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) 00083042 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Democratic Women of Galveston County Date Received **ELECTRONICALLY FILED** 07/15/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 3010 Secret Lagoon Ln Date Hand-delivered or Date Postmarked Change of Address Texas City, TX 77568 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Lauri NAME NICKNAME LAST **SUFFIX** Dibrell STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 3010 Secret Lagoon Ln STREET **ADDRESS** (Residence or Business) Texas City, TX 77568 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 3010 Secret Lagoon Ln MAILING **ADDRESS** Texas City, TX 77568 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (409) 599-4515 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 χ Primary Runoff Other 11/04/2025 General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Democratic Wo	men of Galveston Coun	ty	00083042	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,228.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	4,488.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	2,351.70
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	<u> </u>		<u> </u>	
		I swear, or affirm, under penalty of petrue and correct and includes all inforrunder Title 15, Election Code.		
		Lauri	Dibrell	
		Signature of Car	mpaign Treasu	ırer
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	d before me, by the said	, th	nis the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of office	cer administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

3 of 28

				3 01 20			
17 COMMITT		18 Filer ID	(Ethi	ics Commission Filers)			
Texas De	emocratic Women of Galveston County	00083042					
	LE SUBTOTALS = SCHEDULE			SUBTOTAL AMOUNT			
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,228.00			
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00			
3. X	\$	0.00					
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$				
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$				
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$				
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	!	\$				
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$				
9.	SCHEDULE E: LOANS		\$				
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	4,488.70			
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00			
12. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00			
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00			
14.	14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS						
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$				

	MONET	ARY POLITICAL C	SCHEDULE A1				
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 1/14 Rpt: 4/28	
2	FILER NAME Texas Demo	cratic Women of Galveston C	ounty		3	Filer ID (Ethics Commission 00083042	ı Filers)
4	Date 06/10/2025	5 Full name of contributor Adams, Katherine6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$30.00
8	Principal occur	Seabrook, TX 77586 pation / Job title (See Instructions	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Employer (See Instructions	·)		
Ü	Not Employe		,	Not Employed	P)		
	Date Full name of contributor out-of-state PAC (ID#:) 04/01/2025 Amie, Jeffrey Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$55.00			
		Houston, TX 77008					
		pation / Job title (See Instructions)	Employer (See Instructions Annie's List	s)		
			Aillie's List		Amount of Contribution (\$)		
	02/11/2025	Anastas, Christine Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$25.00
		Santa Fe, TX 77510					
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	<u>I</u> S)		
	Date 03/18/2025	Full name of contributor Anastas, Christine Contributor address; City; St Santa Fe, TX 77510	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$55.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	<u>l</u> S)		
	Date 04/08/2025	Full name of contributor Anastas, Christine Contributor address; City; St Santa Fe, TX 77510	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$30.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	s)		
			l.				

	MONET	ARY POLITICAL CONTRIBU	IS		SCHEDUL	E A1	
	The Instru	ction Guide explains how to complete tl	his for	m.	1	Total pages Schedule A1: Sch: 2/14 Rpt: 5/28	
2	FILER NAME	peratic Women of Colyecton County			3	Filer ID (Ethics Commission 00083042	n Filers)
4		cratic Women of Galveston County 5 Full name of contributor	(ID#)		7		
4	Date 03/18/2025	5 Full name of contributor out-of-state PAC Apple, Terry)]']	Amount of Contribution (\$)	\$110.00
		6 Contributor address; City; State; Zip Code					
		Kemah, TX 77565					
8	Principal occu Teacher	pation / Job title (See Instructions)	9	Employer (See Instructions Pasadena ISD	S)		
	Date	Full name of contributor out-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	04/08/2025	Apple, Terry					\$30.00
		Contributor address; City; State; Zip Code					
		Kemah, TX 77565					
		pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Teacher			Pasadena ISD			
	Date	Full name of contributor ut-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	04/29/2025	Apple, Terry					\$20.00
		Contributor address; City; State; Zip Code Kemah, TX 77565					
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	:) 		
	Not Employe			Not Employed	<i>-</i>)		
	Date	Full name of contributor ut-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	04/08/2025	Berlinger, Linda					\$50.00
		Contributor address; City; State; Zip Code					
		League City, TX 77573					
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	s)		
	Date	Full name of contributor ut-of-state PAC	(ID#:)		Amount of Contribution (\$)	
	04/01/2025	Brandt Boudreaux, Courtney					\$55.00
		Contributor address; City; State; Zip Code					
		League City, TX 77573					
	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions	5)		
	Project Mana	ager		Albemarle			

