FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00087735 3 COMMITTEE NAME **OFFICE USE ONLY** North Texas Democrats Date Received **ELECTRONICALLY FILED** 07/15/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1320 Rawlins St. Date Hand-delivered or Date Postmarked **Suite 1420** Change of Address Dallas, TX 75219 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Angela J. NAME NICKNAME LAST **SUFFIX** Owens STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1320 Rawlins St. STREET **ADDRESS** Suite 1420 (Residence or Business) Dallas, TX 75219 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1320 Rawlins St. MAILING **ADDRESS Suite 1420** Dallas, TX 75219 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (469) 625-4650 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

2 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
North Texas Democrats					0008773	,
4 COMMITTEE 1. Ca	.ndidates	A. Supported				
ACTIVITY (Identify	by name or, if ole, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
2 Me	easures	A. Supported				
(Describ	be by date and location on and nature of issue.)					
		B. Opposed				
As:	ficeholders sisted by name or, if ole, classify by party.)					
TOTALS PL	EDGES, LOANS, (ONTRIBUTIONS M	OR GUARANTE	ONTRIBUTIONS (OT EES OF LOANS, OR DNICALLY) igher itemization thresho		\$	0.00
	TAL POLITICA THER THAN PLE		ITIONS , OR GUARANTEES	OF LOANS)	\$	2,755.00
EXPENDITURE 3. TO TOTALS	TAL UNITEMIZED	D POLITICAL EX	XPENDITURES		\$	0.00
4. TC	TAL POLITICA	AL EXPENDIT	URES		\$	3,429.18
_	TAL POLITICAL C		NS MAINTAINED AS	OF THE LAST	DAY \$	424.97
I	TAL PRINCIPAL A ST DAY OF THE F		LL OUTSTANDING L ERIOD	OANS AS OF	THE \$	0.00
6 AFFIDAVIT					<u> </u>	
		tr		ncludes all infor		accompanying report is ed to be reported by me
		_			J. Owens	
			9	Signature of Ca	mpaign Treas	surer
AFFIX NOTARY STAME	P / SEAL ABOVE					
Sworn to and subscribed before	me, by the said			, t	his the	day
of, 20						
Signature of officer administer	ring oath	Printed name o	f officer administering	g oath	Title of off	ficer administering oath

SUBTOTALS - GPAC

FORM GPAC **COVER SHEET PG 3**

					3 of 35
17 CO	MMITTE	E NAME	18 Filer ID	(Ethics Comr	nission Filers)
No	rth Tex	00087735			
19 SC	HEDULE	SUBTOTALS			
l		SCHEDULE		SUBTO	TAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,755.00
				<u> </u>	,
_ ا		COLEDINE A2. MON MONETARY (IN KIND) DOLITICAL CONTRIBUTIONS			
2.	Ш	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	Ш	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
				<u> </u>	
4.	П	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	R	\$	
	ш_	ORGANIZATION		<u> </u>	
		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	TION OR		
5.	Ш	LABOR ORGANIZATION		\$	
6.	П	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR			
l '·	Ш	ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O	DRGANIZATION	\$	
9.	П	SCHEDULE E: LOANS		\$	
"	ш			ا ۳	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	3,429.18
11.	П	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
				,	
12		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONE		
12.	Ш	SCHEDOLE FS. FUNCHASE OF INVESTMENTS FROM FOLITICAL CONTRIBUTION	JNS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	П	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
	ш			ا ۳	
		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F	RETURNED		
15.	X	TO FILER		\$	21.64
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	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/5 Rpt: 4/35	
2	FILER NAME North Texas	Democrats			3	Filer ID (Ethics Commission 00087735	n Filers)
4	Date 02/07/2025	5 Full name of contributorDavis, Jake6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$10.00
8	Principal occu Field Organiz	Fort Worth, TX 76107 pation / Job title (See Instructions zer)	Employer (See Instructions Texas Democratic Party			
	Date 03/07/2025	Full name of contributor Davis, Jake Contributor address; City; St Fort Worth, TX 76107	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Field Organiz	pation / Job title (See Instructions)	Employer (See Instructions Texas Democratic Party			
	Date 04/07/2025	Full name of contributor Davis, Jake Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$10.00
	Dringing! goog	Fort Worth, TX 76107	\	Employer (Coo Instructions	<u></u>		
	Field Organia	pation / Job title (See Instructions zer)	Employer (See Instructions Texas Democratic Party			
	Date 05/07/2025	Full name of contributor Davis, Jake Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	•	Amount of Contribution (\$)	\$10.00
	Principal occu Field Organia	Fort Worth, TX 76107 pation / Job title (See Instructions zer)	Employer (See Instructions Texas Democratic Party			
	Date 06/07/2025	Full name of contributor Davis, Jake Contributor address; City; St Fort Worth, TX 76107	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu Field Organia	pation / Job title (See Instructions zer)	Employer (See Instructions Texas Democratic Party			
			•				

