

**COUNTY EXECUTIVE COMMITTEE  
CAMPAIGN FINANCE REPORT**

**FORM CEC  
COVER SHEET PG 1**

The CEC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00054753	2 Total pages filed: 276		
3 COMMITTEE NAME Democratic Party of Collin County		<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 01/12/2026  Date Hand-delivered or Date Postmarked  Receipt # <input type="text"/> Amount <input type="text"/>  Date Processed  Date Imaged			
4 COMMITTEE ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6829 K Avenue, Suite #111  Plano, TX 75074					
5 CAMPAIGN TREASURER NAME  Mr. Michael	FIRST  .....			MI	
	NICKNAME LAST Keating	SUFFIX			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) Princeton, TX 75407	STREET ADDRESS (NO PO BOX PLEASE); 705 Rawhide Way	APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; 705 Rawhide Way	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Princeton, TX 75407				
8 CAMPAIGN TREASURER PHONE	AREA CODE (650) 922-2294	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15  <input type="checkbox"/> July 15	<input type="checkbox"/> 30th day before election  <input type="checkbox"/> 8th day before election  <input type="checkbox"/> Runoff	<input type="checkbox"/> Final Report  <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year 07/01/2025	Month Day Year THROUGH	Month Day Year 12/31/2025		
11 ELECTION	ELECTION DATE Month Day Year 03/03/2026	<input checked="" type="checkbox"/> Primary  <input type="checkbox"/> General	ELECTION TYPE  <input type="checkbox"/> Runoff  <input type="checkbox"/> Special	<input type="checkbox"/> Other	

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**COUNTY EXECUTIVE COMMITTEE REPORT:  
PURPOSE & TOTALS**

**FORM CEC  
COVER SHEET PG 2**

<b>12 COMMITTEE NAME</b> Democratic Party of Collin County		<b>13 FILER ID</b> (Ethics Commission Filers) 00054753
<b>14 COMMITTEE ACTIVITY</b>  (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      Ballot ID:Prop 1 Election Date:2025-11-04 Desc:Texas State Technical College Funding  B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
<b>15 CONTRIBUTION TOTALS</b>	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	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 102,940.38
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 129,080.43
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 19,848.49
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 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. Michael Keating

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

**COUNTY EXECUTIVE COMMITTEE REPORT:  
PURPOSE**

**FORM CEC**

**ADDENDUM**

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<b>12 COMMITTEE NAME</b> Democratic Party of Collin County		<b>13 FILER ID</b> (Ethics Commission Filers) 00054753
<b>14 COMMITTEE ACTIVITY</b>  (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    Ballot ID:Prop 2 Election Date:2025-11-04 Desc:Ban on Capital Gains Taxes
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
<b>COMMITTEE ACTIVITY</b>  (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    Ballot ID:Prop 3 Election Date:2025-11-04 Desc:Denying Bail for Certain Crimes
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
<b>COMMITTEE ACTIVITY</b>  (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    Ballot ID:Prop 4 Election Date:2025-11-04 Desc:Dedicated Water Fund  B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

**COUNTY EXECUTIVE COMMITTEE REPORT:  
PURPOSE**

**FORM CEC**

**ADDENDUM**

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<b>12 COMMITTEE NAME</b> Democratic Party of Collin County			<b>13 FILER ID</b> (Ethics Commission Filers) 00054753
<b>14 COMMITTEE ACTIVITY</b>  (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	Ballot ID:Prop 5 Election Date:2025-11-04 Desc:Animal Feed Tax Exemption
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	B. Opposed	
<b>COMMITTEE ACTIVITY</b>  (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	
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	B. Opposed Ballot ID:Prop 6 Election Date:2025-11-04 Desc:Ban on Securities Transactions Taxes	
<b>COMMITTEE ACTIVITY</b>  (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	Ballot ID:Prop 7 Election Date:2025-11-07 Desc:Property Tax Break for Surviving Spouses of Veterans
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	B. Opposed	

**COUNTY EXECUTIVE COMMITTEE REPORT:  
PURPOSE**

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<b>12 COMMITTEE NAME</b> Democratic Party of Collin County		<b>13 FILER ID</b> (Ethics Commission Filers) 00054753
<b>14 COMMITTEE ACTIVITY</b>  (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    Ballot ID:Prop 8 Election Date:2025-11-04 Desc:Ban on Estate and Gift Taxes
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
<b>COMMITTEE ACTIVITY</b>  (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    Ballot ID:Prop 9 Election Date:2025-11-04 Desc:Business Equipment Tax Exemption  B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
<b>COMMITTEE ACTIVITY</b>  (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    Ballot ID:Prop 10 Election Date:2025-11-04 Desc:Property Tax Relief After Home Fire  B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

**COUNTY EXECUTIVE COMMITTEE REPORT:  
PURPOSE**

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<b>12 COMMITTEE NAME</b> Democratic Party of Collin County		<b>13 FILER ID</b> (Ethics Commission Filers) 00054753
<b>14 COMMITTEE ACTIVITY</b>  (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 Ballot ID:Prop 11 Election Date:2025-11-04 Desc:Increased School Tax Break for Elderly and Disabled  B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
<b>COMMITTEE ACTIVITY</b>  (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 Ballot ID:Prop 12 Election Date:2025-11-04 Desc:Judicial Oversight Changes
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
<b>COMMITTEE ACTIVITY</b>  (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 Ballot ID:Prop 13 Election Date:2025-11-04 Desc:Increased Homestead Exemption for All Homeowners  B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

