#### FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00082127 3 COMMITTEE NAME **OFFICE USE ONLY Bayou Blue Democrats** Date Received **ELECTRONICALLY FILED** 10/30/2025 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 2645 Westgate Houston, TX 77098 Date Hand-delivered or Date Postmarked CAMPAIGN MS / MRS / MR **FIRST** MI **TREASURER** Receipt # Amount Rachael NAME Date Processed **NICKNAME** LAST **SUFFIX** Date Imaged Levy CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 2645 Westgate STREET **ADDRESS** (Residence or Business) Houston, TX 77098 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 2645 Westgate MAILING **ADDRESS** Houston, TX 77098 AREA CODE **CAMPAIGN** PHONE NUMBER **EXTENSION TREASURER PHONE** (312) 415-3934 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 December 5 March 5 September 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 09/26/2025 10/25/2025

**GO TO PAGE 2** 

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME			Filer ID	(Ethics Commission Filers)
Bayou Blue Democra	ats		00082127	, 
.4 COMMITTEE ACTIVITY	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2 Managuras	A. Supported		
	Measures     (Describe by date and location)	A. Supported		
	of election and nature of issue.)			
		B. Opposed		
	3. Officeholders			
	Assisted (Identify by name or, if applicable, classify by party.)			
.5 CONTRIBUTION	1. TOTAL UNITEMIZE	D POLITICAL CONTRIBUTIONS (OTHER THAN		
TOTALS	PLEDGES, LOANS,	OR GUARANTEES OF LOANS, OR	\$	0.00
	l <del></del>	/IADE ELECTRONICALLY) t qualifies for the higher itemization threshold		0.00
		AL CONTRIBUTIONS		
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)	\$	798.77
EXPENDITURE	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	<u> </u>	
TOTALS			\$	0.00
	4. TOTAL POLITICA	AL EXPENDITURES	s	
			ľ	1,226.80
CONTRIBUTION		CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	Y \$	0.077.00
BALANCE	OF THE REPORTIN	IG PERIOD	ا "	2,977.36
OUTSTANDING		AMOUNT OF ALL OUTSTANDING LOANS AS OF THE	\$	0.00
LOAN TOTALS	LAST DAY OF THE	REPORTING PERIOD		0.00
6 AFFIDAVIT				
		I swear, or affirm, under penalty of perjur true and correct and includes all informat under Title 15, Election Code.	y, that the a	accompanying report is d to be reported by me
		Rachael		
		Signature of Campa	aign Treası	ırer
AFFIX NOTAL	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed before me, by the said	, this	he	day
		which, witness my hand and seal of office.		
	<u> </u>			
Signature of officer	administering oath	Printed name of officer administering oath	Title of offi	cer administering oath
-	-	Č		-

### **SUBTOTALS - MPAC**

### FORM MPAC **COVER SHEET PG 3**

			3 of 6
17 COMMITT	EE NAME	18 Filer ID	(Ethics Commission Filers)
Bayou Bl	ue Democrats	00082127	
19 SCHEDUL	<u> </u>	CURTOTAL AMOUNT	
NAME OF	SUBTOTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	<b>\$</b> 798.77	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
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	\$ 1,226.80
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

	MONET	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 1/1 Rpt: 4/6		
2	FILER NAME Bayou Blue	FILER NAME Bayou Blue Democrats		3	Filer ID (Ethics Commissio 00082127	nission Filers)	
4	Date 09/26/2025	Full name of contributor	)	7	Amount of Contribution (\$)	\$364.98	
		Somerville, MA 02144					
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date 10/08/2025	Full name of contributor out-of-state PAC (ID#:_ACTBLUE TEXAS  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$364.98	
		Somerville, MA 02144					
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 10/20/2025	Full name of contributor out-of-state PAC (ID#:_ACTBLUE TEXAS  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$28.81	
		Somerville, MA 02144					
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 10/13/2025	Full name of contributor out-of-state PAC (ID#:_ Myles, Yvonne Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00	
	Dringing Loop	Houston, TX 77019	Employer (See Instructions	·/_			
	retired	upation / Job title (See Instructions)	Employer (See Instructions Self	5)			

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

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

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

Reimbursement Solicitation/Fundraising Expense
ental Expense Transportation Equipment & Related Expense
Travel in District
ontract Labor OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	nplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commissi	ion Filers)
Sch: 1/2 Rpt: 5/6	Bayou Blue Democrats		00082127	
4 Date	5 Payee name			
10/01/2025	Intuit Mailchimp			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$47.97	405 N. Angier Avenue NE			
Expenditure from corporate funds	Atlanta, GA 30308			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Advertising Expense	Check if trave	l outside of Texas. Complete Schedule T.	
EXPENDITORE	- '	ш	in, TX, officeholder living expense	
		E-mail for m	eetings	
O Commission ONLL V if disease	Condidate/Officeholder some	what	Office hold	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	Jur.	Office held	
Date	Payee name			
10/03/2025	M3Graphics			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$811.88	11730 S Wilcrest Drive			
Expenditure from				
corporate funds	Houston, TX 77099			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	T-shirts	ш	I outside of Texas. Complete Schedule T. in, TX, officeholder living expense	
		T-shirts	., ,	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
expenditure to benefit C/O	1			
Date	Payee name			
10/08/2025	Office Max			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$53.63	1576 W. Gray			
Expenditure from corporate funds	Houston, TX 77019			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Materials for monthly meetings		I outside of Texas. Complete Schedule T.	
EXPENDITURE	, ·		in, TX, officeholder living expense	
		materials for	monthly meetings	
Complete CNU V Stallar	Condidate/Officeholder as		Office le -1-1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	Jur	Office held	

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTHER (order a cotocomy set listed above)

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 2/2 Rpt: 6/6	Bayou Blue Democrats 00082127
4 Date	5 Payee name
10/16/2025	Piper, Madland (Ms.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$197.32	3618 Wickersham Ln
Expenditure from corporate funds	Houston, TX 77027
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 of food expenses for monthly
	meeting.
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/21/2025	Sandoval, Ernestine (Ms.)
Amount (\$)	Payee address; City; State; Zip Code
\$116.00	2415 Rosamond Street
Expenditure from corporate funds	Houston, TX 77098
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 of food expenses for monthly
	meeting.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	