

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00015831	2 Total pages filed: 54
3 COMMITTEE NAME Texas Democratic Party			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2026 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 314 E Highland Mall Blvd, Suite 508 Austin, TX 78752		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI The Honorable Gilberto NICKNAME LAST SUFFIX Hinojosa		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 314 E Highland Mall Blvd, Suite 508 Austin, TX 78752		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 314 E Highland Mall Blvd Suite 508 Austin, TX 78752		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 478-9800		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year 10/26/2025 THROUGH Month Day Year 12/31/2025		
11 ELECTION	ELECTION DATE Month Day Year 11/04/2025	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Texas Democratic Party		13 Filer ID (Ethics Commission Filers) 00015831
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 279,051.33
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 179,997.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 129,403.71
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
16 AFFIDAVIT <div style="text-align: right;">I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</div> <div style="text-align: right;">_____ The Honorable Gilberto Hinojosa Signature of Campaign Treasurer</div> <div>AFFIX NOTARY STAMP / SEAL ABOVE</div> Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office. _____ Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath		

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
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17 COMMITTEE NAME Texas Democratic Party		18 Filer ID (Ethics Commission Filers) 00015831
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 279,051.33
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 179,997.70
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/25 Rpt: 4/54
2 FILER NAME Texas Democratic Party		3 Filer ID (Ethics Commission Filers) 00015831
4 Date 11/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 134 PAC LLC <hr/> 6 Contributor address; City; State; Zip Code San Angelo, TX 76901	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adrian Garcia for Harris County Commissioner Precinct 2 Campaign <hr/> Contributor address; City; State; Zip Code Houston, TX 77256	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alma A. Allen Campaign <hr/> Contributor address; City; State; Zip Code Houston, TX 77047	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann Johnson Campaign <hr/> Contributor address; City; State; Zip Code Houston, TX 77253	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Audrey Nath Campaign <hr/> Contributor address; City; State; Zip Code Houston, TX 77019	Amount of Contribution (\$) \$13,900.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/25 Rpt: 5/54
2 FILER NAME Texas Democratic Party		3 Filer ID (Ethics Commission Filers) 00015831
4 Date 11/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Averett, Nancy <hr/> 6 Contributor address; City; State; Zip Code Wyoming, CO 45215	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Journalist		9 Employer (See Instructions) Self-Employed
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Averett, Nancy <hr/> Contributor address; City; State; Zip Code Wyoming, CO 45215	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Journalist		Employer (See Instructions) Self-Employed
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balandran, Olivia <hr/> Contributor address; City; State; Zip Code Bedford, TX 76021	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) U.S. Epa
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanco County Democrate Party <hr/> Contributor address; City; State; Zip Code Johnson City, TX 78636	Amount of Contribution (\$) \$223.78
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blodgett, Elaine <hr/> Contributor address; City; State; Zip Code McDade, TX 78650	Amount of Contribution (\$) \$11.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/25 Rpt: 6/54
2 FILER NAME Texas Democratic Party		3 Filer ID (Ethics Commission Filers) 00015831
4 Date 11/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blodgett, Elaine <hr/> 6 Contributor address; City; State; Zip Code McDade, TX 78650	7 Amount of Contribution (\$) \$11.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blodgett, Elaine <hr/> Contributor address; City; State; Zip Code McDade, TX 78650	Amount of Contribution (\$) \$11.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blue Horizon Texas PAC <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78278	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Applicable		Employer (See Instructions) Not Applicable
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blue Horizon Texas PAC <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78278	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Applicable		Employer (See Instructions) Not Applicable
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blue Horizon Texas PAC <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78278	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Applicable		Employer (See Instructions) Not Applicable