	MONET	ETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	rr	m.	1	Total pages Schedule A1: Sch: 3/14 Rpt: 6/28			
2	FILER NAME Texas Demo	ocratic Women of Galveston C	ounty			3	Filer ID (Ethics Commission 00083042	n Filers)		
4	Date 04/01/2025	5 Full name of contributorBrandt Boudreaux, Courtr6 Contributor address; City; St				7	Amount of Contribution (\$)	\$50.00		
		League City, TX 77573	<u>, </u>							
8	Principal occu Project Mana	pation / Job title (See Instructions ager)	9	Employer (See Instructions Albemarle	s)				
	Date 03/11/2025	Full name of contributor Buckley, Kathleen Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$30.00		
	Principal occu	League City, TX 77573 pation / Job title (See Instructions) [Employer (See Instructions	s)				
	Not Employed Not Employed			-,						
	Date 04/01/2025	Full name of contributor out-of-state PAC (ID#:) Buckley, Kathleen Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$110.00		
		League City, TX 77573								
	Principal occu Not Employe	pation / Job title (See Instructionsed)		Employer (See Instructions Not Employed	5)				
	Date Full name of contributor out-of-state PAC (ID#:		,	•	Amount of Contribution (\$)	\$30.00				
	Principal occu Pastor	pation / Job title (See Instructions)		Employer (See Instructions Pastor	5)				
	Date 04/01/2025	Full name of contributor Cave, Elena Contributor address; City; St Houston, TX 77062	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$55.00		
	Principal occu Coordinator	pation / Job title (See Instructions Pt Rep)		Employer (See Instructions MD Anderson Cancer C		ter			
		-T				~				

	MONEI	ETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm	1.	1	Total pages Schedule A1: Sch: 4/14 Rpt: 7/28			
2	FILER NAME Texas Demo	ocratic Women of Galveston C	ounty			3	Filer ID (Ethics Commission 00083042	Filers)		
4	Date 02/11/2025	5 Full name of contributor Clements, Karey6 Contributor address; City; St.	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$50.00		
_		League City, TX 77573	,							
8	Principal occu Sales	pation / Job title (See Instructions)		Employer (See Instructions FHW	s) 				
	Date 02/11/2025	Full name of contributor Clements, Tracy Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$30.00		
	Principal occu	League City, TX 77573 Principal occupation / Job title (See Instructions) Experies Worker Hespies				 - s)				
	Social worke	şr			Hospice					
	Date 04/01/2025	Full name of contributor out-of-state PAC (ID#:) Clements, Tracy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$55.00				
		League City, TX 77573								
	Principal occu Social worke	pation / Job title (See Instructions er)		Employer (See Instructions Hospice	5)				
	Date Full name of contributor out-of-state PAC (ID#:_02/11/2025 Cotter, Susan		_				Amount of Contribution (\$)	\$25.00		
	Principal occu Self-employe	Houston, TX 77062 Ipation / Job title (See Instructions) ed)		Employer (See Instructions Self-employed	<u> </u> 5)				
	Date 04/01/2025	Full name of contributor Culbert, Katherine Contributor address; City; St. Houston, TX 77002	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$55.00		
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions Airswift	<u>(</u> 5)				