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1				
	The Instruc	ction Guide explains hov	v to complete this fo	rn	m.	1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/35	
2	FILER NAME North Texas	Democrats				3	Filer ID (Ethics Commission 00087735	on Filers)
4	Date 05/20/2025	5 Full name of contributor Erickson, Jennifer6 Contributor address; City; S	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$500.00
		Fort Worth, TX 76244						
8	Principal occu Sr. Director	pation / Job title (See Instruction:	(5)	9	Employer (See Instructions Texas Health Resource			
	Date 02/17/2025	Full name of contributor Garcia, Elba (Dr.) Contributor address; City; S)	•	Amount of Contribution (\$)	\$150.00
	Principal occu	Dallas, TX 75208 pation / Job title (See Instructions			Employer (See Instructions	<u>:)</u>		
	Commission		5)		Dallas County	"		
	Date 05/20/2025	Full name of contributor Hameline, Elizabeth Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Irving, TX 75038						
	Principal occu Attorney	pation / Job title (See Instructions	5)		Employer (See Instructions Hameline Law	5)		
	Date 02/18/2025	Full name of contributor Jimerson, Mickey Contributor address; City; S San Jacinto, CA 92582)	•	Amount of Contribution (\$)	\$5.00
	Principal occu Teacher	pation / Job title (See Instructions	5)		Employer (See Instructions Dallas isd	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 02/21/2025 Kastl, Kristina N. Contributor address; City; State; Zip Code Dallas, TX 75204		•	Amount of Contribution (\$)	\$1,050.00			
	Principal occu Attorney	pation / Job title (See Instructions	5)		Employer (See Instructions KASTL LAW P.C.	s)		
			<u>'</u>					

	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDULI	■ A1
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 3/5 Rpt: 6/35	
2	FILER NAME North Texas	Democrats			3	Filer ID (Ethics Commission 00087735	ı Filers)
4	Date 06/09/2025	 Full name of contributor			7	Amount of Contribution (\$)	\$20.00
8	Principal occu	Houston, TX 77041 pation / Job title (See Instructions)	l _a	Employer (See Instructions	;) 		
0	Not Employe		9	Not Employed))		
	Date 01/26/2025	Full name of contributor out-of-state Parentle, Wendy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
		Arlington, TX 76013			<u> </u>		
		pation / Job title (See Instructions) gement Liaison		Employer (See Instructions Arlington ISD	s)		
	Date 02/26/2025	Full name of contributor out-of-state Pa Perdue, Wendy Contributor address; City; State; Zip Code	AC (ID#:)	•	Amount of Contribution (\$)	\$5.00
		Arlington, TX 76013	i		Ĺ		
		pation / Job title (See Instructions) gement Liaison		Employer (See Instructions Arlington ISD	5)		
	Date 03/26/2025	Full name of contributor out-of-state Pa Perdue, Wendy Contributor address; City; State; Zip Code Arlington, TX 76013				Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions) gement Liaison		Employer (See Instructions Arlington ISD	5)		
	Date 04/26/2025	Full name of contributor out-of-state Parentle, Wendy Contributor address; City; State; Zip Code Arlington, TX 76013				Amount of Contribution (\$)	\$5.00
	•	pation / Job title (See Instructions) gement Liaison		Employer (See Instructions Arlington ISD	s)		
	ranniy Enga	устын ыазын		Allington 13D			

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruc	ction Guide explains how to complet	te this for	n.	1	Total pages Schedule A1: Sch: 4/5 Rpt: 7/35	
2	FILER NAME North Texas	Democrats			3	Filer ID (Ethics Commissio 00087735	n Filers)
4	Date 05/26/2025	 Full name of contributor out-of-state in perdue, Wendy Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$5.00
•	Dringinal accu	Arlington, TX 76013 pation / Job title (See Instructions)	اما	Employer (See Instructions	·/-		
0	•	gement Liaison	9	Employer (See Instructions Arlington ISD	·)		
	Date 06/26/2025	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$5.00
	Principal occu	Arlington, TX 76013 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
		gement Liaison		Arlington ISD	"		
	Date 02/20/2025	Full name of contributor out-of-state I Rivas, Sara Contributor address; City; State; Zip Code	PAC (ID#:)	•	Amount of Contribution (\$)	\$100.00
	Drincinal occu	Farmers Branch, TX 75234 pation / Job title (See Instructions)		Employer (See Instructions	·)		
	Preschool te			The creative school	"		
	Date 02/17/2025	Full name of contributor out-of-state I Simon, Yasmin Contributor address; City; State; Zip Code Dallas, TX 75205			•	Amount of Contribution (\$)	\$500.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Morgan Lewis	<u>I</u> S)		
	Date 06/24/2025	Full name of contributor out-of-state I Taylor, Soheila Contributor address; City; State; Zip Code Allen, TX 75013				Amount of Contribution (\$)	\$30.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			,				

	MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/35
2	FILER NAME North Texas			3 Filer ID (Ethics Commission Filers) 00087735
4	Date 05/13/2025	 Full name of contributor)	7 Amount of Contribution (\$) \$10.0
	<u> </u>	Dallas, TX 75203		
8	•	pation / Job title (See Instructions) elligence Analyst	9 Employer (See Instructions Kubota Tractor Corpora	
	Date 06/13/2025	Full name of contributor out-of-state PAC (ID#:_ Thambu, Anand Contributor address; City; State; Zip Code)	Amount of Contribution (\$)
	Principal occu	Dallas, TX 75203 Ipation / Job title (See Instructions)	Employer (See Instructions	ns)
	Business Int	elligence Analyst	Kubota Tractor Corpora	ration
	Date 06/14/2025	Full name of contributor out-of-state PAC (ID#: Whitaker, Linda Contributor address; City; State; Zip Code Irving, TX 75062)	Amount of Contribution (\$) \$200.0
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions Not Employed	ns)

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 con	nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/26 Rpt: 9/35	North Texas Democrats	00087735
4 Date	5 Payee name	•
02/09/2025	Actblue	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	le
\$0.40	PO Box 4411146	
Expenditure from corporate funds	Somerville, MA 02144	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Payment fees
O Commission ONLY if dispose	Condidate/Officeholder nove	Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held
Date	Payee name	
02/23/2025	Actblue	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$65.38	PO Box 4411146	
Expenditure from		
corporate funds	Somerville, MA 02144	
PURPOSE OF	,	(b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Payment fees
		·
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI	1	
Date	Payee name	
03/02/2025	Actblue	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$0.20	PO Box 4411146	
Expenditure from corporate funds	Somerville, MA 02144	
PURPOSE		(b) Description
OF	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Payment fees
Operation Children	Condidate (Office helden ne	06-111
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to co	Vages/Contract Labor OTHER (enter a category not listed above) omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/26 Rpt: 10/35	North Texas Democrats	00087735
4 Date	5 Payee name	
03/09/2025	Actblue	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$0.40	PO Box 4411146	
Expenditure from corporate funds	Somerville, MA 02144	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Payment fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	 aht Office held
expenditure to benefit C/O		•
Date	Payee name	
03/30/2025	Actblue	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$0.20	PO Box 4411146	
Expenditure from corporate funds	Somerville, MA 02144	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Payment fees
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O		giit Oilide Heid
Date	Payee name	
04/13/2025	Actblue	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$0.40	PO Box 4411146	
Expenditure from		
corporate funds	Somerville, MA 02144	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Tayas, Complete Schedule T
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Payment fees
		-
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	Н	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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 F dyment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 3/26 Rpt: 11/35	North Texas Democrats		00087735	
4 Date	5 Payee name			
04/27/2025	Actblue			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$0.20	PO Box 4411146			
Expenditure from corporate funds	Somerville, MA 02144			
8 PURPOSE		(b) Description		
OF	(a) Category (See Categories listed at the top of this schedule) Fees		vel outside of Texas. Cor	nplete Schedule T.
EXPENDITURE	. 555	. —	stin, TX, officeholder livin	g expense
		Payment fe	ees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soil	ught	Office h	eld
experioritire to benefit C/O				
Date	Payee name			
05/11/2025	Actblue			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$0.40	PO Box 4411146			
Expenditure from corporate funds	Somerville, MA 02144			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees	ı =	vel outside of Texas. Cor	
		Payment fe	stin, TX, officeholder livin	g expense
		i dyment ie	,03	
Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u>	Office h	eld
expenditure to benefit C/O		agni	Omice ii	Giu
Doto				
Date 05/18/2025	Payee name Actblue			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$0.40	PO Box 4411146			
Expenditure from				
corporate funds	Somerville, MA 02144			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Fees		vel outside of Texas. Cor stin, TX, officeholder livin	
		Payment fe		g expense
Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> ught	Office h	eld
expenditure to benefit C/O			J.11.3 3 . 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