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/25 Rpt: 7/54
2 FILER NAME Texas Democratic Party		3 Filer ID (Ethics Commission Filers) 00015831
4 Date 12/31/2025	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00904763) Blue Warriors <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20003	7 Amount of Contribution (\$) \$2,582.95
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Bos, Donald <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) School Librarian		Employer (See Instructions) Austin Isd
Date 11/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Bos, Donald <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) School Librarian		Employer (See Instructions) Austin Isd
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Bos, Donald <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) School Librarian		Employer (See Instructions) Austin Isd
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Brazil & Dunn, LLP <hr/> Contributor address; City; State; Zip Code Houston, TX 77069	Amount of Contribution (\$) \$5,050.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/25 Rpt: 8/54
2 FILER NAME Texas Democratic Party		3 Filer ID (Ethics Commission Filers) 00015831
4 Date 12/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brazil & Dunn, LLP <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77069	7 Amount of Contribution (\$) \$5,050.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brazoria County Democratic Party <hr/> Contributor address; City; State; Zip Code Manvel, TX 77578	Amount of Contribution (\$) \$4,112.46
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Glennie <hr/> Contributor address; City; State; Zip Code Austin, TX 78758	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burnet County Democratic Party <hr/> Contributor address; City; State; Zip Code Marble Falls, TX 78654	Amount of Contribution (\$) \$558.78
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Hollins Campaign <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/25 Rpt: 9/54
2 FILER NAME Texas Democratic Party		3 Filer ID (Ethics Commission Filers) 00015831
4 Date 12/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comal County Democratic Party <hr/> 6 Contributor address; City; State; Zip Code New Braunfels, TX 78131	7 Amount of Contribution (\$) \$2,285.37
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cronkite, Kathy <hr/> Contributor address; City; State; Zip Code Austin, TX 78763	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cronkite, Kathy <hr/> Contributor address; City; State; Zip Code Austin, TX 78763	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cronkite, Kathy <hr/> Contributor address; City; State; Zip Code Austin, TX 78763	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dallas County Democratic Party State Account <hr/> Contributor address; City; State; Zip Code Dallas, TX 75204	Amount of Contribution (\$) \$68.44
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/25 Rpt: 10/54
2 FILER NAME Texas Democratic Party		3 Filer ID (Ethics Commission Filers) 00015831
4 Date 11/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day, Richard <hr/> 6 Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	7 Amount of Contribution (\$) \$290.78
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 11/07/2025	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00562983) Democratic Action <hr/> Contributor address; City; State; Zip Code Washington, DC 20005	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Democrats of Comanche County <hr/> Contributor address; City; State; Zip Code Dublin, TX 76446	Amount of Contribution (\$) \$44.89
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Carol <hr/> Contributor address; City; State; Zip Code Glen Rose, TX 76043	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Educator		Employer (See Instructions) Tarleton State University
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Carol <hr/> Contributor address; City; State; Zip Code Glen Rose, TX 76043	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse Educator		Employer (See Instructions) Tarleton State University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/25 Rpt: 11/54
2 FILER NAME Texas Democratic Party		3 Filer ID (Ethics Commission Filers) 00015831
4 Date 12/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Carol <hr/> 6 Contributor address; City; State; Zip Code Glen Rose, TX 76043	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse Educator		9 Employer (See Instructions) Tarleton State University
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fayette County Democratic Party <hr/> Contributor address; City; State; Zip Code La Grange, TX 78945	Amount of Contribution (\$) \$256.61
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fort Bend County Democratic Party <hr/> Contributor address; City; State; Zip Code Siugar Land, TX 77498	Amount of Contribution (\$) \$14,077.37
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hangs, George <hr/> Contributor address; City; State; Zip Code Tulsa, OK 74152	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Harmon FND
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hangs, George <hr/> Contributor address; City; State; Zip Code Tulsa, OK 74152	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Harmon FND

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/25 Rpt: 12/54
2 FILER NAME Texas Democratic Party		3 Filer ID (Ethics Commission Filers) 00015831
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hangs, George <hr/> 6 Contributor address; City; State; Zip Code Tulsa, OK 74152	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Harmon FND
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hays County Democratic Party <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78667	Amount of Contribution (\$) \$3,985.16
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Doris <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Doris <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holleman, Virginia <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/25 Rpt: 13/54
2 FILER NAME Texas Democratic Party		3 Filer ID (Ethics Commission Filers) 00015831
4 Date 12/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holleman, Virginia <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75206	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollis, Colin <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Non Profit Director		Employer (See Instructions) lcut
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollis, Colin <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Non Profit Director		Employer (See Instructions) lcut
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard County Democratic Association <hr/> Contributor address; City; State; Zip Code Big Spring, TX 79721	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt County Democratic Party <hr/> Contributor address; City; State; Zip Code Greenville, TX 75401	Amount of Contribution (\$) \$633.82
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/25 Rpt: 14/54
2 FILER NAME Texas Democratic Party		3 Filer ID (Ethics Commission Filers) 00015831
4 Date 12/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchinson County Democratic Party <hr/> 6 Contributor address; City; State; Zip Code Borger, TX 79008	7 Amount of Contribution (\$) \$30.82
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Talarico Campaign <hr/> Contributor address; City; State; Zip Code Austin, TX 78761	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jefferson County Democratic Party <hr/> Contributor address; City; State; Zip Code Beaumont, TX 77701	Amount of Contribution (\$) \$4,474.26
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jensen, Kathleen <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75007	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendall County Democratic Party <hr/> Contributor address; City; State; Zip Code Boerne, TX 78006	Amount of Contribution (\$) \$511.88
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/25 Rpt: 15/54
2 FILER NAME Texas Democratic Party		3 Filer ID (Ethics Commission Filers) 00015831
4 Date 12/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lampasas County Democratic Party <hr/> 6 Contributor address; City; State; Zip Code Lometa, TX 76853	7 Amount of Contribution (\$) \$174.20
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lesky, Cynthia <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lesky, Cynthia <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lipnicky, David <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75050	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Management & Program Analyst		Employer (See Instructions) U.S. Dept. of Labor
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lipnicky, David <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75050	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Management & Program Analyst		Employer (See Instructions) U.S. Dept. of Labor