	MONEI	ARY POLITICAL (SCHEDULE A1				
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 5/14 Rpt: 8/28	
2	FILER NAME Texas Demo	ocratic Women of Galveston C	county		3	Filer ID (Ethics Commission 00083042	Filers)
4	Date 04/01/2025	5 Full name of contributorDelgado, Maryanne6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$80.00
8	Principal occu Not Employe			Employer (See Instructions Not Employed	<u> </u> s)		
	Date 03/25/2025	Full name of contributor Dibrell, Lauri Contributor address; City; Si	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$55.00
	Principal occu Product Owr	Texas city, TX 77591 pation / Job title (See Instructions	5)	Employer (See Instructions Corebridge Financial	<u> </u> s)		
	Date 04/01/2025	Full name of contributor Dibrell, Lauri Contributor address; City; Si	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$50.00
	Dringing aggr	Texas city, TX 77591 pation / Job title (See Instructions		Employer (See Instructions	<u></u>		
	Product Owr			Corebridge Financial	•)		
	Date 03/25/2025	Full name of contributor Dicely, Shannon Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$55.00
		pation / Job title (See Instructions Electorate Coordinator	s)	Employer (See Instructions Lone Star College	5)		
	Date 04/01/2025	Full name of contributor Dicely, Shannon Contributor address; City; Si Friendswood, TX 77546	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$30.00
	Principal occu PT Coordina	pation / Job title (See Instructions tor	5)	Employer (See Instructions Lone Star College	s)		

	MONEI	ARY POLITICAL (SCHEDULE A1				
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 6/14 Rpt: 9/28	
2	FILER NAME				3	Filer ID (Ethics Commission	r Filers)
_		ocratic Women of Galveston C			Ļ	00083042	
4	Date 04/01/2025	 Full name of contributor GORDON, STEPHANIE Contributor address; City; S 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$55.00
_		Texas City, TX 77591					
8	Principal occu Realtor	pation / Job title (See Instructions	S) S	Employer (See Instructions Berkshire Hathaway	5)		
	Date 05/06/2025	Full name of contributor Gammill, Eve Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	D: : 1	League City, TX 77573	, T		Ĺ		
			Employer (See Instructions Not Employed	S) 			
	Date 04/01/2025	Full name of contributor Gibson, Tierr'ishia Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$55.00
		Texas City, TX 77591					
	Principal occu Radiology	pation / Job title (See Instructions	(3)	Employer (See Instructions UTMB	5)		
	Date 02/11/2025	Full name of contributor Gordon, Heidi Contributor address; City; Si League City, TX 77573	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$30.00
	Principal occu Not Employe	pation / Job title (See Instructions	s)	Employer (See Instructions Not Employed	<u>I</u> S)		
	Date 02/11/2025	Full name of contributor Gordon, Heidi Contributor address; City; S League City, TX 77573	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$30.00
	Principal occu Not Employe	pation / Job title (See Instructions ed	s)	Employer (See Instructions Not Employed	s)		

	MONEI	ARY POLITICAL (SCHEDULE A1				
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 7/14 Rpt: 10/28	
2	FILER NAME Texas Demo	ocratic Women of Galveston C	County		3	Filer ID (Ethics Commission 00083042	n Filers)
4	Date 03/18/2025	5 Full name of contributor Gordon, Heidi6 Contributor address; City; Si	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$35.00
8	Principal occu Not Employe		s) <u></u>	D Employer (See Instructions Not Employed) s)		
	Date 03/25/2025	Full name of contributor Gordon, Heidi Contributor address; City; S League City, TX 77573	out-of-state PAC (ID#:		-	Amount of Contribution (\$)	\$110.00
	Principal occu Not Employe	pation / Job title (See Instructions	5)	Employer (See Instructions Not Employed	<u>I</u> S)		
	Date 03/25/2025					Amount of Contribution (\$)	\$55.00
		League City, TX 77573 pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> s)		
	Not Employe Date 03/25/2025	Full name of contributor Gordon, Heidi Contributor address; City; Si League City, TX 77573	out-of-state PAC (ID#:	Not Employed	-	Amount of Contribution (\$)	\$110.00
	Principal occu Not Employe	pation / Job title (See Instructions ed	s)	Employer (See Instructions Not Employed	5)		
	Date 03/25/2025	Full name of contributor Gordon, Heidi Contributor address; City; S League City, TX 77573	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$55.00
	Principal occu Not Employe	pation / Job title (See Instructions ed	5)	Employer (See Instructions Not Employed	s)		
							