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: 4/26 Rpt: 12/35	North Texas Democrats 00087735
4 Date	5 Payee name
05/25/2025	Actblue
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3.95	PO Box 4411146
— Foresteller of forest	
Expenditure from corporate funds	Somerville, MA 02144
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Payment fees
	T dyment 1665
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payeo namo
06/01/2025	Payee name Actblue
Amount (\$)	Payee address; City; State; Zip Code
\$0.20	PO Box 4411146
Expenditure from	
corporate funds	Somerville, MA 02144
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Payment fees
	r ayment lees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	David and the second se
Date 06/08/2025	Payee name Actblue
Amount (\$)	Payee address; City; State; Zip Code
\$0.40	PO Box 4411146
Expenditure from	
corporate funds	Somerville, MA 02144
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Payment fees
	r ayment lees
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

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

Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 5/26 Rpt: 13/35	North Texas Democrats 00087735
4 Date	5 Payee name
06/15/2025	Actblue
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$9.09	PO Box 4411146
Expenditure from corporate funds	Somerville, MA 02144
8 PURPOSE	(4) 2
OF	(a) Category (See Categories listed at the top of this schedule) Fees Description
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Payment fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OF	1
Date	Payee name
06/29/2025	Actblue
Amount (\$)	Payee address; City; State; Zip Code
\$1.39	PO Box 4411146
Expenditure from corporate funds	Somerville, MA 02144
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Payment fees
	r dyment rees
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OF	
Date	Davisa nama
03/18/2025	Payee name Adobe
Amount (\$)	Payee address; City; State; Zip Code
\$21.64	345 Park Avenue
Expenditure from corporate funds	San Jose, CA 95110
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
experialities to beliefft C/OF	·

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	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/26 Rpt: 14/35	North Texas Democrats 00087735
4 Date	5 Payee name
04/17/2025	Adobe
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$21.64	345 Park Avenue
Expenditure from corporate funds	San Jose, CA 95110
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Software
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
05/19/2025	Adobe
Amount (\$)	Payee address; City; State; Zip Code
\$21.64	345 Park Avenue
Expenditure from corporate funds	San Jose, CA 95110
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Software
	Sollware
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	• · · · · · · · · · · · · · · · · · · ·
Date	Payee name
06/18/2025	Adobe
Amount (\$)	Payee address; City; State; Zip Code
\$21.64	345 Park Avenue
Expenditure from corporate funds	San Jose, CA 95110
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Software
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
,	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica		
Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 7/26 Rpt: 15/35	North Texas Democrats 00087735	
4 Date	5 Payee name	_
02/03/2025	Bank of America	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$16.00	14999 Preston Rd	
- Farada a fara		
Expenditure from corporate funds	Dallas, TX 75254	
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	
	Bank fees	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	1	
Date	Payee name	_
05/01/2025	Bank of America	
Amount (\$)	Payee address; City; State; Zip Code	_
\$16.00	14999 Preston Rd	
Expenditure from		
corporate funds	Dallas, TX 75254	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Bank fees	
	Sain 1999	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
Date	Payee name	=
06/02/2025	Bank of America	
Amount (\$)	Payee address; City; State; Zip Code	_
\$16.00	14999 Preston Rd	
- Famous discuss Const		
Expenditure from corporate funds	Dallas, TX 75254	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Bank fees	
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

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: 8/26 Rpt: 16/35	North Texas Democrats 00087735
4 Date	5 Payee name
02/18/2025	Best Buy
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$93.07	4017 W Airport Fwy
— Foreseditors from	
Expenditure from corporate funds	Irving, TX 75062
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 Supplies
	Office Supplies
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
03/26/2025	Best Buy
Amount (\$)	Payee address; City; State; Zip Code
\$86.58	4017 W Airport Fwy
Expenditure from corporate funds	Irving, TX 75062
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Office Supplies
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	4
Date	Payee name
06/09/2025	Bitly.com
Amount (\$)	Payee address; City; State; Zip Code
\$37.31	601 W 26th St 3rd Floor
	Ste 357
Expenditure from	New York, NY 10001
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Website
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	y