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/25 Rpt: 16/54
2 FILER NAME Texas Democratic Party		3 Filer ID (Ethics Commission Filers) 00015831
4 Date 12/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lockhart, Mary <hr/> 6 Contributor address; City; State; Zip Code Alpine, TX 79830	7 Amount of Contribution (\$) \$248.57
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loeb, Margery <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mapes, Michele <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$1.70
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maria Benzon for Houston ISD <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$31,453.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mazero, John <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/25 Rpt: 17/54
2 FILER NAME Texas Democratic Party		3 Filer ID (Ethics Commission Filers) 00015831
4 Date 12/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLennan County Democratic Party <hr/> 6 Contributor address; City; State; Zip Code Waco, TX 76702	7 Amount of Contribution (\$) \$2,732.26
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meharg, Carrie <hr/> Contributor address; City; State; Zip Code Taos, NM 87571	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meharg, Carrie <hr/> Contributor address; City; State; Zip Code Taos, NM 87571	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael McDonough for HISD <hr/> Contributor address; City; State; Zip Code Houston, TX 77036	Amount of Contribution (\$) \$21,218.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Midland County Democratic Party <hr/> Contributor address; City; State; Zip Code Midland, TX 79701	Amount of Contribution (\$) \$950.06
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/25 Rpt: 18/54
2 FILER NAME Texas Democratic Party		3 Filer ID (Ethics Commission Filers) 00015831
4 Date 10/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montero, Pilar <hr/> 6 Contributor address; City; State; Zip Code Sausalito, CA 94965	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montero, Pilar <hr/> Contributor address; City; State; Zip Code Sausalito, CA 94965	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montero, Pilar <hr/> Contributor address; City; State; Zip Code Sausalito, CA 94965	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Mary <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nunn, Christina <hr/> Contributor address; City; State; Zip Code Dallas, TX 75249	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Published Poet		Employer (See Instructions) Christina Nunn