**COUNTY EXECUTIVE COMMITTEE REPORT:  
PURPOSE**

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<b>12 COMMITTEE NAME</b> Democratic Party of Collin County		<b>13 FILER ID</b> (Ethics Commission Filers) 00054753
<b>14 COMMITTEE ACTIVITY</b>  (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 Ballot ID:Prop 14 Election Date:2025-11-04 Desc:Dementia and Alzheimer's Research Institute  B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
<b>COMMITTEE ACTIVITY</b>  (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 Ballot ID:Prop 15 Election Date:2025-11-04 Desc:Parental Rights Amendment
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
<b>COMMITTEE ACTIVITY</b>  (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 Ballot ID:Prop 16 Election Date:2025-11-04 Desc:Citizenship Requirement to Vote
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

**COUNTY EXECUTIVE COMMITTEE REPORT:  
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<b>12 COMMITTEE NAME</b> Democratic Party of Collin County		<b>13 Filer ID</b> (Ethics Commission Filers) 00054753
<b>14 COMMITTEE ACTIVITY</b>  (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    Ballot ID:Prop 17 Election Date:2025-11-04 Desc:Border Security Tax Exemption
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

**SUBTOTALS - CEC****FORM CEC**  
**COVER SHEET PG 3**  
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<b>17</b> COMMITTEE NAME Democratic Party of Collin County	<b>18</b> Filer ID (Ethics Commission Filers) 00054753
<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 102,294.14
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 646.24
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 129,080.43
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
10. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 331.76

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/178 Rpt: 10/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 07/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADAMS-MOE, MARY ..... <b>6</b> Contributor address; City; State; Zip Code  Lucas, TX 75002	<b>7</b> Amount of Contribution (\$) \$62.15
	<b>8</b> Principal occupation / Job title (See Instructions) Retired	<b>9</b> Employer (See Instructions) Retired
Date 08/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADAMS-MOE, MARY ..... Contributor address; City; State; Zip Code  Lucas, TX 75002	Amount of Contribution (\$) \$62.15
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADAMS-MOE, MARY ..... Contributor address; City; State; Zip Code  Lucas, TX 75002	Amount of Contribution (\$) \$62.15
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADAMS-MOE, MARY ..... Contributor address; City; State; Zip Code  Lucas, TX 75002	Amount of Contribution (\$) \$62.15
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADAMS-MOE, MARY ..... Contributor address; City; State; Zip Code  Lucas, TX 75002	Amount of Contribution (\$) \$62.15
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/178 Rpt: 11/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 12/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADAMS-MOE, MARY ..... <b>6</b> Contributor address; City; State; Zip Code  Lucas, TX 75002	<b>7</b> Amount of Contribution (\$) \$62.15
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abercrombie, Hannah ..... Contributor address; City; State; Zip Code  Allen, TX 75002	Amount of Contribution (\$) \$15.69
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Self,Aberwang Music Studio
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abercrombie, Hannah ..... Contributor address; City; State; Zip Code  Allen, TX 75002	Amount of Contribution (\$) \$15.69
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Self,Aberwang Music Studio
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abercrombie, Hannah ..... Contributor address; City; State; Zip Code  Allen, TX 75002	Amount of Contribution (\$) \$15.69
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Self,Aberwang Music Studio
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abercrombie, Hannah ..... Contributor address; City; State; Zip Code  Allen, TX 75002	Amount of Contribution (\$) \$15.69
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Self,Aberwang Music Studio

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/178 Rpt: 12/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 11/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abercrombie, Hannah	<b>7</b> Amount of Contribution (\$) \$15.69
	<b>6</b> Contributor address; City; State; Zip Code  Allen, TX 75002	
<b>8</b> Principal occupation / Job title (See Instructions) Musician		<b>9</b> Employer (See Instructions) Self,Aberwang Music Studio
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abercrombie, Hannah	Amount of Contribution (\$) \$15.69
	Contributor address; City; State; Zip Code  Allen, TX 75002	
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Self,Aberwang Music Studio
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Roy	Amount of Contribution (\$) \$309.95
	Contributor address; City; State; Zip Code  Frisco, TX 75035	
Principal occupation / Job title (See Instructions) Software Architect		Employer (See Instructions) RealPage,Inc
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Tony	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code  Frisco, TX 75035	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Happy Living Enterprise INC
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agers, Linda	Amount of Contribution (\$) \$10.53
	Contributor address; City; State; Zip Code  Plano, TX 75023	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/178 Rpt: 13/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 08/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Agers, Linda	<b>7</b> Amount of Contribution (\$) \$10.53
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75023	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
<b>Date</b> 09/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Agers, Linda	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75023	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 10/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Agers, Linda	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75023	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 11/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Agers, Linda	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75023	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 12/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Agers, Linda	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75023	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/178 Rpt: 14/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 11/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alladi, Kalyani	<b>7</b> Amount of Contribution (\$) \$15.00
	<b>6</b> Contributor address; City; State; Zip Code  Frisco, TX 75035	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
<b>Date</b> 07/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Anil Kumar, Y	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75035	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 08/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Anil Kumar, Y	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75035	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 07/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Anis, Mark	<b>Amount of Contribution (\$)</b> \$15.00
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75034	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 08/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Anis, Mark	<b>Amount of Contribution (\$)</b> \$15.00
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75034	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/178 Rpt: 15/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 09/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anis, Mark ..... <b>6</b> Contributor address; City; State; Zip Code  Frisco, TX 75034	<b>7</b> Amount of Contribution (\$) \$60.00
	<b>8</b> Principal occupation / Job title (See Instructions) Retired	<b>9</b> Employer (See Instructions) Retired
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anis, Mark ..... Contributor address; City; State; Zip Code  Frisco, TX 75034	Amount of Contribution (\$) \$15.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anis, Mark ..... Contributor address; City; State; Zip Code  Frisco, TX 75034	Amount of Contribution (\$) \$15.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anis, Mark ..... Contributor address; City; State; Zip Code  Frisco, TX 75034	Amount of Contribution (\$) \$155.08
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anis, Mark ..... Contributor address; City; State; Zip Code  Frisco, TX 75034	Amount of Contribution (\$) \$15.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/178 Rpt: 16/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 12/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anis, Mark	<b>7</b> Amount of Contribution (\$) \$15.00
	<b>6</b> Contributor address; City; State; Zip Code  Frisco, TX 75034	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony, Joseph	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Dallas, TX 75252	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony, Joseph	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Dallas, TX 75252	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony, Joseph	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Dallas, TX 75252	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony, Joseph	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Dallas, TX 75252	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/178 Rpt: 17/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 11/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony, Joseph	<b>7</b> Amount of Contribution (\$) \$15.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75252	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony, Joseph	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Dallas, TX 75252	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Applebaum, Wayne	Amount of Contribution (\$) \$10.53
	Contributor address; City; State; Zip Code  Plano, TX 75093	
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Applebaum, Wayne	Amount of Contribution (\$) \$10.53
	Contributor address; City; State; Zip Code  Plano, TX 75093	
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Applebaum, Wayne	Amount of Contribution (\$) \$10.53
	Contributor address; City; State; Zip Code  Plano, TX 75093	
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/178 Rpt: 18/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 10/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Applebaum, Wayne	<b>7</b> Amount of Contribution (\$) \$10.53
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75093	
<b>8</b> Principal occupation / Job title (See Instructions) Writer		<b>9</b> Employer (See Instructions) Self
<b>Date</b> 11/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Applebaum, Wayne	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75093	
<b>Principal occupation / Job title (See Instructions)</b> Writer		<b>Employer (See Instructions)</b> Self
<b>Date</b> 12/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Applebaum, Wayne	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75093	
<b>Principal occupation / Job title (See Instructions)</b> Writer		<b>Employer (See Instructions)</b> Self
<b>Date</b> 11/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Arumugham, Visa	<b>Amount of Contribution (\$)</b> \$26.01
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75025	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 12/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Steven	<b>Amount of Contribution (\$)</b> \$413.20
	<b>Contributor address; City; State; Zip Code</b>  Allen, TX 75013	
<b>Principal occupation / Job title (See Instructions)</b> Psychotherapist		<b>Employer (See Instructions)</b> Dallas Center for Counseling Human Development

