

**POLITICAL PARTY REPORT REGARDING FUNDS
FROM CORPORATIONS AND LABOR ORGANIZATIONS**

**FORM PTY-CORP
COVER SHEET PG 1**

The Form PTY-CORP Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00011906	2 Total pages filed 10				
3 POLITICAL PARTY NAME	Texas Democratic Party (P)						
4 STATE OR COUNTY PARTY	<input checked="" type="checkbox"/> State <input type="checkbox"/> County: _____						
5 POLITICAL PARTY TYPE	<input checked="" type="checkbox"/> Democrat <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Other: _____ (Party name)						
6 POLITICAL PARTY MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 314 E Highland Mall Blvd Suite 508 Austin, TX 78752			Receipt #	Amount		
				Date Processed			
				Date Imaged			
7 POLITICAL PARTY CHAIR	TITLE	FIRST Kendall	MI	NICKNAME	LAST Scudder	SUFFIX	
8 CHAIR MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 314 E Highland Mall Blvd Suite 508 Austin, TX 78752						
9 CHAIR 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						
10 CHAIR PHONE	AREA CODE (512)	PHONE NUMBER 478-9800		EXTENSION			
11 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15			<input type="checkbox"/> 8th day before primary election <input type="checkbox"/> 50th day before general election			
12 PERIOD COVERED	Month 07/01/2025	Day	Year	THROUGH	Month 12/31/2025	Day	Year

GO TO PAGE 2

**POLITICAL PARTY REPORT:
TOTALS AND AFFIDAVIT****FORM PTY-CORP
COVER SHEET PG 2**

13 POLITICAL PARTY NAME Texas Democratic Party (P)	14 Filer ID (Ethics Commission Filers) 00011906
15 TOTALS	1. TOTAL CONTRIBUTIONS FROM CORPORATE OR LABOR ORGANIZATIONS (OTHER THAN LOANS OR GUARANTEES OF LOANS) 2. TOTAL EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS 3. TOTAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD
	\$ 106,815.70
	\$ 62,788.96
	\$ 44,026.74

A political party must file a report on FORM PTY-CORP for any reporting period during which the party accepts corporate or labor organization contributions, maintains corporate or labor organization contributions, or makes expenditures from corporate or labor organization contributions.

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.

The Honorable Kendall Scudder

Signature of Political Party Chair

AFFIX NOTARY STAMP / SEAL

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 - PTYCOPR**FORM PTY-CORP****COVER SHEET PG 3**

3 of 10

17 POLITICAL PARTY NAME Texas Democratic Party (P)	18 FILER ID (Ethics Commission Filers) 00011906
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 106,815.70
2. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
3. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS	\$ 62,788.96
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule C1: Sch: 1/2 Rpt: 4/10</p>
2 FILER NAME	Texas Democratic Party (P)	3 Filer ID (Ethics Commission Filers) 00011906
4 Date 12/03/2025	<p>5 Corporation / Labor Organization name ActBlue</p> <p>6 Corporation / Labor Organization address; City; State; Zip Code</p> <p>West Somerville, MA 02144</p>	<p>7 Amount of contribution (\$) \$2,500.00</p>
Date 12/23/2025	<p>Corporation / Labor Organization name Angle Strategies</p> <p>Corporation / Labor Organization address; City; State; Zip Code</p> <p>Washington, DC 20003</p>	Amount of contribution (\$) \$15,000.00
Date 09/30/2025	<p>Corporation / Labor Organization name Bill.com</p> <p>Corporation / Labor Organization address; City; State; Zip Code</p> <p>Palo Alto, CA 94303</p>	Amount of contribution (\$) \$0.20
Date 07/28/2025	<p>Corporation / Labor Organization name Causal iQ</p> <p>Corporation / Labor Organization address; City; State; Zip Code</p> <p>Westlake Village, CA 91361</p>	Amount of contribution (\$) \$5,000.00
Date 07/28/2025	<p>Corporation / Labor Organization name Chambers Legal, LLC</p> <p>Corporation / Labor Organization address; City; State; Zip Code</p> <p>Garland, TX 75044</p>	Amount of contribution (\$) \$1,690.50
Date 07/23/2025	<p>Corporation / Labor Organization name Civitech PBC</p> <p>Corporation / Labor Organization address; City; State; Zip Code</p> <p>San Antonio, TX 78228</p>	Amount of contribution (\$) \$20,000.00
Date 12/15/2025	<p>Corporation / Labor Organization name EveryAction Inc</p> <p>Corporation / Labor Organization address; City; State; Zip Code</p> <p>Washington, DC 20005</p>	Amount of contribution (\$) \$3,500.00