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/25 Rpt: 19/54
2 FILER NAME Texas Democratic Party		3 Filer ID (Ethics Commission Filers) 00015831
4 Date 12/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nunn, Christina <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75249	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Published Poet		9 Employer (See Instructions) Christina Nunn
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, Lyndon <hr/> Contributor address; City; State; Zip Code Waco, TX 76710	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Panhandle Democrats <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79114	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Panola County Democrat Club <hr/> Contributor address; City; State; Zip Code Carthage, TX 75633	Amount of Contribution (\$) \$158.12
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker County Democratic Party <hr/> Contributor address; City; State; Zip Code Weatherford, TX 76087	Amount of Contribution (\$) \$814.05
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/25 Rpt: 20/54
2 FILER NAME Texas Democratic Party		3 Filer ID (Ethics Commission Filers) 00015831
4 Date 11/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Jeanne <hr/> 6 Contributor address; City; State; Zip Code Bellaire, TX 77401	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Joshua <hr/> Contributor address; City; State; Zip Code Lewisville, TX 75057	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Cash Logistics		Employer (See Instructions) Brink's
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Joshua <hr/> Contributor address; City; State; Zip Code Lewisville, TX 75057	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Cash Logistics		Employer (See Instructions) Brink's
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Joshua <hr/> Contributor address; City; State; Zip Code Lewisville, TX 75057	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Cash Logistics		Employer (See Instructions) Brink's
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pichon, Edward <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Engineering Consultant		Employer (See Instructions) E-Qualus Partners LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/25 Rpt: 21/54
2 FILER NAME Texas Democratic Party		3 Filer ID (Ethics Commission Filers) 00015831
4 Date 11/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pichon, Edward <hr/> 6 Contributor address; City; State; Zip Code McKinney, TX 75070	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Engineering Consultant		9 Employer (See Instructions) E-Qualus Partners LLC
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pichon, Edward <hr/> Contributor address; City; State; Zip Code McKinney, TX 75070	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Engineering Consultant		Employer (See Instructions) E-Qualus Partners LLC
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plumbers Local Union #68 PAC Fund <hr/> Contributor address; City; State; Zip Code Houston, TX 77249	Amount of Contribution (\$) \$1,250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Polk County Democratic Party <hr/> Contributor address; City; State; Zip Code Livingston, TX 77351	Amount of Contribution (\$) \$1,189.92
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raschke, Donald <hr/> Contributor address; City; State; Zip Code Brenham, TX 77833	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/25 Rpt: 22/54
2 FILER NAME Texas Democratic Party		3 Filer ID (Ethics Commission Filers) 00015831
4 Date 11/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raschke, Donald <hr/> 6 Contributor address; City; State; Zip Code Brenham, TX 77833	7 Amount of Contribution (\$) \$65.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raschke, Donald <hr/> Contributor address; City; State; Zip Code Brenham, TX 77833	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray, Andree <hr/> Contributor address; City; State; Zip Code Wake Village, TX 75501	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Christus ST Michael
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rippling <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94105	Amount of Contribution (\$) \$0.12
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rippling <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94105	Amount of Contribution (\$) \$0.18
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/25 Rpt: 23/54
2 FILER NAME Texas Democratic Party		3 Filer ID (Ethics Commission Filers) 00015831
4 Date 11/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Maryla <hr/> 6 Contributor address; City; State; Zip Code Boyd, TX 76023	7 Amount of Contribution (\$) \$2.50
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Tom <hr/> Contributor address; City; State; Zip Code Sterling Heights, MI 48312	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Management		Employer (See Instructions) Vmware
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Tom <hr/> Contributor address; City; State; Zip Code Sterling Heights, MI 48312	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Management		Employer (See Instructions) Vmware
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rusk County Democratic Party <hr/> Contributor address; City; State; Zip Code Henderson, TX 75652	Amount of Contribution (\$) \$365.82
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shamsi, Farrukh <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Texas Clinic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/25 Rpt: 24/54
2 FILER NAME Texas Democratic Party		3 Filer ID (Ethics Commission Filers) 00015831
4 Date 12/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Melinda <hr/> 6 Contributor address; City; State; Zip Code New Braunfels, TX 78130	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) N/A
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, T. <hr/> Contributor address; City; State; Zip Code Houston, TX 77084	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, T. <hr/> Contributor address; City; State; Zip Code Houston, TX 77084	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, T. <hr/> Contributor address; City; State; Zip Code Houston, TX 77084	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) State Senator Carol Alvarado <hr/> Contributor address; City; State; Zip Code Houston, TX 77023	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) State Senator		Employer (See Instructions) State of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/25 Rpt: 25/54