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/178 Rpt: 19/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 12/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bado, Angie	<b>7</b> Amount of Contribution (\$) \$413.20
	<b>6</b> Contributor address; City; State; Zip Code  McKinney, TX 75072	
<b>8</b> Principal occupation / Job title (See Instructions) Alumni engagement		<b>9</b> Employer (See Instructions) Bethany College
<b>Date</b> 10/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Keri	<b>Amount of Contribution (\$)</b> \$60.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75023	
<b>Principal occupation / Job title (See Instructions)</b> Project Manager		<b>Employer (See Instructions)</b> Optum
<b>Date</b> 08/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bateman, Nicole	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75035	
<b>Principal occupation / Job title (See Instructions)</b> Epicurean Lead		<b>Employer (See Instructions)</b> Market Street
<b>Date</b> 07/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Beck, Karen	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75025	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 08/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Beck, Karen	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75025	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/178 Rpt: 20/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 09/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beck, Karen ..... <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75025	<b>7</b> Amount of Contribution (\$) \$10.53
	<b>8</b> Principal occupation / Job title (See Instructions) Retired	<b>9</b> Employer (See Instructions) Retired
Date 10/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beck, Karen ..... Contributor address; City; State; Zip Code  Plano, TX 75025	Amount of Contribution (\$) \$10.53
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beck, Karen ..... Contributor address; City; State; Zip Code  Plano, TX 75025	Amount of Contribution (\$) \$10.53
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beck, Karen ..... Contributor address; City; State; Zip Code  Plano, TX 75025	Amount of Contribution (\$) \$10.53
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date 07/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beene, Mike ..... Contributor address; City; State; Zip Code  Mckinney, TX 75071	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/178 Rpt: 21/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 08/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beene, Mike	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Mckinney, TX 75071	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
<b>Date</b> 09/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Beene, Mike	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75071	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 10/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Beene, Mike	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75071	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 11/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Beene, Mike	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75071	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 07/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Siobhan	<b>Amount of Contribution (\$)</b> \$31.18
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75023	
<b>Principal occupation / Job title (See Instructions)</b> Teacher		<b>Employer (See Instructions)</b> Garland ISD