	MONEI	ARY POLITICAL (SCHEDULI	E A1		
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/14 Rpt: 11/28	
2	FILER NAME Texas Demo	ocratic Women of Galveston C	County		3	Filer ID (Ethics Commission 00083042	r Filers)
4	Date 04/22/2025	5 Full name of contributor Gordon, Heidi6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$35.00
8	Principal occu Not Employe	League City, TX 77573 pation / Job title (See Instructionsed	s) <u>!</u>	Employer (See Instructions Not Employed	5)		
	Date 05/20/2025	Full name of contributor Gordon, Heidi Contributor address; City; S League City, TX 77573	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$35.00
	Principal occu Not Employe	pation / Job title (See Instructions	s)	Employer (See Instructions Not Employed	<u>l</u> S)		
	Date 06/10/2025	Full name of contributor Gordon, Heidi Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$30.00
	Principal occu	League City, TX 77573 pation / Job title (See Instructions	s)	Employer (See Instructions	<u>=,</u>		
	Not Employe		,,	Not Employed	-) 		
	Date 06/24/2025	Full name of contributor Gordon, Heidi Contributor address; City; S League City, TX 77573	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$35.00
	Principal occu Not Employe	pation / Job title (See Instructions ed	(5)	Employer (See Instructions Not Employed	5)		
	Date 03/18/2025	Full name of contributor Griffin, Dede Contributor address; City; S Dickinson, TX 77539	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$55.00
	Principal occu Revenue An	pation / Job title (See Instructions alyst	5)	Employer (See Instructions Parallon Business Syste		S	

	MONEI	ARY POLITICAL C	ONTRIBUTION	15		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 9/14 Rpt: 12/28	
2	FILER NAME	ocratic Women of Galveston Co	ounty		3	Filer ID (Ethics Commission 00083042	Filers)
_					L		
4	Date 03/25/2025	Full name of contributor Hammerle, Colleen Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$55.00
		League City, TX 77573	ite, zip code				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	;) 		
	Analyst	,		UWA	,		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/01/2025	Hicks, Amylin					\$55.00
		Contributor address; City; Sta	ate; Zip Code		1		
		Dickinson, TX 77539					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Administrativ	e Assistant		Mary Moody Northen Er	ndc	wment	
	Date	Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	04/08/2025	MacCain, Joanne		/		(+)	\$50.00
		Contributor address; City; Sta	ate: 7in Code				,
		Contributor address, Oity, St.	ite, zip oode				
		Conroe, TX 77304					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	Not Employe			Not Employed	,		
-		Full name of contributor				Amount of Contribution (#)	
	Date 02/25/2025		out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	02/23/2023	Markowitz, Forreste					\$50.00
		Contributor address; City; Sta	ate; Zip Code				
		League City, TX 77573					
_	Dringinal occu	pation / Job title (See Instructions)		Employer (See Instructions	·/ 		
	Office Admir			Markowitz Law Firm)		
	Office Aurilli			Warkowitz Law Fiffi	_		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/01/2025	Markowitz, Forreste					\$55.00
		Contributor address; City; Sta	ate; Zip Code				
L		League City, TX 77573			L		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Office Admir	nistrator		Markowitz Law Firm			
			•				