2 FILER NAME Texas Democratic Party		3 Filer ID (Ethics Commission Filers) 00015831
4 Date 11/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stromsness, Rune <hr/> 6 Contributor address; City; State; Zip Code Oakland, CA 94607	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) It Manager		9 Employer (See Instructions) University of California
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stromsness, Rune <hr/> Contributor address; City; State; Zip Code Oakland, CA 94607	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) It Manager		Employer (See Instructions) University of California
Date 12/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stromsness, Rune <hr/> Contributor address; City; State; Zip Code Oakland, CA 94607	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) It Manager		Employer (See Instructions) University of California
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sylvester Turner for Mayor Campaign <hr/> Contributor address; City; State; Zip Code Houston, TX 77002	Amount of Contribution (\$) \$75,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Paj <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/25 Rpt: 26/54
2 FILER NAME Texas Democratic Party		3 Filer ID (Ethics Commission Filers) 00015831
4 Date 12/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teamsters Local Union 988 6 Contributor address; City; State; Zip Code Houston, TX 77032	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Majority PAC Contributor address; City; State; Zip Code Houston, TX 77260	Amount of Contribution (\$) \$15,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Majority PAC Contributor address; City; State; Zip Code Houston, TX 77260	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Law Offices of Domingo A. Garcia, PC Contributor address; City; State; Zip Code Dallas, TX 75247	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Senfronia Contributor address; City; State; Zip Code Houston, TX 77081	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/25 Rpt: 27/54
2 FILER NAME Texas Democratic Party		3 Filer ID (Ethics Commission Filers) 00015831
4 Date 11/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Victoria County Democratic Party <hr/> 6 Contributor address; City; State; Zip Code Yoakum, TX 77995	7 Amount of Contribution (\$) \$936.66
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker County Democratic Party <hr/> Contributor address; City; State; Zip Code New Waverly, TX 77358	Amount of Contribution (\$) \$523.94
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson, D. <hr/> Contributor address; City; State; Zip Code San Angelo, TX 75711	Amount of Contribution (\$) \$425.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson, D. <hr/> Contributor address; City; State; Zip Code San Angelo, TX 75711	Amount of Contribution (\$) \$175.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkerson, D. <hr/> Contributor address; City; State; Zip Code San Angelo, TX 75711	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/25 Rpt: 28/54
2 FILER NAME Texas Democratic Party		3 Filer ID (Ethics Commission Filers) 00015831
4 Date 12/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson County Democratic Party <hr/> 6 Contributor address; City; State; Zip Code Floresville, TX 78114	7 Amount of Contribution (\$) \$909.86
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young County Democratic Party <hr/> Contributor address; City; State; Zip Code Newcastle, TX 76372	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/25 Rpt: 29/54	2 FILER NAME Texas Democratic Party	3 Filer ID (Ethics Commission Filers) 00015831
4 Date 11/26/2025	5 Payee name ADP	
6 Amount (\$) \$6,669.12 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3724 Executive Center Drive Austin, TX 78731	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/26/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$42.07 <input type="checkbox"/> Expenditure from corporate funds	Payee name ADP Payee address; City; State; Zip Code 3724 Executive Center Drive Austin, TX 78731	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/26/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$63.90 <input type="checkbox"/> Expenditure from corporate funds	Payee name ADP Payee address; City; State; Zip Code 3724 Executive Center Drive Austin, TX 78731	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/25 Rpt: 30/54	2 FILER NAME Texas Democratic Party	3 Filer ID (Ethics Commission Filers) 00015831
4 Date 11/26/2025	5 Payee name ADP	
6 Amount (\$) \$62.35 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3724 Executive Center Drive Austin, TX 78731	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Processing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/15/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$42.07 <input type="checkbox"/> Expenditure from corporate funds	Payee name ADP Payee address; City; State; Zip Code 3724 Executive Center Drive Austin, TX 78731	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/26/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$6,657.94 <input type="checkbox"/> Expenditure from corporate funds	Payee name ADP Payee address; City; State; Zip Code 3724 Executive Center Drive Austin, TX 78731	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/25 Rpt: 31/54	2 FILER NAME Texas Democratic Party	3 Filer ID (Ethics Commission Filers) 00015831
4 Date 12/15/2025	5 Payee name ADP	
6 Amount (\$) \$6,766.88 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3724 Executive Center Drive Austin, TX 78731	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/30/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$1,313.63 <input type="checkbox"/> Expenditure from corporate funds	Payee name ADP Payee address; City; State; Zip Code 3724 Executive Center Drive Austin, TX 78731	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/31/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$102.92 <input type="checkbox"/> Expenditure from corporate funds	Payee name ADP Payee address; City; State; Zip Code 3724 Executive Center Drive Austin, TX 78731	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/25 Rpt: 32/54	2 FILER NAME Texas Democratic Party	3 Filer ID (Ethics Commission Filers) 00015831
4 Date 11/07/2025	5 Payee name ADP	