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 13/178 Rpt: 22/276
<b>2</b> FILER NAME Democratic Party of Collin County			<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 08/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Siobhan	<b>7</b> Amount of Contribution (\$) \$31.18	
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75023		
<b>8</b> Principal occupation / Job title (See Instructions) Teacher		<b>9</b> Employer (See Instructions) Garland ISD	
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Siobhan	<b>Amount of Contribution (\$)</b> \$31.18	
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75023		
<b>Principal occupation / Job title (See Instructions)</b> Teacher		<b>Employer (See Instructions)</b> Garland ISD	
<b>Date</b> 10/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Siobhan	<b>Amount of Contribution (\$)</b> \$31.18	
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75023		
<b>Principal occupation / Job title (See Instructions)</b> Teacher		<b>Employer (See Instructions)</b> Garland ISD	
<b>Date</b> 11/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Siobhan	<b>Amount of Contribution (\$)</b> \$31.18	
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75023		
<b>Principal occupation / Job title (See Instructions)</b> Teacher		<b>Employer (See Instructions)</b> Garland ISD	
<b>Date</b> 12/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Siobhan	<b>Amount of Contribution (\$)</b> \$31.18	
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75023		
<b>Principal occupation / Job title (See Instructions)</b> Teacher		<b>Employer (See Instructions)</b> Garland ISD	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 14/178 Rpt: 23/276
<b>2</b> FILER NAME Democratic Party of Collin County			<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor Berins, David	<input type="checkbox"/> out-of-state PAC (ID#: .....)	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75252		
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired	
Date 08/18/2025	Full name of contributor Berins, David	<input type="checkbox"/> out-of-state PAC (ID#: .....)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Dallas, TX 75252		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 09/18/2025	Full name of contributor Berins, David	<input type="checkbox"/> out-of-state PAC (ID#: .....)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Dallas, TX 75252		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 10/18/2025	Full name of contributor Berins, David	<input type="checkbox"/> out-of-state PAC (ID#: .....)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Dallas, TX 75252		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 11/18/2025	Full name of contributor Berins, David	<input type="checkbox"/> out-of-state PAC (ID#: .....)	Amount of Contribution (\$) \$284.14
	Contributor address; City; State; Zip Code  Dallas, TX 75252		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/178 Rpt: 24/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 11/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berins, David	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75252	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berins, David	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Dallas, TX 75252	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Jim and Debbie	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Allen, TX 75013	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Jim and Debbie	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Allen, TX 75013	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Jim and Debbie	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Allen, TX 75013	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/178 Rpt: 25/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 10/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Jim and Debbie ..... <b>6</b> Contributor address; City; State; Zip Code  Allen, TX 75013	<b>7</b> Amount of Contribution (\$) \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Jim and Debbie ..... Contributor address; City; State; Zip Code  Allen, TX 75013	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Jim and Debbie ..... Contributor address; City; State; Zip Code  Allen, TX 75013	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bescherer, Jackie ..... Contributor address; City; State; Zip Code  Mc Kinney, TX 75070	Amount of Contribution (\$) \$41.50
Principal occupation / Job title (See Instructions) Telecom Engineer		Employer (See Instructions) Comcast
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bescherer, Jackie ..... Contributor address; City; State; Zip Code  Mc Kinney, TX 75070	Amount of Contribution (\$) \$284.14
Principal occupation / Job title (See Instructions) Telecom Engineer		Employer (See Instructions) Comcast

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/178 Rpt: 26/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor Best, Randy	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75025	
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
<b>Date</b> 08/01/2025	<b>Full name of contributor</b> Best, Randy	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75025	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 09/01/2025	<b>Full name of contributor</b> Best, Randy	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75025	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 10/01/2025	<b>Full name of contributor</b> Best, Randy	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75025	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 11/01/2025	<b>Full name of contributor</b> Best, Randy	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75025	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/178 Rpt: 27/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 12/01/2025	<b>5</b> Full name of contributor Best, Randy	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75025	
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 09/05/2025	Full name of contributor Biehl, Allen	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Austin, TX 78748	
Principal occupation / Job title (See Instructions) Campaign Manager		Employer (See Instructions) Vikki Goodwin Campaign
Date 07/31/2025	Full name of contributor Bledsoe, Ryan	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Mckinney, TX 75069	
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Resonating threads studio
Date 08/31/2025	Full name of contributor Bledsoe, Ryan	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Mckinney, TX 75069	
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Resonating threads studio
Date 09/30/2025	Full name of contributor Bledsoe, Ryan	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Mckinney, TX 75069	
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Resonating threads studio

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/178 Rpt: 28/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 10/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bledsoe, Ryan ..... <b>6</b> Contributor address; City; State; Zip Code  Mckinney, TX 75069	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Artist		<b>9</b> Employer (See Instructions) Resonating threads studio
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blue, Kenn ..... Contributor address; City; State; Zip Code  Dallas, TX 75252	Amount of Contribution (\$)  \$5.00
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Fedex
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolt, John ..... Contributor address; City; State; Zip Code  Fairview, TX 75069	Amount of Contribution (\$)  \$62.15
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolt, John ..... Contributor address; City; State; Zip Code  Fairview, TX 75069	Amount of Contribution (\$)  \$62.15
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolt, John ..... Contributor address; City; State; Zip Code  Fairview, TX 75069	Amount of Contribution (\$)  \$62.15
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/178 Rpt: 29/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 10/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolt, John	<b>7</b> Amount of Contribution (\$) \$62.15
	<b>6</b> Contributor address; City; State; Zip Code  Fairview, TX 75069	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
<b>Date</b> 11/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolt, John	<b>Amount of Contribution (\$)</b> \$62.15
	<b>Contributor address; City; State; Zip Code</b>  Fairview, TX 75069	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 12/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolt, John	<b>Amount of Contribution (\$)</b> \$62.15
	<b>Contributor address; City; State; Zip Code</b>  Fairview, TX 75069	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 11/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bose, Sarmila	<b>Amount of Contribution (\$)</b> \$51.83
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75024	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 07/11/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bose, Sharmila	<b>Amount of Contribution (\$)</b> \$31.18
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75024	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/178 Rpt: 30/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 08/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bose, Sharmila	<b>7</b> Amount of Contribution (\$) \$31.18
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75024	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
<b>Date</b> 08/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bose, Sharmila	<b>Amount of Contribution (\$)</b> \$60.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75024	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 09/11/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bose, Sharmila	<b>Amount of Contribution (\$)</b> \$31.18
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75024	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 10/11/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bose, Sharmila	<b>Amount of Contribution (\$)</b> \$31.18
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75024	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 10/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bose, Sharmila	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75024	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/178 Rpt: 31/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 10/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bose, Sharmila	<b>7</b> Amount of Contribution (\$) \$300.00
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75024	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bose, Sharmila	Amount of Contribution (\$) \$31.18
	Contributor address; City; State; Zip Code  Plano, TX 75024	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bose, Sharmila	Amount of Contribution (\$) \$31.18
	Contributor address; City; State; Zip Code  Plano, TX 75024	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bottles, Marilyn	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code  Plano, TX 75075	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowling, Crystal	Amount of Contribution (\$) \$120.00
	Contributor address; City; State; Zip Code  McKinney, TX 75069	
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) Oakstreet nursery

