

# POLITICAL PARTY REPORT REGARDING FUNDS FROM CORPORATIONS AND LABOR ORGANIZATIONS

FORM **PTY-CORP**  
COVER SHEET PG 1

The Form PTY-CORP Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00017073	2 Total pages filed 14				
3 POLITICAL PARTY NAME	Dallas County Democratic Party (P)		<b>OFFICE USE ONLY</b>  Date Received <b>ELECTRONICALLY FILED</b> 07/15/2025  Date Hand-delivered or Date Postmarked				
4 STATE OR COUNTY PARTY	<input type="checkbox"/> State <input checked="" type="checkbox"/> County: <u>Dallas</u>						
5 POLITICAL PARTY TYPE	<input checked="" type="checkbox"/> Democrat <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Other: _____ (Party name)						
6 POLITICAL PARTY MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1414 N Washington Avenue  DALLAS, TX 75204		Receipt #	Amount			
			Date Processed				
			Date Imaged				
7 POLITICAL PARTY CHAIR	TITLE	FIRST	MI	NICKNAME	LAST	SUFFIX	
		Kardal			Coleman		
8 CHAIR MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  TX						
9 CHAIR STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1414 N Washington Ave  Dallas, TX 75204						
10 CHAIR PHONE	AREA CODE	PHONE NUMBER			EXTENSION		
	(214)	821-8331					
11 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before primary election <input type="checkbox"/> 50th day before general election						
12 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	01/01/2025				06/30/2025		

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**POLITICAL PARTY REPORT:  
TOTALS AND AFFIDAVIT**

**FORM PTY-CORP  
COVER SHEET PG 2**

<b>13 POLITICAL PARTY NAME</b> Dallas County Democratic Party (P)		<b>14 Filer ID</b> (Ethics Commission Filers) 00017073
<b>15 TOTALS</b>	<b>1. TOTAL CONTRIBUTIONS FROM CORPORATE OR LABOR ORGANIZATIONS</b> (OTHER THAN LOANS OR GUARANTEES OF LOANS)	\$ 12,708.68
	<b>2. TOTAL EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS</b>	\$ 51,477.15
	<b>3. TOTAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD</b>	\$ 25,529.85

**A political party must file a report on FORM PTY-CORP for any reporting period during which the party accepts corporate or labor organization contributions, maintains corporate or labor organization contributions, or makes expenditures from corporate or labor organization contributions.**

**16 AFFIDAVIT**

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

\_\_\_\_\_  
The Honorable Kardal Coleman

Signature of Political Party Chair

AFFIX NOTARY STAMP / SEAL

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

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

**SUBTOTALS - PTYCORP****FORM PTY-CORP**  
**COVER SHEET PG 3**  
3 of 14

<b>17</b> POLITICAL PARTY NAME Dallas County Democratic Party (P)		<b>18</b> Filer ID (Ethics Commission Filers) 00017073
<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 12,708.68
2.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
3.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS	\$ 51,477.15
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

**SCHEDULE C1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C1: Sch: 1/3 Rpt: 4/14
<b>2</b> FILER NAME Dallas County Democratic Party (P)		<b>3</b> Filer ID (Ethics Commission Filers) 00017073
<b>4</b> Date 03/27/2025	<b>5</b> Corporation / Labor Organization name Babb Family Association <hr/> <b>6</b> Corporation / Labor Organization address; City; State; Zip Code  Dallas, TX 75229	<b>7</b> Amount of contribution (\$) \$20.20
Date 04/27/2025	Corporation / Labor Organization name Babb Family Association <hr/> Corporation / Labor Organization address; City; State; Zip Code  Dallas, TX 75229	Amount of contribution (\$) \$20.20
Date 05/27/2025	Corporation / Labor Organization name Babb Family Association <hr/> Corporation / Labor Organization address; City; State; Zip Code  Dallas, TX 75229	Amount of contribution (\$) \$20.20
Date 06/27/2025	Corporation / Labor Organization name Babb Family Association <hr/> Corporation / Labor Organization address; City; State; Zip Code  Dallas, TX 75229	Amount of contribution (\$) \$20.20
Date 01/27/2025	Corporation / Labor Organization name Babb Family Association <hr/> Corporation / Labor Organization address; City; State; Zip Code  Dallas, TX 75229	Amount of contribution (\$) \$20.20
Date 02/27/2025	Corporation / Labor Organization name Babb Family Association <hr/> Corporation / Labor Organization address; City; State; Zip Code  Dallas, TX 75229	Amount of contribution (\$) \$20.20
Date 01/26/2025	Corporation / Labor Organization name GoldenRuleRunners.com <hr/> Corporation / Labor Organization address; City; State; Zip Code  Dallas, TX 75228	Amount of contribution (\$) \$10.00

