

# 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) 00089022	2 Total pages filed: 17	
3 COMMITTEE NAME Indigenous Peoples Caucus of the Texas Democratic Party			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/07/2026 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 206 Cambridge Lane  Longview, TX 75601			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Alfred NICKNAME LAST SUFFIX Durante			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 206 Cambridge Lane  Longview, TX 75601			
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  TX			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (540) 820-5413			
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 Month Day Year 07/01/2025 THROUGH 12/31/2025			
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Indigenous Peoples Caucus of the Texas Democratic Party	<b>13 Filer ID</b> (Ethics Commission Filers) 00089022
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 533.22
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 10.11
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 1,721.40
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

## 16 AFFIDAVIT

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.

Mr. Alfred Durante

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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**  
3 of 17

<b>17 COMMITTEE NAME</b> Indigenous Peoples Caucus of the Texas Democratic Party		<b>18 Filer ID</b> 00089022	(Ethics Commission Filers)
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	255.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	278.22
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	\$	10.11
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0.80

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/3 Rpt: 4/17
<b>2</b> FILER NAME Indigenous Peoples Caucus of the Texas Democratic Party		<b>3</b> Filer ID (Ethics Commission Filers) 00089022
<b>4</b> Date 07/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ActBlue Texas <b>6</b> Contributor address; City; State; Zip Code  Boston, MA 02196	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ActBlue Texas Contributor address; City; State; Zip Code  Boston, MA 02196	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ActBlue Texas Contributor address; City; State; Zip Code  Boston, MA 02196	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ActBlue Texas Contributor address; City; State; Zip Code  Boston, MA 02196	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ActBlue Texas Contributor address; City; State; Zip Code  Boston, MA 02196	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/3 Rpt: 5/17
<b>2</b> FILER NAME Indigenous Peoples Caucus of the Texas Democratic Party		<b>3</b> Filer ID (Ethics Commission Filers) 00089022
<b>4</b> Date 09/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ActBlue Texas <hr/> <b>6</b> Contributor address; City; State; Zip Code  Boston, MA 02196	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)

  

Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ActBlue Texas <hr/> Contributor address; City; State; Zip Code  Boston, MA 02196	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ActBlue Texas <hr/> Contributor address; City; State; Zip Code  Boston, MA 02196	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 10/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ActBlue Texas <hr/> Contributor address; City; State; Zip Code  Boston, MA 02196	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ActBlue Texas <hr/> Contributor address; City; State; Zip Code  Boston, MA 02196	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/3 Rpt: 6/17
<b>2</b> FILER NAME Indigenous Peoples Caucus of the Texas Democratic Party		<b>3</b> Filer ID (Ethics Commission Filers) 00089022
<b>4</b> Date 11/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ActBlue Texas <b>6</b> Contributor address; City; State; Zip Code  Boston, MA 02196	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ActBlue Texas Contributor address; City; State; Zip Code  Boston, MA 02196	Amount of Contribution (\$)  \$5.00
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#: _____) ActBlue Texas Contributor address; City; State; Zip Code  Boston, MA 02196	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ActBlue Texas Contributor address; City; State; Zip Code  Boston, MA 02196	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 1/4 Rpt: 7/17	
<b>2</b> FILER NAME Indigenous Peoples Caucus of the Texas Democratic Party		<b>3</b> Filer ID (Ethics Commission Filers) 00089022	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		<b>\$</b>	
<b>5</b> Date 12/29/2025	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanggi, Kristin (Mrs.) <hr/> <b>7</b> Contributor address; City; State; Zip Code  Atascocita, TX 77346	<b>8</b> Amount of contribution (\$) \$18.12	<b>9</b> In-kind contribution description In Kind Zoom Service
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Homemaker		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions) None	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanggi, Kristin (Mrs.) <hr/> Contributor address; City; State; Zip Code  Atascocita, TX 77346	Amount of contribution (\$) \$18.12	In-kind contribution description In Kind Zoom Service
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Homemaker		Employer (FOR NON-JUDICIAL) (See instructions) None	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanggi, Kristin (Mrs.) <hr/> Contributor address; City; State; Zip Code  Atascocita, TX 77346	Amount of contribution (\$) \$18.12	In-kind contribution description In Kind Zoom Service
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Homemaker		Employer (FOR NON-JUDICIAL) (See instructions) None	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>				<b>1</b> Total pages Schedule A2: Sch: 2/4 Rpt: 8/17	
<b>2</b> FILER NAME Indigenous Peoples Caucus of the Texas Democratic Party				<b>3</b> Filer ID (Ethics Commission Filers) 00089022	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				<b>\$</b>	
<b>5</b> Date 09/29/2025	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanggi, Kristin (Mrs.)		<b>8</b> Amount of contribution (\$) \$18.12		<b>9</b> In-kind contribution description In Kind Zoom Service
<b>7</b> Contributor address; City; State; Zip Code  Atascocita, TX 77346		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Homemaker			<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions) None		
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)			<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)		
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)			<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