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 23/178 Rpt: 32/276
<b>2</b> FILER NAME Democratic Party of Collin County			<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 08/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowling, Crystal	<b>7</b> Amount of Contribution (\$) \$120.00	
	<b>6</b> Contributor address; City; State; Zip Code  McKinney, TX 75069		
<b>8</b> Principal occupation / Job title (See Instructions) sales		<b>9</b> Employer (See Instructions) Oakstreet nursery	
<b>Date</b> 09/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowling, Crystal	<b>Amount of Contribution (\$)</b> \$120.00	
	<b>Contributor address; City; State; Zip Code</b>  McKinney, TX 75069		
<b>Principal occupation / Job title (See Instructions)</b> sales		<b>Employer (See Instructions)</b> Oakstreet nursery	
<b>Date</b> 10/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowling, Crystal	<b>Amount of Contribution (\$)</b> \$120.00	
	<b>Contributor address; City; State; Zip Code</b>  McKinney, TX 75069		
<b>Principal occupation / Job title (See Instructions)</b> sales		<b>Employer (See Instructions)</b> Oakstreet nursery	
<b>Date</b> 11/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowling, Crystal	<b>Amount of Contribution (\$)</b> \$120.00	
	<b>Contributor address; City; State; Zip Code</b>  McKinney, TX 75069		
<b>Principal occupation / Job title (See Instructions)</b> sales		<b>Employer (See Instructions)</b> Oakstreet nursery	
<b>Date</b> 12/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowling, Crystal	<b>Amount of Contribution (\$)</b> \$120.00	
	<b>Contributor address; City; State; Zip Code</b>  McKinney, TX 75069		
<b>Principal occupation / Job title (See Instructions)</b> sales		<b>Employer (See Instructions)</b> Oakstreet nursery	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/178 Rpt: 33/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 07/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradford, Robert	<b>7</b> Amount of Contribution (\$) \$10.53
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75074	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
<b>Date</b> 08/27/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradford, Robert	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75074	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 09/27/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradford, Robert	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75074	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 10/27/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradford, Robert	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75074	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 11/27/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradford, Robert	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75074	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/178 Rpt: 34/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 12/27/2025	<b>5</b> Full name of contributor Bradford, Robert	<b>7</b> Amount of Contribution (\$) \$10.53
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75074	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 11/28/2025	Full name of contributor Brett, Donald	Amount of Contribution (\$) \$206.70
	Contributor address; City; State; Zip Code  Plano, TX 75025	
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) Nuvem
Date 07/15/2025	Full name of contributor Brett, Justin	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Plano, TX 75025	
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) Nuvem
Date 08/10/2025	Full name of contributor Brett, Justin	Amount of Contribution (\$) \$120.00
	Contributor address; City; State; Zip Code  Plano, TX 75025	
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) Nuvem
Date 09/10/2025	Full name of contributor Brett, Justin	Amount of Contribution (\$) \$120.00
	Contributor address; City; State; Zip Code  Plano, TX 75025	
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) Nuvem

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/178 Rpt: 35/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 10/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brett, Justin	<b>7</b> Amount of Contribution (\$) \$120.00
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75025	
<b>8</b> Principal occupation / Job title (See Instructions) Developer		<b>9</b> Employer (See Instructions) Nuvem
Date 10/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brikowski, Tom	Amount of Contribution (\$) \$120.00
	Contributor address; City; State; Zip Code  Plano, TX 75074	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Karen	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Allen, TX 75002	
Principal occupation / Job title (See Instructions) Communications Manager		Employer (See Instructions) MedAssets
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Karen	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Allen, TX 75002	
Principal occupation / Job title (See Instructions) Communications Manager		Employer (See Instructions) MedAssets
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Karen	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Allen, TX 75002	
Principal occupation / Job title (See Instructions) Communications Manager		Employer (See Instructions) MedAssets

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/178 Rpt: 36/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 10/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Karen	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  Allen, TX 75002	
<b>8</b> Principal occupation / Job title (See Instructions) Communications Manager		<b>9</b> Employer (See Instructions) MedAssets
<b>Date</b> 11/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Karen	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  Allen, TX 75002	
<b>Principal occupation / Job title (See Instructions)</b> Communications Manager		<b>Employer (See Instructions)</b> MedAssets
<b>Date</b> 12/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Karen	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  Allen, TX 75002	
<b>Principal occupation / Job title (See Instructions)</b> Communications Manager		<b>Employer (See Instructions)</b> MedAssets
<b>Date</b> 07/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Macey	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Allen, TX 75002	
<b>Principal occupation / Job title (See Instructions)</b> Hairstylist		<b>Employer (See Instructions)</b> Self Employed
<b>Date</b> 07/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Macey	<b>Amount of Contribution (\$)</b> \$60.00
	<b>Contributor address; City; State; Zip Code</b>  Allen, TX 75002	
<b>Principal occupation / Job title (See Instructions)</b> Hairstylist		<b>Employer (See Instructions)</b> Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/178 Rpt: 37/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 08/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Macey	<b>7</b> Amount of Contribution (\$) \$10.53
	<b>6</b> Contributor address; City; State; Zip Code  Allen, TX 75002	
<b>8</b> Principal occupation / Job title (See Instructions) Hairstylist		<b>9</b> Employer (See Instructions) Self Employed
<b>Date</b> 08/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Macey	<b>Amount of Contribution (\$)</b> \$60.00
	<b>Contributor address; City; State; Zip Code</b>  Allen, TX 75002	
<b>Principal occupation / Job title (See Instructions)</b> Hairstylist		<b>Employer (See Instructions)</b> Self Employed
<b>Date</b> 07/09/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Nicholas	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75204	
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b> Shamoun & Norman LLP
<b>Date</b> 08/09/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Nicholas	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75204	
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b> Shamoun & Norman LLP
<b>Date</b> 09/09/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Nicholas	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75204	
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b> Shamoun & Norman LLP