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 com	plete this form.
1 Total pages Schedule F1: Sch: 9/26 Rpt: 17/35	2 FILER NAME North Texas Democrats	3 Filer ID (Ethics Commission Filers) 00087735
4 Date 02/27/2025	5 Payee name Brothers Pizza	
6 Amount (\$) \$65.00 Expenditure from corporate funds 8 PURPOSE OF EXPENDITURE	7 Payee address; City; State; Zip Cod 10455 N Central Expy #104 Dallas, TX 75230 (a) Category (See Categories listed at the top of this schedule) Event Expense	b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for event
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held
Date 02/28/2025	Payee name Brothers Pizza	
Amount (\$) \$265.43 Expenditure from corporate funds PURPOSE OF EXPENDITURE	Payee address; City; State; Zip Cod 10455 N Central Expy #104 Dallas, TX 75201 (a) Category (See Categories listed at the top of this schedule) Event Expense	b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for event
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held
Date 06/09/2025	Payee name ChatGPT	
Amount (\$) \$21.28	Payee address; City; State; Zip Cod 3180 18th St	е
Expenditure from corporate funds	San Francisco, CA 94110	
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 Software
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 10/26 Rpt: 18/35	2 FILER NAME North Texas Democrats 3 Filer ID (Ethics Commission Filers) 00087735
4 Date 06/10/2025	5 Payee name Cheesecake Factory
6 Amount (\$) \$98.68	7 Payee address; City; State; Zip Code 7700 W Northwest Hwy
Expenditure from corporate funds	Dallas, TX 75225
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Board meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 04/07/2025	Payee name Dallas County Democratic Party
Amount (\$) \$35.00	Payee address; City; State; Zip Code 1414 N Washington Ave
Expenditure from corporate funds	Dallas, TX 75204
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PAC contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date 06/10/2025	Payee name El Fenix
Amount (\$) \$95.40	Payee address; City; State; Zip Code 6811 W Northwest Hwy #5
Expenditure from corporate funds	Dallas, TX 75225
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Board meeting
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 11/26 Rpt: 19/35	North Texas Democrats	00087735
4 Date	5 Payee name	
01/14/2025	Extra Space	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$57.00	1751 E Belt Line Rd	

Expenditure from corporate funds	Coppell, TX 75019	
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 Storage
		Storage
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O		grit Onice neid
Date	Payee name	
02/14/2025	Extra Space	
Amount (\$)	Payee address; City; State; Zip Co	de
\$96.00	1751 E Belt Line Rd	
Expenditure from		
corporate funds	Coppell, TX 75019	
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
		Storage
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O		gnt Onice neu
Data		
Date 06/13/2025	Payee name Facebook	
Amount (\$)	Payee address; City; State; Zip Co	de
\$2.00	1 Hacker Way	
Expenditure from		
corporate funds	Menlo Park, CA 94025	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Ad
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/Ol		g Cinoc nou

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to co	Vages/Contract Labor OTHER (enter a category not listed above) mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 12/26 Rpt: 20/35	North Texas Democrats	00087735
4 Date	5 Payee name	
06/16/2025	Facebook	
6 Amount (\$) \$2.00	7 Payee address; City; State; Zip Co 1 Hacker Way	de
Expenditure from corporate funds	Menlo Park, CA 94025	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ad
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ght Office held
Date	Payee name	
06/16/2025	Facebook	
Amount (\$)	Payee address; City; State; Zip Co	de
\$2.00	1 Hacker Way	
Expenditure from corporate funds	Menlo Park, CA 94025	
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
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght Office held
Date	Payee name	
06/16/2025	Facebook	
Amount (\$)	Payee address; City; State; Zip Co	de
\$2.00	1 Hacker Way	
Expenditure from corporate funds	Menlo Park, CA 94025	
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
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				OTHER (enter a category not listed above)				
Ļ		-			aide explains no	W to con	iipic	te tills form.	-		
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 13/26 Rpt: 21/35		North Texas	Democrats						00087735	
4	Date	5	Payee name						•		
	06/16/2025		Facebook								
Ļ		<u> </u>			<u> </u>						
6	Amount (\$)	7	Payee addres	•	State;	Zip Cod	ae				
	\$2.00		1 Hacker W	ay							
	Expenditure from corporate funds		Menlo Park,	CA 94025							
8		(0)					(h)	5			
o	PURPOSE OF	(a)		e Categories listed at t	he top of this schedu	ule)	(D)	Description	outoi	de of Toyon Com	nlete Cebedule T
	EXPENDITURE		Advertising	Expense				브		officeholder living	plete Schedule T.
								Ad	, 1,	onicendider living	g expense
								Au			
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Offi	ice soug	ght			Office he	eld
	expenditure to benefit C/OI	H									
Ħ	Date	Π	Payee name								
	06/16/2025	ᆫ	Facebook								
	Amount (\$)		Payee addres	ss; City;	State; 2	Zip Cod	de				
	\$2.00		1 Hacker W	ay							
	Expenditure from		Monlo Dork	CA 0402E							
┕	☐ corporate funds		Menlo Park,	CA 94025							
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this schedu	ule)	(b)	Description			
	OF EXPENDITURE		Advertising	Expense				=			plete Schedule T.
								—	, TX,	officeholder living	g expense
								Ad			
	Complete ONLY if direct		Candidate/Offic	ceholder name	Offi	ice soug	ght			Office he	eld
	expenditure to benefit C/OI	Н									
H	5 .	_									
	Date		Payee name								
	06/16/2025		Facebook								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Cod	de				
	\$2.00		1 Hacker W	ay							
				•							
	Expenditure from			0.4.0.4005							
Ь	corporate funds		Menlo Park,	CA 94025							
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this schedu	ule)	(b)	Description			
	OF EXPENDITURE		Advertising					Check if travel	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE			•				Check if Austin	, TX,	officeholder living	gexpense
								Ad			
Т	Complete ONLY if direct		Candidate/Offic	ceholder name	Offi	ice soug	ht			Office he	eld
	expenditure to benefit C/O					2					
L											

SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 14/26 Rpt: 22/35	North Texas Democrats 00087735
4 Date	5 Payee name
06/09/2025	GoFundMe
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$25.00	855 Jefferson Ave
— Foresedit we from	
Expenditure from corporate funds	Redwood City, CA 94063
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payeo namo
01/30/2025	Payee name Godaddy.com
	•
Amount (\$)	Payee address; City; State; Zip Code
\$2.67	2155 E GoDaddy Way
Expenditure from	
corporate funds	Tempe, AZ 85284
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Software
	Soliware
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	David and the second se
Date 03/03/2025	Payee name
	Godaddy.com
Amount (\$)	Payee address; City; State; Zip Code
\$2.67	2155 E GoDaddy Way
Expenditure from	
corporate funds	Tempe, AZ 85284
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Website
	wensite
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 Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) 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 th	is form.
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
North Texas Democrats	00087735
5 Payee name	
Godaddy.com	
7 Payee address; City; State; Zip Code	
2155 E GoDaddy Way	
Tempe A7 85284	
· · · · · · · · · · · · · · · · ·	
	SCRIPTION Check if travel outside of Texas. Complete Schedule T.
Onice Overhead/Nertial Expense	Check if dustin, TX, officeholder living expense
Sof	itware
Candidate/Officeholder name Office sought	Office held
Payee name	
Godaddy.com	
Coddady.com	
Payee address; City; State; Zip Code	
•	
Payee address; City; State; Zip Code	
Payee address; City; State; Zip Code	
Payee address; City; State; Zip Code 2155 E GoDaddy Way	scription
Payee address; City; State; Zip Code 2155 E GoDaddy Way Tempe, AZ 85284 (a) Category (See Categories listed at the top of this schedule) Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
Payee address; City; State; Zip Code 2155 E GoDaddy Way Tempe, AZ 85284 (a) Category (See Categories listed at the top of this schedule) Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Payee address; City; State; Zip Code 2155 E GoDaddy Way Tempe, AZ 85284 (a) Category (See Categories listed at the top of this schedule) Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
	2 FILER NAME North Texas Democrats 5 Payee name Godaddy.com 7 Payee address; City; State; Zip Code 2155 E GoDaddy Way Tempe, AZ 85284 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Candidate/Officeholder name Office sought H

05/29/2025	Payee name Godaddy.com
Amount (\$) \$2.67	Payee address; City; State; Zip Code 2155 E GoDaddy Way
Expenditure from corporate funds	Tempe, AZ 85284
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 Website
Complete ONLY if direct expenditure to benefit C/OI	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 Committee
Credit Card Barmont

