

# 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)			<b>OFFICE USE ONLY</b>  Date Received <b>ELECTRONICALLY FILED</b> 01/15/2026  Date Hand-delivered or Date Postmarked			
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	MI	NICKNAME	LAST	SUFFIX	
		Kendall			Scudder		
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	PHONE NUMBER		EXTENSION			
	(512)	478-9800					
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	Day	Year	THROUGH	Month	Day	Year
	07/01/2025				12/31/2025		

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**POLITICAL PARTY REPORT:  
TOTALS AND AFFIDAVIT**

**FORM PTY-CORP  
COVER SHEET PG 2**

<b>13 POLITICAL PARTY NAME</b> Texas Democratic Party (P)		<b>14 Filer ID</b> (Ethics Commission Filers) 00011906
<b>15 TOTALS</b>	<b>1. TOTAL CONTRIBUTIONS FROM CORPORATE OR LABOR ORGANIZATIONS</b> (OTHER THAN LOANS OR GUARANTEES OF LOANS)	\$ 106,815.70
	<b>2. TOTAL EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS</b>	\$ 62,788.96
	<b>3. TOTAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD</b>	\$ 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 - PTYCORP****FORM PTY-CORP**  
**COVER SHEET PG 3**  
3 of 10

<b>17</b> POLITICAL PARTY NAME Texas Democratic Party (P)		<b>18</b> Filer ID (Ethics Commission Filers) 00011906
<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
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**

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

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

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

# EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION 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: 1/5 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; State; Zip Code 4220 Gurley  Dallas, TX 75315	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
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.  Rent
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/26/2025	Payee name 3145 PHMB LP	
Amount (\$) \$6,728.86	Payee address; City; State; Zip Code 812 San Antonio, Ste 105  Austin, TX 78701	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
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.  Rent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2025	Payee name Bill.com	
Amount (\$) \$0.20	Payee address; City; State; Zip Code 1810 Embarcadero  Palo Alto, CA 94303	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
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.  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  
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: 7/10	<b>2</b> FILER NAME Texas Democratic Party (P)	<b>3</b> Filer ID (Ethics Commission Filers) 00011906
<b>4</b> Date 11/26/2025	<b>5</b> Payee name Cincinnati Insurance Companies	
<b>6</b> Amount (\$) \$3,757.02	<b>7</b> Payee address; City; State; Zip Code 6200 S Gilmore Rd  Fairfield, OH 45014	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Liability Insurance
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2025	Payee name Fort Worth Convention Center	
Amount (\$) \$4,830.00	Payee address; City; State; Zip Code 1201 Houston Street  Fort Worth, TX 76102	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2025	Payee name Hilliard Center	
Amount (\$) \$5,875.27	Payee address; City; State; Zip Code 1901 N. Shoreline Blvd  Corpus Christi, TX 78401	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(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 <u>ONLY</u> 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  
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: 8/10	<b>2</b> FILER NAME Texas Democratic Party (P)	<b>3</b> Filer ID (Ethics Commission Filers) 00011906
<b>4</b> Date 11/26/2025	<b>5</b> Payee name Left Field	
<b>6</b> Amount (\$) \$2,172.50	<b>7</b> Payee address; City; State; Zip Code 1029 N Temple Ave  Indianapolis, IN 46201	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Compliance Consulting
<b>9</b> Complete <u>ONLY</u> 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; State; Zip Code PO Box 15707  Austin, TX 78761	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
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
Complete <u>ONLY</u> 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; State; Zip Code 432 Malden Dr  Richardson, TX 75080	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
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
Complete <u>ONLY</u> 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  
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: 9/10	<b>2</b> FILER NAME Texas Democratic Party (P)	<b>3</b> Filer ID (Ethics Commission Filers) 00011906
<b>4</b> Date 11/26/2025	<b>5</b> Payee name Patton Data Processing	
<b>6</b> Amount (\$) \$1,580.00  <input checked="" type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 253 Blackthorn Drive  Nicholasville, KY 40356	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Compliance Reporting Services
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/26/2025	Candidate/Officeholder name Office sought Office held	
Payee name Sandler, Reiff, Young & Lamb, PC		
Amount (\$) \$948.00  <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1090 Vermont Ave., N.W. Suite 750 Washington, DC 20005	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Legal Services	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Legal Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/28/2025	Candidate/Officeholder name Office sought Office held	
Payee name Staging Solutions Inc.		
Amount (\$) \$21,659.00  <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2014 Lou Ellen Ln  Houston, TX 77018	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Meeting Production Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION 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: 10/10	<b>2</b> FILER NAME Texas Democratic Party (P)	<b>3</b> Filer ID (Ethics Commission Filers) 00011906
<b>4</b> Date 11/26/2025	<b>5</b> Payee name Stripes Strategy	
<b>6</b> Amount (\$) \$5,135.00	<b>7</b> Payee address; City; State; Zip Code 534 Parkhurst  Dallas, TX 75214	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Administrative Consulting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought  Office held