## MONETARY POLITICAL CONTRIBUTIONS

## **SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/178 Rpt: 38/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 10/09/2025	<b>5</b> Full name of contributor Burns, Nicholas	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75204	
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Shamoun & Norman LLP
<b>Date</b> 11/09/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Nicholas	<b>Amount of Contribution (\$)</b> \$25.00
	Contributor address; City; State; Zip Code  Dallas, TX 75204	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Shamoun & Norman LLP
<b>Date</b> 12/09/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Nicholas	<b>Amount of Contribution (\$)</b> \$25.00
	Contributor address; City; State; Zip Code  Dallas, TX 75204	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Shamoun & Norman LLP
<b>Date</b> 09/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Button, Nancy	<b>Amount of Contribution (\$)</b> \$60.00
	Contributor address; City; State; Zip Code  Murphy, TX 75094	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Athena Tutoring
<b>Date</b> 07/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Cabrera Sievert, Odette	<b>Amount of Contribution (\$)</b> \$5.36
	Contributor address; City; State; Zip Code  Plano, TX 75075	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Region 10

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/178 Rpt: 39/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 08/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cabrera Sievert, Odette ..... <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75075	<b>7</b> Amount of Contribution (\$) \$5.36
	<b>8</b> Principal occupation / Job title (See Instructions) Consultant	<b>9</b> Employer (See Instructions) Region 10
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cabrera Sievert, Odette ..... Contributor address; City; State; Zip Code  Plano, TX 75075	Amount of Contribution (\$) \$5.36
	Principal occupation / Job title (See Instructions) Consultant	Employer (See Instructions) Region 10
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cabrera Sievert, Odette ..... Contributor address; City; State; Zip Code  Plano, TX 75075	Amount of Contribution (\$) \$5.36
	Principal occupation / Job title (See Instructions) Consultant	Employer (See Instructions) Region 10
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cabrera Sievert, Odette ..... Contributor address; City; State; Zip Code  Plano, TX 75075	Amount of Contribution (\$) \$5.36
	Principal occupation / Job title (See Instructions) Consultant	Employer (See Instructions) Region 10
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cabrera Sievert, Odette ..... Contributor address; City; State; Zip Code  Plano, TX 75075	Amount of Contribution (\$) \$5.36
	Principal occupation / Job title (See Instructions) Consultant	Employer (See Instructions) Region 10

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/178 Rpt: 40/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 07/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlson, John	<b>7</b> Amount of Contribution (\$) \$30.00
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75023	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
<b>Date</b> 08/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlson, John	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75023	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 09/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlson, John	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75023	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 10/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlson, John	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75023	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 11/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlson, John	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75023	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/178 Rpt: 41/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 12/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlson, John	<b>7</b> Amount of Contribution (\$) \$30.00
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75023	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
<b>Date</b> 09/04/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Casavant, Catherine	<b>Amount of Contribution (\$)</b> \$60.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75075	
<b>Principal occupation / Job title (See Instructions)</b> CPA		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 07/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Casavant, Michael	<b>Amount of Contribution (\$)</b> \$250.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75075	
<b>Principal occupation / Job title (See Instructions)</b> Product Manager		<b>Employer (See Instructions)</b> JPMorgan Chase
<b>Date</b> 08/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Casavant, Michael	<b>Amount of Contribution (\$)</b> \$250.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75075	
<b>Principal occupation / Job title (See Instructions)</b> Product Manager		<b>Employer (See Instructions)</b> JPMorgan Chase
<b>Date</b> 09/04/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Casavant, Michael	<b>Amount of Contribution (\$)</b> \$60.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75075	
<b>Principal occupation / Job title (See Instructions)</b> Product Manager		<b>Employer (See Instructions)</b> JPMorgan Chase

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/178 Rpt: 42/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 09/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casavant, Michael	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75075	
<b>8</b> Principal occupation / Job title (See Instructions) Product Manager		<b>9</b> Employer (See Instructions) JPMorgan Chase
<b>Date</b> 10/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Casavant, Michael	<b>Amount of Contribution (\$)</b> \$250.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75075	
<b>Principal occupation / Job title (See Instructions)</b> Product Manager		<b>Employer (See Instructions)</b> JPMorgan Chase
<b>Date</b> 11/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Casavant, Michael	<b>Amount of Contribution (\$)</b> \$377.06
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75075	
<b>Principal occupation / Job title (See Instructions)</b> Product Manager		<b>Employer (See Instructions)</b> JPMorgan Chase
<b>Date</b> 11/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Casavant, Michael	<b>Amount of Contribution (\$)</b> \$250.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75075	
<b>Principal occupation / Job title (See Instructions)</b> Product Manager		<b>Employer (See Instructions)</b> JPMorgan Chase
<b>Date</b> 11/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Casavant, Michael	<b>Amount of Contribution (\$)</b> \$877.83
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75075	
<b>Principal occupation / Job title (See Instructions)</b> Product Manager		<b>Employer (See Instructions)</b> JPMorgan Chase