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: 16/26 Rpt: 24/35	North Texas Democrats 00087735
4 Date	5 Payee name
06/09/2025	Godaddy.com
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$51.04	2155 E GoDaddy Way
Expenditure from	
corporate funds	Tempe, AZ 85284
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Website
	Website
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Dougo nama
	Payee name
06/30/2025	Godaddy.com
Amount (\$)	Payee address; City; State; Zip Code
\$2.67	2155 E GoDaddy Way
Expenditure from	
corporate funds	Tempe, AZ 85284
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
	Check if Austin, TX, officeholder living expense
	Website
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
<u> </u>	
Date	Payee name
04/08/2025	Google
Amount (\$)	Payee address; City; State; Zip Code
\$15.14	1600 Amphitheatre Parkway
Expenditure from	
corporate funds	Mountain View, CA 94043
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
	Software
Complete CALL V if direct	Candidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	П
Sch: 17/26 Rpt: 25/35	North Texas Democrats 00087735	
4 Date	5 Payee name	
05/08/2025	Google	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$15.14	1600 Amphitheatre Parkway	
Expenditure from corporate funds	Mountain View, CA 94043	
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 Software	
	Soliwale	
		_
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experialitate to bettern 6/61	<u>'</u>	
Date	Payee name	
06/09/2025	Google	
Amount (\$)	Payee address; City; State; Zip Code	_
\$15.14	1600 Amphitheatre Parkway	
\$10.1 1	2000 / Impinutoda o Farkhay	
Expenditure from	Mayortain View, CA 04042	
corporate funds	Mountain View, CA 94043	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Software	
	Contrare	
Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold	_
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
,		_
Date	Payee name	
01/24/2025	Hilton Garden Inn	
Amount (\$)	Payee address; City; State; Zip Code	Ī
\$183.00	301 W 17th St	
Expenditure from corporate funds	Austin, TX 78701	
PURPOSE		-
OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Travel Out of District Check if Austin, TX, officeholder living expense	
	Travel for TDP Election	
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 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/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 18/26 Rpt: 26/35	North Texas Democrats 00087735
4 Date	5 Payee name
01/27/2025	Hilton Garden Inn
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.66	301 W 17th St
Expenditure from corporate funds	Austin, TX 78701
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Travel for TDP Election
	Haverior IDI Election
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
03/07/2025	Jennifer Erickson for KISD
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	13341 Padre Ave
Expenditure from corporate funds	Fort Worth, TX 76244
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitie to belieff C/O	
Date	Payee name
06/06/2025	Mailchimp
Amount (\$)	Payee address; City; State; Zip Code
\$208.40	405 N Angier Ave
	NE
Expenditure from corporate funds	Atlanta, GA 30308
	<u> </u>
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Software
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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: 19/26 Rpt: 27/35	North Texas Democrats 00087735	
4 Date	5 Payee name	
03/03/2025	Olvera, Alejandra	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$100.00	390 E Oakenwald St	
	Apt 676	
Expenditure from corporate funds	Dallas, TX 75203	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Event Expense	
	Check if Austin, TX, officeholder living expense	
	Translator at forum	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
01/14/2025	Phenomenal Business Solutions LLC	
Amount (\$)	Payee address; City; State; Zip Code	
` '		
\$200.00	3710 Rawlins St	
- Cynonditure from	Ste 1420	
Expenditure from corporate funds	Dallas, TX 75219	
PURPOSE	(a) Cotagon: (b) Description	
OF OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Compliance	
	Compliance	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
03/03/2025	Public Storage	
Amount (\$)		
\$99.64	1601 E Beltline Rd	
- Evnanditure free-		
Expenditure from corporate funds	Coppell, TX 75019	
PURPOSE		
OF	,	
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Storage	
	Siorage	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experience to benefit O/OH		

SCHEDULE F1

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wi The Instruction Guide explains how to con	ages/Contract Labor	OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers))
Sch: 20/26 Rpt: 28/35	North Texas Democrats		00087735	
4 Date	5 Payee name			
01/28/2025	QT			
6 Amount (\$)	7 Payee address; City; State; Zip Coo	le		
\$41.05	4402 S Congress Ave			
Expenditure from corporate funds	Austin, TX 78745			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Travel Out of District		outside of Texas. Complete Schedule T.	
EXI ENDITORE			n, TX, officeholder living expense	
		Gas for trave	i to TDP trip	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug H	ht	Office held	
Date	Payee name			
01/08/2025	Redistricter			
Amount (\$)	Payee address; City; State; Zip Coo	le		
\$24.00	5900 Balcones Dr			
,	Ste 4000			
Expenditure from				
corporate funds	Austin, TX 78731			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Office Overhead/Rental Expense	=	outside of Texas. Complete Schedule T.	
		Software	ı, TX, officeholder living expense	
		Soliware		
0 1: 01:17.7			0.00	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	nt	Office held	
Date	Payee name			
02/10/2025	Redistricter			
Amount (\$)	Payee address; City; State; Zip Coo	le		
\$24.00	5900 Balcones Dr			
, , ,	Ste 4000			
Expenditure from				
corporate funds	Austin, TX 78731			
PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	(b) Description		
EXPENDITURE	Office Overhead/Rental Expense		outside of Texas. Complete Schedule T.	
		Check if Austin	ı, TX, officeholder living expense	
		Johnson		
Operation Objects in	Open distant (Office In all)	l- a	Office I I I	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	nt	Office held	
onponditure to benefit 6/01				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense

Credit Card Payment	The Instruction Guide explains how to co	-	te this form.
1 Total pages Schedule F1:	·		3 Filer ID (Ethics Commission Filers)
Sch: 21/26 Rpt: 29/35	North Texas Democrats		00087735
4 Date	5 Payee name		·
03/10/2025	Redistricter		
6 Amount (\$) \$24.00 Expenditure from corporate funds	7 Payee address; City; State; Zip Co 5900 Balcones Dr Ste 4000 Austin, TX 78731	ode	
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 Software
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sou	ght	Office held
Date	Payee name		
04/08/2025	Redistricter		
Amount (\$) \$24.00 Expenditure from corporate funds	Payee address; City; State; Zip Co 5900 Balcones Dr Ste 4000 Austin, TX 78731	ode	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) r	Description
OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Software
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
Date	Payee name		
05/08/2025	Redistricter		
Amount (\$) \$24.00 Expenditure from corporate funds	Payee address; City; State; Zip Co 5900 Balcones Dr Ste 4000 Austin, TX 78731	ode	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Software
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held