  

Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanggi, Kristin (Mrs.)		Amount of contribution (\$) \$18.12		In-kind contribution description In Kind Zoom Service
Contributor address; City; State; Zip Code  Atascocita, TX 77346		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Homemaker			Employer (FOR NON-JUDICIAL) (See instructions) None		
Contributor's principal occupation (FOR JUDICIAL)			Contributor's job title (FOR JUDICIAL) (See instructions)		
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

  

Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanggi, Kristin (Mrs.)		Amount of contribution (\$) \$18.12		In-kind contribution description In Kind Zoom Service
Contributor address; City; State; Zip Code  Atascocita, TX 77346		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Homemaker			Employer (FOR NON-JUDICIAL) (See instructions) None		
Contributor's principal occupation (FOR JUDICIAL)			Contributor's job title (FOR JUDICIAL) (See instructions)		
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>				<b>1</b> Total pages Schedule A2: Sch: 3/4 Rpt: 9/17	
<b>2</b> FILER NAME Indigenous Peoples Caucus of the Texas Democratic Party				<b>3</b> Filer ID (Ethics Commission Filers) 00089022	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				<b>\$</b>	
<b>5</b> Date 12/22/2025	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanggi, Kristin (Mrs.)		<b>8</b> Amount of contribution (\$) \$28.25		<b>9</b> In-kind contribution description In Kind Mailchimp Service
<b>7</b> Contributor address; City; State; Zip Code  Atascocita, TX 77346			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Homemaker			<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions) None		
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)			<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)		
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)			<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanggi, Kristin (Mrs.)		Amount of contribution (\$) \$28.25		In-kind contribution description In Kind Mailchimp Service
Contributor address; City; State; Zip Code  Atascocita, TX 77346			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Homemaker			Employer (FOR NON-JUDICIAL) (See instructions) None		
Contributor's principal occupation (FOR JUDICIAL)			Contributor's job title (FOR JUDICIAL) (See instructions)		
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanggi, Kristin (Mrs.)		Amount of contribution (\$) \$28.25		In-kind contribution description In Kind Mailchimp Service
Contributor address; City; State; Zip Code  Atascocita, TX 77346			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Homemaker			Employer (FOR NON-JUDICIAL) (See instructions) None		
Contributor's principal occupation (FOR JUDICIAL)			Contributor's job title (FOR JUDICIAL) (See instructions)		
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 4/4 Rpt: 10/17	
2 FILER NAME Indigenous Peoples Caucus of the Texas Democratic Party		3 Filer ID (Ethics Commission Filers) 00089022	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/22/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanggi, Kristin (Mrs.) 7 Contributor address; City; State; Zip Code  Atascocita, TX 77346	8 Amount of contribution (\$) \$28.25	9 In-kind contribution description In Kind Mailchimp Service
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Homemaker		11 Employer (FOR NON-JUDICIAL) (See instructions) None	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanggi, Kristin (Mrs.) Contributor address; City; State; Zip Code  Atascocita, TX 77346	Amount of contribution (\$) \$28.25	In-kind contribution description In Kind Mailchimp Service
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Homemaker		Employer (FOR NON-JUDICIAL) (See instructions) None	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanggi, Kristin (Mrs.) Contributor address; City; State; Zip Code  Atascocita, TX 77346	Amount of contribution (\$) \$28.25	In-kind contribution description In Kind Mailchimp Service
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Homemaker		Employer (FOR NON-JUDICIAL) (See instructions) None	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# 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.

<b>1</b> Total pages Schedule F1: Sch: 1/5 Rpt: 11/17	<b>2</b> FILER NAME Indigenous Peoples Caucus of the Texas Democratic Party	<b>3</b> Filer ID (Ethics Commission Filers) 00089022
<b>4</b> Date 07/05/2025	<b>5</b> Payee name ActBlue Texas	
<b>6</b> Amount (\$) \$0.99  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 962017  Boston, MA 02196	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee ActBlue Service
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/14/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue Texas		
Amount (\$) \$0.20  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 962017  Boston, MA 02196	
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 Fee ActBlue Service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/24/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue Texas		
Amount (\$) \$0.20  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 962017  Boston, MA 02196	
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 Fee ActBlue Service
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.