	MONET	ARY POLITICAL C	SCHEDULE A1				
	The Instruc	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 10/14 Rpt: 13/28	
2	FILER NAME Texas Demo	ocratic Women of Galveston C	ounty		3	Filer ID (Ethics Commission 00083042	n Filers)
4	Date 06/10/2025	6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$30.00
8	Principal occu	Kemah, TX 77565 pation / Job title (See Instructions	9	Employer (See Instructions	 ;)		
	Not Employe			Not Employed			
	Date 06/10/2025				Amount of Contribution (\$)	\$30.00	
	Drincinal occur	Houston, TX 77045 pation / Job title (See Instructions)		Employer (See Instructions	·, 		
	Sally	pation / Job title (See mstructions)		Raychell)		
	Date 02/11/2025	Full name of contributor Protas, Eugene Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$30.00
		League City, TX 77573					
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)		
	Date 03/11/2025	Full name of contributor Protas, Eugene Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$7.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 03/25/2025	Full name of contributor Protas, Eugene Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$110.00
	Principal occu Not Employe	pation / Job title (See Instructions		Employer (See Instructions Not Employed	5)		
	pioyo						

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1	
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 11/14 Rpt: 14/28	
2	FILER NAME Texas Demo	cratic Women of Galveston County			3	Filer ID (Ethics Commission 00083042	ı Filers)
4	Date 04/15/2025	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$7.00	
8	Principal occur	League City, TX 77573 pation / Job title (See Instructions)	g	Employer (See Instructions	;) 		
	Not Employe			Not Employed	-,		
	Date Full name of contributor out-of-state PAC (ID#:) 05/13/2025 Protas, Eugene Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$7.00		
		League City, TX 77573			<u> </u>		
	Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	s)		
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$7.00	
		League City, TX 77573			<u> </u>		
	Not Employe	pation / Job title (See Instructions) d		Employer (See Instructions Not Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/10/2025 Reed, Jeananne Contributor address; City; State; Zip Code LEAGUE CITY, TX 77573				Amount of Contribution (\$)	\$20.00	
	Principal occup Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 03/25/2025 Rivers, Constance Contributor address; City; State; Zip Code GALVESTON, TX 77550		•	Amount of Contribution (\$)	\$55.00		
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			1				

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 12/14 Rpt: 15/28	
2	FILER NAME Texas Demo	cratic Women of Galveston County			3	Filer ID (Ethics Commission 00083042	n Filers)
4			7	Amount of Contribution (\$)	\$125.00		
8	Principal occu	Dickinson, TX 77539 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Not Employed Date Full name of contributor out-of-state PAC (ID#:) 02/11/2025 Smith-Castro, Jennifer Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00		
	Principal occu Biologist	League City, TX 77573 pation / Job title (See Instructions)		Employer (See Instructions Government	<u> </u> s)		
	Date Full name of contributor out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$55.00	
		League City, TX 77573 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> S)		
Biologist Date O4/01/2025 Full name of contributor Steans, Tracie Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$55.00		
		Employer (See Instructions Small Events	<u> </u> s)				
	Date Full name of contributor out-of-state PAC (ID#:) 05/13/2025 Steans, Tracie Contributor address; City; State; Zip Code Texas City, TX 77591		-	Amount of Contribution (\$)	\$30.00		
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Small Events	5)		
			•				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1	
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 13/14 Rpt: 16/28	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		cratic Women of Galveston C				00083042	
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 03/25/2025 Stevenson, Geane 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$55.00		
		friendswood, TX 77546					
8	Principal occu	pation / Job title (See Instructions	s) !	9 Employer (See Instructions	<u></u>		
	Not Employe	ed		Not Employed			
	Date Full name of contributor out-of-state PAC (ID#:) 02/11/2025 Summers, Donna Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00		
		Texas City, TX 77591					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Not Employe	ed		Not Employed			
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$120.00		
		Leauge City, TX 77573					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	<u>. </u>		
	Retired			Not Employed			
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$15.00	
Principal occupation / Job title (See Instructions) Employ		Employer (See Instructions G. Allan Van Fleet P.C.	5)				
	Date Full name of contributor out-of-state PAC (ID#:) 04/29/2025 Villarreal, Monica Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00		
		Santa Fe, TX 77517					
_		pation / Job title (See Instructions Phabilitation counselor	<u> </u>	Employer (See Instructions TWC	s)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1	
	The Instru	ction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 14/14 Rpt: 17/28	
2	FILER NAME Texas Demo	ocratic Women of Galveston County		3 Filer ID (Ethics Commission Filers) 00083042
4	Date 04/01/2025	 Full name of contributor out-of-state PAC (ID#: Wilson, Angela Contributor address; City; State; Zip Code)	7 Amount of Contribution (\$) \$110.00
_		League City, TX 77573	1	
8	Principal occu Not Employe	upation / Job title (See Instructions) ed	9 Employer (See Instructions Not Employed	s)