6 Amount (\$) \$102.92 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3724 Executive Center Drive Austin, TX 78731	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Processing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/21/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$102.92 <input type="checkbox"/> Expenditure from corporate funds	Payee name ADP Payee address; City; State; Zip Code 3724 Executive Center Drive Austin, TX 78731	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/13/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$1,322.16 <input type="checkbox"/> Expenditure from corporate funds	Payee name ADP Payee address; City; State; Zip Code 3724 Executive Center Drive Austin, TX 78731	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll Taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/25 Rpt: 33/54	2 FILER NAME Texas Democratic Party	3 Filer ID (Ethics Commission Filers) 00015831
4 Date 11/26/2025	5 Payee name AT&T	
6 Amount (\$) \$135.91 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO BOX 5014 Carol Stream, IL 60197	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Telephone
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/16/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue Technical Services		
Amount (\$) \$54.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 14 Arrow St Suite 11 Cambridge, MA 02138	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/16/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue Technical Services		
Amount (\$) \$86.40 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 14 Arrow St Suite 11 Cambridge, MA 02138	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/25 Rpt: 34/54	2 FILER NAME Texas Democratic Party	3 Filer ID (Ethics Commission Filers) 00015831
4 Date 12/31/2025	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$61.57 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 14 Arrow St Suite 11 Cambridge, MA 02138	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/29/2025	Candidate/Officeholder name Office sought Office held	
Payee name Amalgamated Bank		
Amount (\$) \$25.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 275 Seventh Ave New York, NY 10001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/26/2025	Candidate/Officeholder name Office sought Office held	
Payee name Amalgamated Bank		
Amount (\$) \$123.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 275 Seventh Ave New York, NY 10001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/25 Rpt: 35/54	2 FILER NAME Texas Democratic Party	3 Filer ID (Ethics Commission Filers) 00015831
4 Date 12/30/2025	5 Payee name Amalgamated Bank	
6 Amount (\$) \$55.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 275 Seventh Ave New York, NY 10001	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/31/2025	Candidate/Officeholder name Office sought Office held	
Payee name Amalgamated Bank		
Amount (\$) \$2.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 275 Seventh Ave New York, NY 10001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/28/2025	Candidate/Officeholder name Office sought Office held	
Payee name Amalgamated Bank		
Amount (\$) \$2.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 275 Seventh Ave New York, NY 10001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/25 Rpt: 36/54	2 FILER NAME Texas Democratic Party	3 Filer ID (Ethics Commission Filers) 00015831
4 Date 12/31/2025	5 Payee name Amalgamated Bank	
6 Amount (\$) \$2.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 275 Seventh Ave New York, NY 10001	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/26/2025	Candidate/Officeholder name Bassey, Samuella A	
Amount (\$) \$1,413.95 <input type="checkbox"/> Expenditure from corporate funds	Office sought Office held	
Date 11/26/2025	Payee name Bassey, Samuella A	
Amount (\$) \$1,413.95 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4816 Oak Landing Drive Manvel, TX 77578	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/15/2025	Candidate/Officeholder name Bassey, Samuella A	
Amount (\$) \$1,594.37 <input type="checkbox"/> Expenditure from corporate funds	Office sought Office held	
Date 12/15/2025	Payee name Bassey, Samuella A	
Amount (\$) \$1,594.37 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4816 Oak Landing Drive Manvel, TX 77578	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/25 Rpt: 37/54	2 FILER NAME Texas Democratic Party	3 Filer ID (Ethics Commission Filers) 00015831
4 Date 11/26/2025	5 Payee name Bassey, Samuella A	
6 Amount (\$) \$1,006.96 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4816 Oak Landing Drive Manvel, TX 77578	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/26/2025	Candidate/Officeholder name Office sought Office held	
Payee name Bill.com		
Amount (\$) \$147.39 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1810 Embarcadero Palo Alto, CA 94303	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment Processing Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/26/2025	Candidate/Officeholder name Office sought Office held	
Payee name Brown, Cheyenne M		
Amount (\$) \$1,544.02 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2121 Chisolm Trail Rockwall, TX 75032	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/25 Rpt: 38/54	2 FILER NAME Texas Democratic Party	3 Filer ID (Ethics Commission Filers) 00015831
4 Date 12/15/2025	5 Payee name Brown, Cheyenne M	
6 Amount (\$) \$1,804.27 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2121 Chisolm Trail Rockwall, TX 75032	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/26/2025	Candidate/Officeholder name Brown, Cheyenne M	
Amount (\$) \$308.64 <input type="checkbox"/> Expenditure from corporate funds	Office sought 2121 Chisolm Trail Rockwall, TX 75032	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/26/2025	Candidate/Officeholder name Cruz, Brenda	
Amount (\$) \$2,473.24 <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 15707 Austin, TX 78761	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/25 Rpt: 39/54	2 FILER NAME Texas Democratic Party	3 Filer ID (Ethics Commission Filers) 00015831
4 Date 11/26/2025	5 Payee name Cruz, Brenda	
6 Amount (\$) \$2,473.23 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 15707 Austin, TX 78761	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/15/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$2,473.22 <input type="checkbox"/> Expenditure from corporate funds	Payee name Cruz, Brenda Payee address; City; State; Zip Code PO Box 15707 Austin, TX 78761	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/26/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$1,185.00 <input type="checkbox"/> Expenditure from corporate funds	Payee name DEMPower Labs LLC Payee address; City; State; Zip Code 320 Easton Road Dallas, TX 75218	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter Protection Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/25 Rpt: 40/54	2 FILER NAME Texas Democratic Party	3 Filer ID (Ethics Commission Filers) 00015831