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

**SCHEDULE C1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule C1: Sch: 2/3 Rpt: 5/14
<b>2</b> FILER NAME Dallas County Democratic Party (P)		<b>3</b> Filer ID (Ethics Commission Filers) 00017073
<b>4</b> Date 02/26/2025	<b>5</b> Corporation / Labor Organization name GoldenRuleRunners.com <hr/> <b>6</b> Corporation / Labor Organization address; City; State; Zip Code  Dallas, TX 75228	<b>7</b> Amount of contribution (\$) \$10.00
Date 03/26/2025	Corporation / Labor Organization name GoldenRuleRunners.com <hr/> Corporation / Labor Organization address; City; State; Zip Code  Dallas, TX 75228	Amount of contribution (\$) \$10.00
Date 03/26/2025	Corporation / Labor Organization name GoldenRuleRunners.com <hr/> Corporation / Labor Organization address; City; State; Zip Code  Dallas, TX 75228	Amount of contribution (\$) \$9.16
Date 04/26/2025	Corporation / Labor Organization name GoldenRuleRunners.com <hr/> Corporation / Labor Organization address; City; State; Zip Code  Dallas, TX 75228	Amount of contribution (\$) \$9.16
Date 04/26/2025	Corporation / Labor Organization name GoldenRuleRunners.com <hr/> Corporation / Labor Organization address; City; State; Zip Code  Dallas, TX 75228	Amount of contribution (\$) \$10.00
Date 05/26/2025	Corporation / Labor Organization name GoldenRuleRunners.com <hr/> Corporation / Labor Organization address; City; State; Zip Code  Dallas, TX 75228	Amount of contribution (\$) \$10.00
Date 05/26/2025	Corporation / Labor Organization name GoldenRuleRunners.com <hr/> Corporation / Labor Organization address; City; State; Zip Code  Dallas, TX 75228	Amount of contribution (\$) \$9.16

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 3/3 Rpt: 6/14
2 FILER NAME Dallas County Democratic Party (P)		3 Filer ID (Ethics Commission Filers) 00017073
4 Date 06/26/2025	5 Corporation / Labor Organization name GoldenRuleRunners.com	7 Amount of contribution (\$) \$10.00
	6 Corporation / Labor Organization address; City; State; Zip Code  Dallas, TX 75228	
Date 04/23/2025	Corporation / Labor Organization name Ted B. Lyon & Associates P.C.	Amount of contribution (\$) \$2,000.00
	Corporation / Labor Organization address; City; State; Zip Code  Mesquite, TX 75150	
Date 03/28/2025	Corporation / Labor Organization name Texas Majority	Amount of contribution (\$) \$5,000.00
	Corporation / Labor Organization address; City; State; Zip Code  Houston, TX 77266	
Date 03/26/2025	Corporation / Labor Organization name Texas Majority PAC	Amount of contribution (\$) \$5,000.00
	Corporation / Labor Organization address; City; State; Zip Code  Houston, TX 77266	
Date 06/19/2025	Corporation / Labor Organization name The Hughes Group Real Estate Services LLC	Amount of contribution (\$) \$250.00
	Corporation / Labor Organization address; City; State; Zip Code  Desoto, TX 75115	
Date 03/17/2025	Corporation / Labor Organization name United Steelworkers District 13	Amount of contribution (\$) \$250.00
	Corporation / Labor Organization address; City; State; Zip Code  Baytown, TX 77521	

# EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/8 Rpt: 7/14	<b>2</b> FILER NAME Dallas County Democratic Party (P)	<b>3</b> Filer ID (Ethics Commission Filers) 00017073
<b>4</b> Date 03/26/2025	<b>5</b> Payee name American National Bank of Texas	
<b>6</b> Amount (\$) \$15.00	<b>7</b> Payee address; City; State; Zip Code 2703 Oak Lawn Avenue  Dallas, TX 75219	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Bank Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/28/2025	Candidate/Officeholder name Office sought Office held	
Payee name American National Bank of Texas		
Amount (\$) \$15.00	Payee address; City; State; Zip Code 2703 Oak Lawn Avenue  Dallas, TX 75219	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Bank Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/02/2025	Candidate/Officeholder name Office sought Office held	
Payee name Armadilla Strategies		
Amount (\$) \$81.19	Payee address; City; State; Zip Code 2175 Tucker St Apt 1317  Dallas, TX 75214	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Website Assistance
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/8 Rpt: 8/14	<b>2</b> FILER NAME Dallas County Democratic Party (P)	<b>3</b> Filer ID (Ethics Commission Filers) 00017073
<b>4</b> Date 06/10/2025	<b>5</b> Payee name Armadilla Strategies	
<b>6</b> Amount (\$) \$81.19	<b>7</b> Payee address; City; State; Zip Code 2175 Tucker St Apt 1317  Dallas, TX 75214	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Website Assistance
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/14/2025	Payee name Canon Financial Services, Inc.	
Amount (\$) \$334.63	Payee address; City; State; Zip Code 14904 Collection Center Dr  Chicago, IL 60693	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Copier Lease
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/08/2025	Payee name Canon Financial Services, Inc.	
Amount (\$) \$213.42	Payee address; City; State; Zip Code 14904 Collection Center Dr  Chicago, IL 60693	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Copier Lease
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/8 Rpt: 9/14	<b>2</b> FILER NAME Dallas County Democratic Party (P)	<b>3</b> Filer ID (Ethics Commission Filers) 00017073
<b>4</b> Date 06/18/2025	<b>5</b> Payee name Canon Financial Services, Inc.	
<b>6</b> Amount (\$) \$213.42	<b>7</b> Payee address; City; State; Zip Code 14904 Collection Center Dr  Chicago, IL 60693	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Copier Lease
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/08/2025	Payee name Communication Workers of America	
Amount (\$) \$6,000.00	Payee address; City; State; Zip Code 1408 N Washington Ave  Dallas, TX 75204	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Rent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/03/2025	Payee name Communication Workers of America	
Amount (\$) \$6,000.00	Payee address; City; State; Zip Code 1408 N Washington Ave  Dallas, TX 75204	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Rent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/8 Rpt: 10/14	<b>2</b> FILER NAME Dallas County Democratic Party (P)	<b>3</b> Filer ID (Ethics Commission Filers) 00017073
<b>4</b> Date 03/03/2025	<b>5</b> Payee name Communication Workers of America	
<b>6</b> Amount (\$) \$6,000.00	<b>7</b> Payee address; City; State; Zip Code 1408 N Washington Ave  Dallas, TX 75204	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Rent
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/03/2025	Candidate/Officeholder name Office sought Office held	
Payee name Communication Workers of America		
Amount (\$) \$6,000.00	Payee address; City; State; Zip Code 1408 N Washington Ave  Dallas, TX 75204	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Rent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/08/2025	Candidate/Officeholder name Office sought Office held	
Payee name Communication Workers of America		
Amount (\$) \$6,000.00	Payee address; City; State; Zip Code 1408 N Washington Ave  Dallas, TX 75204	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Rent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/8 Rpt: 11/14	<b>2</b> FILER NAME Dallas County Democratic Party (P)	<b>3</b> Filer ID (Ethics Commission Filers) 00017073
<b>4</b> Date 06/04/2025	<b>5</b> Payee name Communication Workers of America	
<b>6</b> Amount (\$) \$6,000.00	<b>7</b> Payee address; City; State; Zip Code 1408 N Washington Ave  Dallas, TX 75204	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Rent
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/29/2025	Candidate/Officeholder name Mueller, Pamela	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 5928 Marquita Ave  Dallas, TX 75206	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Bookkeeping Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/28/2025	Candidate/Officeholder name Mueller, Pamela	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 5928 Marquita Ave  Dallas, TX 75206	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Bookkeeping Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/8 Rpt: 12/14	<b>2</b> FILER NAME Dallas County Democratic Party (P)	<b>3</b> Filer ID (Ethics Commission Filers) 00017073
<b>4</b> Date 03/27/2025	<b>5</b> Payee name Mueller, Pamela	
<b>6</b> Amount (\$) \$2,000.00	<b>7</b> Payee address; City; State; Zip Code 5928 Marquita Ave  Dallas, TX 75206	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Bookkeeping Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/30/2025	Candidate/Officeholder name Mueller, Pamela	Office sought Office held
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 5928 Marquita Ave  Dallas, TX 75206	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Bookkeeping Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/28/2025	Candidate/Officeholder name Mueller, Pamela	Office sought Office held
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 5928 Marquita Ave  Dallas, TX 75206	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Bookkeeping Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/8 Rpt: 13/14	<b>2</b> FILER NAME Dallas County Democratic Party (P)	<b>3</b> Filer ID (Ethics Commission Filers) 00017073
<b>4</b> Date 06/27/2025	<b>5</b> Payee name Mueller, Pamela	
<b>6</b> Amount (\$) \$2,000.00	<b>7</b> Payee address; City; State; Zip Code 5928 Marquita Ave  Dallas, TX 75206	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Bookkeeping Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/29/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$1,200.00	Payee name Ognyanov, Martin  Payee address; City; State; Zip Code 770 Fairway Dr Apt 2628  Coppell, TX 75019	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Contract Labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/30/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$1,200.00	Payee name Ognyanov, Martin  Payee address; City; State; Zip Code 770 Fairway Dr Apt 2628  Coppell, TX 75019	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Contract Labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE **F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/8 Rpt: 14/14	<b>2</b> FILER NAME Dallas County Democratic Party (P)	<b>3</b> Filer ID (Ethics Commission Filers) 00017073
<b>4</b> Date 05/01/2025	<b>5</b> Payee name Stewart Organization	
<b>6</b> Amount (\$) \$123.30  <input checked="" type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 166708  Irving, TX 75016	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Copier Maintenance
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held