PLE	DGED CONTRIBU	TIONS				SCHEDULE B
т	he Instruction Guide ex	plains how to compl	ete this form.	1	Total pages Scho Sch: 1/1 Rpt: 1	
2 FILER N. Texas D	AME Democratic Women of Galves	ston County		3	Filer ID (Et 00083042	thics Commission Filers)
1	OF UNITEMIZED PLED			T	\$	0.00
5 Date	6 Full name of pledgor	out-of-state PAC (ID#		8	Amount of pledge (\$)	In-kind description (If applicable)
	7 Pledgor Address;	City; State; Zip Code			_	
10 Princinal	occupation / Job title (See Instru	ıctions)	11 Employer (See Instr	L	_	tside of Texas. Complete Schedule T
10 i illioipai	coodpanon, cos uno (coe mon	201101101	22 Employer (See msu	ucii	Jiis)	

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)			
Sch: 1/10 Rpt: 19/28	Texas Democratic Women of Galveston County 00083042			
4 Date	5 Payee name			
02/11/2025	Act Blue			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$11.89	P.O. Box 441146			
Expenditure from corporate funds	Somerville, MA 02114-0031			
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			
	merchant fees			
	Thorst are rece			
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_		
expenditure to benefit C/O				
Date	Power name	_		
02/25/2025	Payee name Act Blue			
Amount (\$)	Payee address; City; State; Zip Code			
\$1.98	P.O. Box 441146			
Expenditure from				
corporate funds	Somerville, MA 02114-0031			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
EXI ENDITORE	Check if Austin, TX, officeholder living expense			
	merchant fees			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held			
'				
Date	Payee name			
03/11/2025	Act Blue			
Amount (\$)	Payee address; City; State; Zip Code			
\$1.47	P.O. Box 441146			
Evanditure from				
Expenditure from corporate funds	Somerville, MA 02114-0031			
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.			
EXPENDITURE	Check if Austin, TX, officeholder living expense			
	merchant fees			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held			
experialitie to beliefft C/Or				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations M

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4. Total name Oct. 11. 51	
1 Total pages Schedule F1: Sch: 2/10 Rpt: 20/28	2FILER NAME3Filer ID(Ethics Commission Filers)Texas Democratic Women of Galveston County00083042
4 Date	5 Payee name
03/18/2025	Act Blue
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10.10	P.O. Box 441146
Expenditure from	
corporate funds	Somerville, MA 02114-0031
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
	merchant fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
03/25/2025	Act Blue
Amount (\$)	
\$30.49	P.O. Box 441146
Expenditure from	
corporate funds	Somerville, MA 02114-0031
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
	merchant fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	-
Date	Payee name
04/01/2025	Act Blue
Amount (\$)	Payee address; City; State; Zip Code
\$38.81	P.O. Box 441146
Ψ50.01	1.O. DOX 771170
Expenditure from	
corporate funds	Somerville, MA 02114-0031
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
	merchant fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belieff C/O	•

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
Gift/Awards/Memorials Expense Printing Expense
Finding Expense Salaries/Manes/Contract Labor