4 Date 11/26/2025	5 Payee name Duke, Rachael	
6 Amount (\$) \$1,675.88 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 113 Yaupon Trail San Antonio, TX 78256	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/26/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$1,675.88 <input type="checkbox"/> Expenditure from corporate funds	Payee name Duke, Rachael Payee address; City; State; Zip Code 113 Yaupon Trail San Antonio, TX 78256	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/30/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$2,121.37 <input type="checkbox"/> Expenditure from corporate funds	Payee name Duke, Rachael Payee address; City; State; Zip Code 113 Yaupon Trail San Antonio, TX 78256	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/25 Rpt: 41/54	2 FILER NAME Texas Democratic Party	3 Filer ID (Ethics Commission Filers) 00015831
4 Date 11/13/2025	5 Payee name Duke, Rachael	
6 Amount (\$) \$2,128.46 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 113 Yaupon Trail San Antonio, TX 78256	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/11/2025	Payee name Dunn, Chad	
Amount (\$) \$20,883.47 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4201 FM 1960 West Suite 550 Houston, TX 77068	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legal Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/26/2025	Payee name Eric Opiela PLLC	
Amount (\$) \$138.25 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 9415 Old Lampasas Trl Austin, TX 78750	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing - Administrative
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought 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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/25 Rpt: 42/54	2 FILER NAME Texas Democratic Party	3 Filer ID (Ethics Commission Filers) 00015831
4 Date 11/26/2025	5 Payee name Garzoria, Ruben	
6 Amount (\$) \$1,531.46 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 15707 Austin, TX 78761	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/15/2025	Candidate/Officeholder name Garzoria, Ruben	
Amount (\$) \$1,531.46 <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 15707 Austin, TX 78761	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Office held		
Date 11/26/2025	Candidate/Officeholder name Garzoria, Ruben	
Amount (\$) \$1,531.47 <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 15707 Austin, TX 78761	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/25 Rpt: 43/54	2 FILER NAME Texas Democratic Party	3 Filer ID (Ethics Commission Filers) 00015831
4 Date 11/26/2025	5 Payee name Gostomski, Samuel	
6 Amount (\$) \$2,591.74 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 15707 Austin, TX 78761	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/26/2025	Candidate/Officeholder name Office sought Office held	
Payee name Gostomski, Samuel		
Amount (\$) \$2,591.73 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 15707 Austin, TX 78761	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/15/2025	Candidate/Officeholder name Office sought Office held	
Payee name Gostomski, Samuel		
Amount (\$) \$2,591.72 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 15707 Austin, TX 78761	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/25 Rpt: 44/54	2 FILER NAME Texas Democratic Party	3 Filer ID (Ethics Commission Filers) 00015831
4 Date 11/26/2025	5 Payee name Holloway, Kiara	
6 Amount (\$) \$2,264.12 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 15707 Austin, TX 78761	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/26/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$2,264.12 <input type="checkbox"/> Expenditure from corporate funds	Payee name Holloway, Kiara Payee address; City; State; Zip Code PO Box 15707 Austin, TX 78761	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/15/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$2,264.13 <input type="checkbox"/> Expenditure from corporate funds	Payee name Holloway, Kiara Payee address; City; State; Zip Code PO Box 15707 Austin, TX 78761	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/25 Rpt: 45/54	2 FILER NAME Texas Democratic Party	3 Filer ID (Ethics Commission Filers) 00015831
4 Date 12/05/2025	5 Payee name Human Age Digital	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2700 Post Oak Blvd 21st Floor Houston, TX 77056	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/26/2025	Candidate/Officeholder name Office sought Office held	
Payee name LES, LLC		
Amount (\$) \$5,925.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3401 Nation Drive Frisco, TX 75034	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Management Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/26/2025	Candidate/Officeholder name Office sought Office held	
Payee name McGuire, Kalie		
Amount (\$) \$1,336.63 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2727 Commercial Center Blvd, Unit 111 Katy, TX 11494	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought 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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/25 Rpt: 46/54	2 FILER NAME Texas Democratic Party	3 Filer ID (Ethics Commission Filers) 00015831
4 Date 10/28/2025	5 Payee name Mission Control Inc.	
6 Amount (\$) \$18,021.39 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 624 Hebron Ave, Bldg 3 Suite 200 Glastonbury, CT 06033	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/28/2025	Candidate/Officeholder name Office sought Office held	
Payee name Mission Control Inc.		
Amount (\$) \$8,322.54 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 624 Hebron Ave, Bldg 3 Suite 200 Glastonbury, CT 06033	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/28/2025	Candidate/Officeholder name Office sought Office held	
Payee name Mission Control Inc.		
Amount (\$) \$5,880.57 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 624 Hebron Ave, Bldg 3 Suite 200 Glastonbury, CT 06033	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/28/2025	Candidate/Officeholder name Office sought Office held	
Payee name Mission Control Inc.		