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

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

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: 22/26 Rpt: 30/35	North Texas Democrats 00087735
4 Date	5 Payee name
06/09/2025	Redistricter
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$24.00	5900 Balcones Dr
Expenditure from	Ste 4000
corporate funds	Austin, TX 78731
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 Software
	Sollware
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/26/2025	Restream
Amount (\$)	Payee address; City; State; Zip Code
\$20.57	515 Congress Ave
	Ste 1050
Expenditure from corporate funds	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Software
	Software
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
03/26/2025	Restream
Amount (\$)	Payee address; City; State; Zip Code
\$20.57	515 Congress Ave
	Ste 1050
Expenditure from corporate funds	Austin, TX 78701
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.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Software
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Forms provided by Tayas F	thics Commission www.athics state ty us Version V/I 1 0 f10d0fd8

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: 23/26 Rpt: 31/35	North Texas Democrats 00087735
4 Date	5 Payee name
06/20/2025	Riverside FM, Inc
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$29.00	875 W Main Ave
Expenditure from corporate funds	Morgan Hill, CA 95037
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 Software
	Soliward
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
Date	Davies same
	Payee name Torrent County Voung Democrate
03/17/2025	Tarrant County Young Democrats
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	1523 Creek Bane Ln
Expenditure from	
corporate funds	Arlington, TX 76014
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	PAC CONTINUATION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
<u> </u>	
Date	Payee name
02/28/2025	Tom Thumb
Amount (\$)	Payee address; City; State; Zip Code
\$79.33	2380 N Field St
Expenditure from	
corporate funds	Dallas, TX 75201
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Food and Supplies for event
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

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: 24/26 Rpt: 32/35	North Texas Democrats 00087735	
4 Date	5 Payee name	
01/21/2025	Wix.com	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$46.54	100 Gansevoort St	
Expenditure from corporate funds	New York, NY 10014	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Website	
	Trobbite .	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
Data		_
Date	Payee name	
02/19/2025	Wix.com	
Amount (\$)	Payee address; City; State; Zip Code	
\$46.54	100 Gansevoort St	
- Evenanditura from		
Expenditure from corporate funds	New York, NY 10014	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Advertising Expense	
EXPENDITORE	Check if Austin, TX, officeholder living expense	
	Website	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experialitie to beliefft C/Of	<u> </u>	
Date	Payee name	
03/19/2025	Wix.com	
Amount (\$)	Payee address; City; State; Zip Code	
\$46.54	100 Gansevoort St	
Expenditure from corporate funds	New York, NY 10014	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense	
LAFLINDITUKE	Check if Austin, TX, officeholder living expense	
	Website	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experialture to beliefft G/Of	· 	
		ſ
		<u> </u>

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 25/26 Rpt: 33/35	North Texas Democrats 00087735	
4 Date	5 Payee name	
03/25/2025	Wix.com	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$103.92	100 Gansevoort St	
Expenditure from corporate funds	New York, NY 10014	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense	
	Check if Austin, TX, officeholder living expense Website	
	Website	
O Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
<u> </u>		
Date	Payee name	
04/21/2025	Wix.com	
Amount (\$)	Payee address; City; State; Zip Code	
\$46.54	100 Gansevoort St	
Expenditure from corporate funds	New York, NY 10014	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
-	Check if Austin, TX, officeholder living expense Website	
	Website	
Operation ONE Wife discout	Open Highest (Office health and a second sec	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
<u>'</u>		
Date	Payee name	
05/19/2025	Wix.com	
Amount (\$)	Payee address; City; State; Zip Code	
\$46.54	100 Gansevoort St	
Expenditure from corporate funds	New York, NY 10014	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	Website	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
onpondition to bottom of our		

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - Gift/Awards/Memorials Expense Printing Expense al Committee Legal Services Salaries/Wages/Co The Instruction Guide explains how to complete	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 26/26 Rpt: 34/35	North Texas Democrats	00087735
4 Date	5 Payee name	
06/20/2025	Wix.com	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$46.54	100 Gansevoort St	
Expenditure from corporate funds	New York, NY 10014	
8 PURPOSE		escription
OF	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	/ tavertising Expense	Check if Austin, TX, officeholder living expense
	W	/ebsite
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 35/35 2 FILER NAME 3 Filer ID (Ethics Commission Filers) North Texas Democrats 00087735 Date 8 Amount (\$) 5 Name of person from whom amount is received 03/06/2025 \$21.64 Public Storage 6 Address of person from whom amount is received; City; State; Zip Code Coppell, TX 75019 Purpose for which amount is received Check if political contribution returned to filer Storage refund