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: 3/10 Rpt: 21/28	Texas Democratic Women of Galveston County 00083042
4 Date	5 Payee name
04/08/2025	Act Blue
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$6.34	P.O. Box 441146
Expenditure from	
corporate funds	Somerville, MA 02114-0031
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
	merchant fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
04/15/2025	Act Blue
Amount (\$)	Payee address; City; State; Zip Code
\$0.28	P.O. Box 441146
Evpanditura from	
Expenditure from corporate funds	Somerville, MA 02114-0031
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
	merchant fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
04/22/2025	Act Blue
Amount (\$)	Payee address; City; State; Zip Code
\$1.39	P.O. Box 441146
Expenditure from	
corporate funds	Somerville, MA 02114-0031
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
	merchant 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 Con

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 4/10 Rpt: 22/28	Texas Democratic Women of Galveston County 00083042			
4 Date	5 Payee name			
04/29/2025	Act Blue			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$6.52	P.O. Box 441146			
Expenditure from				
corporate funds	Somerville, MA 02114-0031			
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			
	merchant fees			
	meronant rees			
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI				
Date	Power name			
05/06/2025	Payee name Act Blue			
Amount (\$)	Payee address; City; State; Zip Code			
\$1.98	P.O. Box 441146			
Expenditure from				
corporate funds	Somerville, MA 02114-0031			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
EXI ENDITORE	Check if Austin, TX, officeholder living expense			
	merchant fees			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
,				
Date	Payee name			
05/13/2025	Act Blue			
Amount (\$)	Payee address; City; State; Zip Code			
\$1.47	P.O. Box 441146			
- Formanditure Cons				
Expenditure from corporate funds	Somerville, MA 02114-0031			
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.			
LA LADITORL	Check if Austin, TX, officeholder living expense			
	merchant fees			
Operation Children	Our didn't (Office helder game)			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: Sch: 5/10 Rpt: 23/28	2 FILER NAME Texas Democratic Women of Galveston County 3 Filer ID (Ethics Commission Filers) 00083042
4 Date	5 Payee name
05/20/2025	Act Blue
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.39	P.O. Box 441146
Expenditure from corporate funds	Somerville, MA 02114-0031
8 PURPOSE	(b) December 1
OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	merchant fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	
Date	Payee name
06/10/2025	Act Blue
Amount (\$)	Payee address; City; State; Zip Code
\$6.43	P.O. Box 441146
, , , ,	
Expenditure from	Companillo, MA 02114 0021
corporate funds	Somerville, MA 02114-0031
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
	merchant fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
06/24/2025	Act Blue
Amount (\$)	Payee address; City; State; Zip Code
\$1.39	P.O. Box 441146
Expenditure from	
corporate funds	Somerville, MA 02114-0031
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	merchant fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	-

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how to com	plete this form.				
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
Sch: 6/10 Rpt: 24/28	Texas Democratic Women of Galveston County	00083042				
4 Date	5 Payee name	•				
06/10/2025	Apple, Terry					
6 Amount (\$)	7 Payee address; City; State; Zip Cod	e				
\$17.00	209 Las Brisas					
— Forestitus from						
Expenditure from corporate funds	Kemah, TX 77565					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description				
OF EXPENDITURE	Loan Repayment/Reimbursement	Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Reimbursement for supplies				
		rembursement for supplies				
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held				
expenditure to benefit C/OI		Office field				
Data						
Date	Payee name					
01/03/2025	GoDaddy					
Amount (\$)	Payee address; City; State; Zip Cod	е				
\$35.16	11455 N Hayden Rd.					
Expenditure from	Suite 226					
corporate funds	Scottsdale, AZ 85260-6947					
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 Web Hosting				
		Web Hosting				
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held				
expenditure to benefit C/OI		Onice held				
Date	Davise name					
04/09/2025	Payee name Gordon, Frank					
Amount (\$)	Payee address; City; State; Zip Cod	e				
\$2,807.78	1201 Newport Blvd					
Expenditure from	Langua Oita TV 77570					
corporate funds	League City, TX 77573					
PURPOSE OF	,	b) Description				
EXPENDITURE	Loan Repayment/Reimbursement	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Reimbursement for supplies				
Complete ONLY if direct	Candidate/Officeholder name Office soug	nt Office held				
expenditure to benefit C/OI	9					