Amount (\$) \$5,880.57 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 624 Hebron Ave, Bldg 3 Suite 200 Glastonbury, CT 06033	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/25 Rpt: 47/54	2 FILER NAME Texas Democratic Party	3 Filer ID (Ethics Commission Filers) 00015831
4 Date 10/28/2025	5 Payee name Mission Control Inc.	
6 Amount (\$) \$8,283.54 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 624 Hebron Ave, Bldg 3 Suite 200 Glastonbury, CT 06033	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/28/2025	Candidate/Officeholder name Office sought Office held	
Payee name Mission Control Inc.		
Amount (\$) \$5,730.57 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 624 Hebron Ave, Bldg 3 Suite 200 Glastonbury, CT 06033	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/28/2025	Candidate/Officeholder name Office sought Office held	
Payee name Mission Control Inc.		
Amount (\$) \$19,526.16 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 624 Hebron Ave, Bldg 3 Suite 200 Glastonbury, CT 06033	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/28/2025	Candidate/Officeholder name Office sought Office held	
Payee name Mission Control Inc.		
Amount (\$) \$19,526.16 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 624 Hebron Ave, Bldg 3 Suite 200 Glastonbury, CT 06033	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/25 Rpt: 48/54	2 FILER NAME Texas Democratic Party	3 Filer ID (Ethics Commission Filers) 00015831
4 Date 11/26/2025	5 Payee name Orrantia, Marco A	
6 Amount (\$) \$2,022.28 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 15707 Austin, TX 78761	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/26/2025	Candidate/Officeholder name Office sought Office held	
Payee name Orrantia, Marco A		
Amount (\$) \$2,022.29 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 15707 Austin, TX 78761	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/15/2025	Candidate/Officeholder name Office sought Office held	
Payee name Orrantia, Marco A		
Amount (\$) \$2,022.29 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 15707 Austin, TX 78761	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/25 Rpt: 49/54	2 FILER NAME Texas Democratic Party	3 Filer ID (Ethics Commission Filers) 00015831
4 Date 12/24/2025	5 Payee name Panhandle Democrats	
6 Amount (\$) \$700.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 7232 Amarillo, TX 79114	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/28/2025	Candidate/Officeholder name Office sought Office held	
Payee name Rippling		
Amount (\$) \$0.18 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 55 2nd St. San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Test Transaction	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Test Transaction
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/28/2025	Candidate/Officeholder name Office sought Office held	
Payee name Rippling		
Amount (\$) \$0.12 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 55 2nd St. San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Test Transaction	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Test Transaction
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/28/2025	Candidate/Officeholder name Office sought Office held	
Payee name Rippling		
Amount (\$) \$0.12 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 55 2nd St. San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Test Transaction	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Test Transaction
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/25 Rpt: 50/54	2 FILER NAME Texas Democratic Party	3 Filer ID (Ethics Commission Filers) 00015831
4 Date 11/26/2025	5 Payee name Schmader, Katherine M	
6 Amount (\$) \$102.86 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 15707 Austin, TX 78761	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/26/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$2,240.44 <input type="checkbox"/> Expenditure from corporate funds	Payee name Schmader, Katherine M Payee address; City; State; Zip Code PO Box 15707 Austin, TX 78761	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/26/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$115.02 <input type="checkbox"/> Expenditure from corporate funds	Payee name Schmader, Katherine M Payee address; City; State; Zip Code PO Box 15707 Austin, TX 78761	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/25 Rpt: 51/54	2 FILER NAME Texas Democratic Party	3 Filer ID (Ethics Commission Filers) 00015831
4 Date 11/26/2025	5 Payee name Schmader, Katherine M	
6 Amount (\$) \$2,240.43 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 15707 Austin, TX 78761	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/15/2025	Candidate/Officeholder name Schmader, Katherine M	
Amount (\$) \$2,240.45 <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 15707 Austin, TX 78761	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Office held		
Date 12/15/2025	Candidate/Officeholder name Skellington, Kim	
Amount (\$) \$1,832.18 <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 15707 Austin, TX 78761	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/25 Rpt: 52/54	2 FILER NAME Texas Democratic Party	3 Filer ID (Ethics Commission Filers) 00015831
4 Date 11/26/2025	5 Payee name Thakur, Maya J	
6 Amount (\$) \$393.97 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2909 Shadow Oak Court Flower Mound, TX 75028	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/15/2025	Candidate/Officeholder name Office sought Office held	
Payee name Thakur, Maya J		
Amount (\$) \$634.88 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2909 Shadow Oak Court Flower Mound, TX 75028	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/26/2025	Candidate/Officeholder name Office sought Office held	
Payee name Thakur, Maya J		
Amount (\$) \$202.45 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2909 Shadow Oak Court Flower Mound, TX 75028	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 25/25 Rpt: 53/54	2 FILER NAME Texas Democratic Party	3 Filer ID (Ethics Commission Filers) 00015831
4 Date 11/26/2025	5 Payee name Young, Jordan	
6 Amount (\$) \$1,194.65 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 15707 Austin, TX 78761	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

TEXT ANNOTATION

Sch: 1/1 Rpt: 54/54

FILER NAME

Texas Democratic Party

Filer ID (Ethics Commission Filers)

00015831

Schedule

Cover Sheet

Information entered by filer as a memo:

The receipts from Brazil & Dunn, LLP dated 12/16/2025 and 12/17/2025 are refunds for disbursements made on 08/07/2025 and 10/01/2025 respectfully.