<b>1</b> Total pages Schedule F1: Sch: 2/5 Rpt: 12/17	<b>2</b> FILER NAME Indigenous Peoples Caucus of the Texas Democratic Party	<b>3</b> Filer ID (Ethics Commission Filers) 00089022
<b>4</b> Date 08/05/2025	<b>5</b> Payee name ActBlue Texas	
<b>6</b> Amount (\$) \$0.99  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 962017  Boston, MA 02196	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee ActBlue Service
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/14/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue Texas		
Amount (\$) \$0.20  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 962017  Boston, MA 02196	
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 Fee ActBlue Service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/11/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue Texas		
Amount (\$) \$0.99  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 962017  Boston, MA 02196	
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 Fee ActBlue Service
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.

<b>1</b> Total pages Schedule F1: Sch: 3/5 Rpt: 13/17	<b>2</b> FILER NAME Indigenous Peoples Caucus of the Texas Democratic Party	<b>3</b> Filer ID (Ethics Commission Filers) 00089022
<b>4</b> Date 09/24/2025	<b>5</b> Payee name ActBlue Texas	
<b>6</b> Amount (\$) \$0.20  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 962017  Boston, MA 02196	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee ActBlue Service
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/28/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue Texas		
Amount (\$) \$0.99  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 962017  Boston, MA 02196	
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 Fee ActBlue Service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/05/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue Texas		
Amount (\$) \$0.99  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 962017  Boston, MA 02196	
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 Fee ActBlue Service
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.

<b>1</b> Total pages Schedule F1: Sch: 4/5 Rpt: 14/17	<b>2</b> FILER NAME Indigenous Peoples Caucus of the Texas Democratic Party	<b>3</b> Filer ID (Ethics Commission Filers) 00089022
<b>4</b> Date 10/24/2025	<b>5</b> Payee name ActBlue Texas	
<b>6</b> Amount (\$) \$0.20  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 962017  Boston, MA 02196	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee ActBlue Service
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/05/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue Texas		
Amount (\$) \$0.99  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 962017  Boston, MA 02196	
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 Fee ActBlue Service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/28/2025	Candidate/Officeholder name Office sought Office held	
Payee name ActBlue Texas		
Amount (\$) \$0.20  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 962017  Boston, MA 02196	
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 Fee ActBlue Service
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.

<b>1</b> Total pages Schedule F1: Sch: 5/5 Rpt: 15/17	<b>2</b> FILER NAME Indigenous Peoples Caucus of the Texas Democratic Party	<b>3</b> Filer ID (Ethics Commission Filers) 00089022
<b>4</b> Date 12/05/2025	<b>5</b> Payee name ActBlue Texas	
<b>6</b> Amount (\$) \$0.99  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 962017  Boston, MA 02196	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee ActBlue Service
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/09/2025	Payee name ActBlue Texas	
Amount (\$) \$1.98  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 962017  Boston, MA 02196	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee ActBlue Service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/2 Rpt: 16/17
<b>2</b> FILER NAME Indigenous Peoples Caucus of the Texas Democratic Party		<b>3</b> Filer ID (Ethics Commission Filers) 00089022
<b>4</b> Date 07/31/2025	<b>5</b> Name of person from whom amount is received Eastman Credit Union	<b>8</b> Amount (\$) \$0.13
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  Longview, TX 75607	
	<b>7</b> Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 08/29/2025	Name of person from whom amount is received Eastman Credit Union	Amount (\$) \$0.13
	Address of person from whom amount is received; City; State; Zip Code  Longview, TX 75607	
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 09/30/2025	Name of person from whom amount is received Eastman Credit Union	Amount (\$) \$0.13
	Address of person from whom amount is received; City; State; Zip Code  Longview, TX 75607	
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 10/31/2025	Name of person from whom amount is received Eastman Credit Union	Amount (\$) \$0.14
	Address of person from whom amount is received; City; State; Zip Code  Longview, TX 75607	
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 11/28/2025	Name of person from whom amount is received Eastman Credit Union	Amount (\$) \$0.13
	Address of person from whom amount is received; City; State; Zip Code  Longview, TX 75607	
	Purpose for which amount is received Interest <input type="checkbox"/> Check if political contribution returned to filer	



# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:  
Sch: 2/2 Rpt: 17/17

2 FILER NAME

Indigenous Peoples Caucus of the Texas Democratic Party

3 Filer ID (Ethics Commission Filers)  
00089022

4 Date

12/31/2025

5 Name of person from whom amount is received

Eastman Credit Union

8 Amount (\$)

\$0.14

6 Address of person from whom amount is received; City; State; Zip Code

Longview, TX 75607

7 Purpose for which amount is received

Interest

☐ Check if political contribution returned to filer