FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00081815 3 COMMITTEE NAME **OFFICE USE ONLY** Round Rock Democrats Club Date Received **ELECTRONICALLY FILED** 11/02/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 1915 S. Austin Ave., Ste. 102 Georgetown, TX 78626 Date Hand-delivered or Date Postmarked CAMPAIGN MS / MRS / MR **FIRST** MI **TREASURER** Receipt # Amount Ms. Jeanette NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Rowsey CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 602 Ranier Lane STREET **ADDRESS** (Residence or Business) Round Rock, TX 78665 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 602 Ranier Lane MAILING **ADDRESS** Round Rock, TX 78665 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (304) 638-8718 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 March 5 December 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

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Round Rock Democrats	Club		000818	315
ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Democrat		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
	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 PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	20.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	2,231.07
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			I	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.	rjury, that t mation requ	he accompanying report is uired to be reported by me
		Ms. Jeane	ette Rowse	ev
		Signature of Car		
AFFIX NOTARY S	STAMP / SEAL ABOVE			
Sworn to and subscribed h	pefore me, by the said	, tł	his the	day
of	, 20, to certify w	which, witness my hand and seal of office.		
Signature of officer adn	ninistering oath	Printed name of officer administering oath	Title of	officer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

				3 (of 5
		EE NAME ck Democrats Club	18 Filer ID 00081815	(Ethics Commission Filer	s)
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUN	NT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				\$	20.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	- IR	\$	
5.	5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR 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 C	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.		SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	
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.	Х	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	0.79
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

MONET	TARY POLITICAL CONTRIBUTION	ON	IS		SCHEDULE A1
The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 1/1 Rpt: 4/5
2 FILER NAME Round Rock Democrats Club				3	Filer ID (Ethics Commission Filers) 00081815
	5 Full name of contributor out-of-state PAC (ID# Ellis, Maggie 6 Contributor address; City; State; Zip Code	:		7	Amount of Contribution (\$) \$20.00
Drincinal occu	Austin, TX 78731	T _a	Employer (See Instructions	-, 	
	apation / Job title (See instructions)	9	Travis County	·)	
	The Instru FILER NAME Round Rock Date 10/21/2025	The Instruction Guide explains how to complete this FILER NAME Round Rock Democrats Club Date 10/21/2025 5 Full name of contributor out-of-state PAC (ID# Ellis, Maggie 6 Contributor address; City; State; Zip Code Austin, TX 78731 Principal occupation / Job title (See Instructions)	The Instruction Guide explains how to complete this form FILER NAME Round Rock Democrats Club Date 10/21/2025 5 Full name of contributor out-of-state PAC (ID#: Ellis, Maggie 6 Contributor address; City; State; Zip Code Austin, TX 78731 Principal occupation / Job title (See Instructions)	FILER NAME Round Rock Democrats Club Date	The Instruction Guide explains how to complete this form. FILER NAME Round Rock Democrats Club Date 10/21/2025 Ellis, Maggie 6 Contributor address; City; State; Zip Code Austin, TX 78731 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

NON-POLITIC	SCHEDULE I				
The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I: Sch: 1/1 Rpt: 5/5	2 FILER NAME Round Rock Democrats Club	3 Filer ID (Ethics Commission Filers) 00081815			
4 Date 10/21/2025	5 Payee name ActBlue Technical Services	•			
6 Amount (\$) 0.79	7 Payee Address; City; State; Zip P.O. Box 962017				
Expenditure from corporate funds	Boston, MA 02196-2017				
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees (b) Description Service fee	(See instructions regarding type of information required.)			