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
Sch: 7/10 Rpt: 25/28	Texas Democratic Women of Galveston County 00083042
4 Date	5 Payee name
05/09/2025	Gordon, Frank
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	1201 Newport Blvd
Expenditure from corporate funds	League City, TX 77573
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Reimbursement for supplies
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
06/16/2025	Jackson, Corlie
Amount (\$)	Payee address; City; State; Zip Code
\$300.00	3209 Tern Dr
, , , , , ,	
Expenditure from corporate funds	Galveston, TX 77551
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 Event Graphics
	Event Graphics
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
Date	Payee name
03/26/2025	Minuteman Press
Amount (\$)	Payee address; City; State; Zip Code
\$212.12	1100 Hercules Ave
Expenditure from	
corporate funds	Houston, TX 77058
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
	Event Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit ere	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	Il 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: 8/10 Rpt: 26/28	Texas Democratic Women of Galveston County 00083042	
4 Date	5 Payee name	
04/24/2025	T-Shirt Trends	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$318.04	17302 Highway 3	
- Evpanditura from		
Expenditure from corporate funds	Webster, TX 77598	
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	
	Event Supplies	
	Event Supplies	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Date	Payee name	
02/25/2025	Texas Democratic Women	
Amount (\$)	Payee address; City; State; Zip Code	
\$280.00	P.O. Box 301411	
Expenditure from corporate funds	Austin, TX 78703	
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 Dues	
	Bucs	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH		
Date	Payee name	
05/30/2025	Texas Democratic Women	
Amount (\$)	Payee address; City; State; Zip Code	
\$90.00	P.O. Box 301411	
φ90.00	F.O. BOX 301411	
Expenditure from corporate funds	Austin, TX 78703	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
LXI LINDITORE	Check if Austin, TX, officeholder living expense	
	Dues	
Complete CALL V 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l 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:		
Sch: 9/10 Rpt: 27/28	Texas Democratic Women of Galveston County 00083042	
4 Date	5 Payee name	
01/01/2025	Zoom	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$34.09	55 Almaden Blvd	
	6th Floor	
Expenditure from corporate funds	San Jose, CA 95113	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	
	Check if Austin, TX, officeholder living expense	
	Virtual Meeting Platform	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		
Data		
Date	Payee name	
02/01/2025	Zoom	
Amount (\$)	Payee address; City; State; Zip Code	
\$34.09	55 Almaden Blvd	
Expenditure from	6th Floor	
corporate funds	San Jose, CA 95113	
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	
	Virtual Meeting Platform	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Date	Payee name	
03/11/2025	Zoom	
Amount (\$)	Payee address; City; State; Zip Code	
\$34.09	55 Almaden Blvd	
	6th Floor	
Expenditure from corporate funds	San Jose, CA 95113	
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	Check if Austin, TX, officeholder living expense	
	Virtual Meeting Platform	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Opportune to Solion Orott		

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	l 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: 10/10 Rpt: 28/28	Texas Democratic Women of Galveston County 00083042	
4 Date	5 Payee name	
04/01/2025	Zoom	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$34.09	55 Almaden Blvd	
	6th Floor	
Expenditure from corporate funds	San Jose, CA 95113	
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 Virtual Meeting Platform	
	Virtual Weeting Flationii	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH		
Date	Payee name	
05/01/2025	Zoom	
Amount (\$)	Payee address; City; State; Zip Code	
\$34.09	55 Almaden Blvd	
Ψ04.03	6th Floor	
Expenditure from		
corporate funds	San Jose, CA 95113	
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	
	Virtual Meeting Platform	
	That wearing I laterin	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH		
Date	Payee name	
06/01/2025	Zoom	
	Payee address; City; State; Zip Code	
Amount (\$) \$36.22	Payee address, City, State, Zip Code 55 Almaden Blvd	
φ30.22		
Expenditure from	6th Floor	
corporate funds	San Jose, CA 95113	
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 Virtual Meeting Platform	
	Virtual Meeting Flationii	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		