Stravaganza Egg			
		giveaway event.			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/OI				
⊨	Date	Payee name			
	03/14/2025	Vaclav, Jerry			
		·			
	Amount (\$)				
	\$29.85	701 East San Antonio St.			
		Fredericksburg, TX 78624			
	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			
		reimburse for Eggs-stravaganza egg giveaway event			
		Tellinburge for Eggs stravagariza egg giveaway event			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH					
-	Date	Payee name			
	04/15/2025	Vaclav, Jerry			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$369.10	701 East San Antonio St.			
	φ309.10	701 East Sail Alltollio St.			
		Frederickehurg TV 70604			
		Fredericksburg, TX 78624			
	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	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
		reimburse for PTH Dinner expenses			
	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 complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 16/16 Rpt: 32/32	Gillespie County Democratic Party 00084168			
4	Date	5 Payee name			
	05/02/2025	Vaclav, Jerry			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$80.00	701 East San Antonio St.			
		Fredericksburg, TX 78624			
8	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 reimburse for attendance at "Rural Texas Summit"			
		expenses			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
⊨	Data	Para annua			
	Date	Payee name			
	06/05/2025	Vaclav, Jerry			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$294.22	701 East San Antonio St.			
		Fredericksburg, TX 78624			
	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			
		Reimburse for Square Space hosting			
		remisure for equal opace hosting			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH					
H	Date	Payee name			
	06/11/2025	Vaclav, Jerry			
		The state of the s			
	Amount (\$)	Payee address; City; State; Zip Code			
	Φ47.F4	701 Fact Can Antonia Ct			
	\$47.54	701 East San Antonio St.			
	\$47.54				
		Fredericksburg, TX 78624			
	PURPOSE	Fredericksburg, TX 78624  (a) Category (See Categories listed at the top of this schedule)  (b) Description			
		Fredericksburg, TX 78624  (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.			
	PURPOSE OF	Fredericksburg, TX 78624  (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			
	PURPOSE OF	Fredericksburg, TX 78624  (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.			
	PURPOSE OF EXPENDITURE	Fredericksburg, TX 78624  (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 reimburse for printer cartridge			
	PURPOSE OF	Fredericksburg, TX 78624  (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 reimburse for printer cartridge  Candidate/Officeholder name  Office sought  Office held			
	PURPOSE OF EXPENDITURE  Complete ONLY if direct	Fredericksburg, TX 78624  (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 reimburse for printer cartridge  Candidate/Officeholder name  Office sought  Office held			
	PURPOSE OF EXPENDITURE  Complete ONLY if direct	Fredericksburg, TX 78624  (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 reimburse for printer cartridge  Candidate/Officeholder name  Office sought  Office held			