**MONETARY CONTRIBUTIONS FROM
CORPORATION OR LABOR ORGANIZATION**

SCHEDULE C1

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule C1: Sch: 2/2 Rpt: 5/10</p>
<p>2 FILER NAME Texas Democratic Party (P)</p>		<p>3 Filer ID (Ethics Commission Filers) 00011906</p>
<p>4 Date 07/28/2025</p>	<p>5 Corporation / Labor Organization name Political Data Intelligence LLC</p>	<p>7 Amount of contribution (\$) \$2,500.00</p>
	<p>6 Corporation / Labor Organization address; City; State; Zip Code Long Beach, CA 90806</p>	
<p>Date 12/18/2025</p>	<p>Corporation / Labor Organization name Strong Strategies LLC</p>	<p>Amount of contribution (\$) \$3,125.00</p>
	<p>Corporation / Labor Organization address; City; State; Zip Code Houston, TX 77056</p>	
<p>Date 10/23/2025</p>	<p>Corporation / Labor Organization name Texas Majority PAC</p>	<p>Amount of contribution (\$) \$50,000.00</p>
	<p>Corporation / Labor Organization address; City; State; Zip Code Houston, TX 77260</p>	
<p>Date 12/03/2025</p>	<p>Corporation / Labor Organization name Triptych Strategies</p>	<p>Amount of contribution (\$) \$3,500.00</p>
	<p>Corporation / Labor Organization address; City; State; Zip Code Bremen, IN 46506</p>	

EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/5 Rpt: 6/10	2 FILER NAME Texas Democratic Party (P)	3 Filer ID (Ethics Commission Filers) 00011906
4 Date 11/26/2025	5 Payee name 1808 Partners, LP	
6 Amount (\$) \$7,426.00	7 Payee address; City; 4220 Gurley Dallas, TX 75315	State; Zip Code
<input checked="" type="checkbox"/> Expenditure from corporate funds	(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. Rent
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 11/26/2025	Payee name 3145 PHMB LP	Office held
Amount (\$) \$6,728.86	Payee address; City; 812 San Antonio, Ste 105 Austin, TX 78701	State; Zip Code
<input checked="" type="checkbox"/> Expenditure from corporate funds	(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. Rent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 09/30/2025	Payee name Bill.com	Office held
Amount (\$) \$0.20	Payee address; City; 1810 Embarcadero Palo Alto, CA 94303	State; Zip Code
<input checked="" type="checkbox"/> Expenditure from corporate funds	(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. Test Transaction
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/5 Rpt: 7/10	2 FILER NAME Texas Democratic Party (P)	3 Filer ID (Ethics Commission Filers) 00011906
4 Date 11/26/2025	5 Payee name Cincinnati Insurance Companies	
6 Amount (\$) \$3,757.02	7 Payee address; City; 6200 S Gilmore Rd Fairfield, OH 45014	State; Zip Code
<input checked="" type="checkbox"/> Expenditure from corporate funds	(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. Liability Insurance
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 12/31/2025	Payee name Fort Worth Convention Center	Office held
Amount (\$) \$4,830.00	Payee address; City; 1201 Houston Street Fort Worth, TX 76102	State; Zip Code
<input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Facility Rental
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 09/30/2025	Payee name Hilliard Center	Office held
Amount (\$) \$5,875.27	Payee address; City; 1901 N. Shoreline Blvd Corpus Christi, TX 78401	State; Zip Code
<input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Facility Rental
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/5 Rpt: 8/10	2 FILER NAME Texas Democratic Party (P)	3 Filer ID (Ethics Commission Filers) 00011906
4 Date 11/26/2025	5 Payee name Left Field	
6 Amount (\$) \$2,172.50	7 Payee address; City; 1029 N Temple Ave Indianapolis, IN 46201	
X Expenditure from corporate funds	(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. Compliance Consulting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/26/2025	Payee name Lurin, Aaron	
Amount (\$) \$1,232.40	Payee address; City; PO Box 15707 Austin, TX 78761	
X Expenditure from corporate funds	(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. Administrative Consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/26/2025	Payee name Marshall, Cris	
Amount (\$) \$1,444.71	Payee address; City; 432 Malden Dr Richardson, TX 75080	
X Expenditure from corporate funds	(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. Administrative Consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/5 Rpt: 9/10	2 FILER NAME Texas Democratic Party (P)	3 Filer ID (Ethics Commission Filers) 00011906
4 Date 11/26/2025	5 Payee name Patton Data Processing	
6 Amount (\$) \$1,580.00	7 Payee address; City; 253 Blackthorn Drive Nicholasville, KY 40356	State; Zip Code
<input checked="" type="checkbox"/> Expenditure from corporate funds	(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. Compliance Reporting Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 11/26/2025	Payee name Sandler, Reiff, Young & Lamb, PC	Office held
Amount (\$) \$948.00	Payee address; City; 1090 Vermont Ave., N.W. Suite 750 Washington, DC 20005	State; Zip Code
<input checked="" type="checkbox"/> Expenditure from corporate funds	(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. Legal Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 08/28/2025	Payee name Staging Solutions Inc.	Office held
Amount (\$) \$21,659.00	Payee address; City; 2014 Lou Ellen Ln Houston, TX 77018	State; Zip Code
<input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Meeting Production Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/5 Rpt: 10/10	2 FILER NAME Texas Democratic Party (P)	3 Filer ID (Ethics Commission Filers) 00011906	
4 Date 11/26/2025	5 Payee name Stripes Strategy		
6 Amount (\$) \$5,135.00	7 Payee address; City; 534 Parkhurst Dallas, TX 75214		
8 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. Administrative Consulting	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held