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/178 Rpt: 43/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 12/21/2025	<b>5</b> Full name of contributor Casavant, Michael	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75075	
<b>8</b> Principal occupation / Job title (See Instructions) Product Manager		<b>9</b> Employer (See Instructions) JPMorgan Chase
<b>Date</b> 12/04/2025	<b>Full name of contributor</b> Casaz, Amanda	<b>Amount of Contribution (\$)</b> \$206.70
	<b>Contributor address; City; State; Zip Code</b>  Allen, TX 75002	
<b>Principal occupation / Job title (See Instructions)</b> Manager		<b>Employer (See Instructions)</b> ALLIANT INSURANCE SERVICES
<b>Date</b> 07/20/2025	<b>Full name of contributor</b> Caspari, Leaca	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Farmersville, TX 75442	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 08/20/2025	<b>Full name of contributor</b> Caspari, Leaca	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Farmersville, TX 75442	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 09/20/2025	<b>Full name of contributor</b> Caspari, Leaca	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Farmersville, TX 75442	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/178 Rpt: 44/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 10/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caspari, Leaca	<b>7</b> Amount of Contribution (\$) \$30.00
	<b>6</b> Contributor address; City; State; Zip Code  Farmersville, TX 75442	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
<b>Date</b> 11/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Caspari, Leaca	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Farmersville, TX 75442	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 12/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Caspari, Leaca	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Farmersville, TX 75442	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 07/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Chang, Helen	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75093	
<b>Principal occupation / Job title (See Instructions)</b> Teacher		<b>Employer (See Instructions)</b> Dallas college
<b>Date</b> 08/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Chang, Helen	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75093	
<b>Principal occupation / Job title (See Instructions)</b> Teacher		<b>Employer (See Instructions)</b> Dallas college

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/178 Rpt: 45/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 09/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chang, Helen	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75093	
<b>8</b> Principal occupation / Job title (See Instructions) Teacher		<b>9</b> Employer (See Instructions) Dallas college
<b>Date</b> 10/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Chang, Helen	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75093	
<b>Principal occupation / Job title (See Instructions)</b> Teacher		<b>Employer (See Instructions)</b> Dallas college
<b>Date</b> 11/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Chang, Helen	<b>Amount of Contribution (\$)</b> \$103.45
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75093	
<b>Principal occupation / Job title (See Instructions)</b> Teacher		<b>Employer (See Instructions)</b> Dallas college
<b>Date</b> 11/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Chang, Helen	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75093	
<b>Principal occupation / Job title (See Instructions)</b> Teacher		<b>Employer (See Instructions)</b> Dallas college
<b>Date</b> 12/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Chang, Helen	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75093	
<b>Principal occupation / Job title (See Instructions)</b> Teacher		<b>Employer (See Instructions)</b> Dallas college

## MONETARY POLITICAL CONTRIBUTIONS

## **SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/178 Rpt: 46/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 10/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheng, Deborah ..... <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75093	<b>7</b> Amount of Contribution (\$) \$69.20
<b>8</b> Principal occupation / Job title (See Instructions) Teacher		<b>9</b> Employer (See Instructions) Self
<b>Date</b> 07/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Christman, William ..... <b>Contributor address; City; State; Zip Code</b>  Murphy, TX 75094	<b>Amount of Contribution (\$)</b> \$25.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Dallas College
<b>Date</b> 08/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Christman, William ..... <b>Contributor address; City; State; Zip Code</b>  Murphy, TX 75094	<b>Amount of Contribution (\$)</b> \$25.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Dallas College
<b>Date</b> 09/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Clough, Robert ..... <b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75071	<b>Amount of Contribution (\$)</b> \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
<b>Date</b> 07/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Stephanie ..... <b>Contributor address; City; State; Zip Code</b>  Plano, TX 75075	<b>Amount of Contribution (\$)</b> \$30.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Robert Half

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/178 Rpt: 47/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 08/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Stephanie	<b>7</b> Amount of Contribution (\$) \$30.00
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75075	
<b>8</b> Principal occupation / Job title (See Instructions) Accountant		<b>9</b> Employer (See Instructions) Robert Half
<b>Date</b> 09/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Stephanie	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75075	
<b>Principal occupation / Job title (See Instructions)</b> Accountant		<b>Employer (See Instructions)</b> Robert Half
<b>Date</b> 10/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Stephanie	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75075	
<b>Principal occupation / Job title (See Instructions)</b> Accountant		<b>Employer (See Instructions)</b> Robert Half
<b>Date</b> 11/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Stephanie	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75075	
<b>Principal occupation / Job title (See Instructions)</b> Accountant		<b>Employer (See Instructions)</b> Robert Half
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole, Stephanie	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75075	
<b>Principal occupation / Job title (See Instructions)</b> Accountant		<b>Employer (See Instructions)</b> Robert Half

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/178 Rpt: 48/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 11/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Doug	<b>7</b> Amount of Contribution (\$) \$30.00
	<b>6</b> Contributor address; City; State; Zip Code  Allen, TX 75013	
<b>8</b> Principal occupation / Job title (See Instructions) Executive		<b>9</b> Employer (See Instructions) Toyota
<b>Date</b> 12/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Doug	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Allen, TX 75013	
<b>Principal occupation / Job title (See Instructions)</b> Executive		<b>Employer (See Instructions)</b> Toyota
<b>Date</b> 07/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Connor, Lydia	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75252	
<b>Principal occupation / Job title (See Instructions)</b> Social Worker		<b>Employer (See Instructions)</b> Collin County Childrens Advocacy Center
<b>Date</b> 08/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Connor, Lydia	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75252	
<b>Principal occupation / Job title (See Instructions)</b> Social Worker		<b>Employer (See Instructions)</b> Collin County Childrens Advocacy Center
<b>Date</b> 09/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Connor, Lydia	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75252	
<b>Principal occupation / Job title (See Instructions)</b> Social Worker		<b>Employer (See Instructions)</b> Collin County Childrens Advocacy Center

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/178 Rpt: 49/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 10/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connor, Lydia	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75252	
<b>8</b> Principal occupation / Job title (See Instructions) Social Worker		<b>9</b> Employer (See Instructions) Collin County Childrens Advocacy Center
<b>Date</b> 11/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Connor, Lydia	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75252	
<b>Principal occupation / Job title (See Instructions)</b> Social Worker		<b>Employer (See Instructions)</b> Collin County Childrens Advocacy Center
<b>Date</b> 11/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Connor, Lydia	<b>Amount of Contribution (\$)</b> \$309.95
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75252	
<b>Principal occupation / Job title (See Instructions)</b> Social Worker		<b>Employer (See Instructions)</b> Collin County Childrens Advocacy Center
<b>Date</b> 12/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Connor, Lydia	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75252	
<b>Principal occupation / Job title (See Instructions)</b> Social Worker		<b>Employer (See Instructions)</b> Collin County Childrens Advocacy Center
<b>Date</b> 12/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Connor, Lydia	<b>Amount of Contribution (\$)</b> \$65.20
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75252	
<b>Principal occupation / Job title (See Instructions)</b> Social Worker		<b>Employer (See Instructions)</b> Collin County Childrens Advocacy Center

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/178 Rpt: 50/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 07/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coughlan, Patrick	<b>7</b> Amount of Contribution (\$) \$124.10
	<b>6</b> Contributor address; City; State; Zip Code  Wylie, TX 75098	
<b>8</b> Principal occupation / Job title (See Instructions) Migrations		<b>9</b> Employer (See Instructions) JPMorgan Chase & Co.
<b>Date</b> 08/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Coughlan, Patrick	<b>Amount of Contribution (\$)</b> \$124.10
	<b>Contributor address; City; State; Zip Code</b>  Wylie, TX 75098	
<b>Principal occupation / Job title (See Instructions)</b> Migrations		<b>Employer (See Instructions)</b> JPMorgan Chase & Co.
<b>Date</b> 09/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Coughlan, Patrick	<b>Amount of Contribution (\$)</b> \$124.10
	<b>Contributor address; City; State; Zip Code</b>  Wylie, TX 75098	
<b>Principal occupation / Job title (See Instructions)</b> Migrations		<b>Employer (See Instructions)</b> JPMorgan Chase & Co.
<b>Date</b> 09/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Coughlan, Patrick	<b>Amount of Contribution (\$)</b> \$500.00
	<b>Contributor address; City; State; Zip Code</b>  Wylie, TX 75098	
<b>Principal occupation / Job title (See Instructions)</b> Migrations		<b>Employer (See Instructions)</b> JPMorgan Chase & Co.
<b>Date</b> 10/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Coughlan, Patrick	<b>Amount of Contribution (\$)</b> \$124.10
	<b>Contributor address; City; State; Zip Code</b>  Wylie, TX 75098	
<b>Principal occupation / Job title (See Instructions)</b> Migrations		<b>Employer (See Instructions)</b> JPMorgan Chase & Co.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/178 Rpt: 51/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 11/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coughlan, Patrick	<b>7</b> Amount of Contribution (\$) \$124.10
	<b>6</b> Contributor address; City; State; Zip Code  Wylie, TX 75098	
<b>8</b> Principal occupation / Job title (See Instructions) Migrations		<b>9</b> Employer (See Instructions) JPMorgan Chase & Co.
<b>Date</b> 11/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Coughlan, Patrick	<b>Amount of Contribution (\$)</b> \$309.95
	<b>Contributor address; City; State; Zip Code</b>  Wylie, TX 75098	
<b>Principal occupation / Job title (See Instructions)</b> Migrations		<b>Employer (See Instructions)</b> JPMorgan Chase & Co.
<b>Date</b> 12/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Coughlan, Patrick	<b>Amount of Contribution (\$)</b> \$124.10
	<b>Contributor address; City; State; Zip Code</b>  Wylie, TX 75098	
<b>Principal occupation / Job title (See Instructions)</b> Migrations		<b>Employer (See Instructions)</b> JPMorgan Chase & Co.
<b>Date</b> 10/06/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Crow, Carol and Randall	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75093	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 10/09/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Heather	<b>Amount of Contribution (\$)</b> \$60.00
	<b>Contributor address; City; State; Zip Code</b>  Watauga, TX 76148	
<b>Principal occupation / Job title (See Instructions)</b> Accountant		<b>Employer (See Instructions)</b> Accounting

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/178 Rpt: 52/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 07/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dalton, Jeffrey	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  Mckinney, TX 75071	
<b>8</b> Principal occupation / Job title (See Instructions) Self		<b>9</b> Employer (See Instructions) Consultant
<b>Date</b> 07/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Larry	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  Greenville, TX 75401	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 08/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Larry	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  Greenville, TX 75401	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 09/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Larry	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  Greenville, TX 75401	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 10/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Larry	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  Greenville, TX 75401	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 44/178 Rpt: 53/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 11/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Larry	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  Greenville, TX 75401	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Larry	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Greenville, TX 75401	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLaunay, Sandy	Amount of Contribution (\$) \$568.08
	Contributor address; City; State; Zip Code  Mckinney, TX 75072	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self Employed
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLaunay, Sandy	Amount of Contribution (\$) \$26.01
	Contributor address; City; State; Zip Code  Mckinney, TX 75072	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self Employed
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dishong, Judith	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code  Plano, TX 75023	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/178 Rpt: 54/276	
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753	
<b>4</b> Date 07/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorsey, Carson ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75287	<b>7</b> Amount of Contribution (\$)  \$20.85	
	<b>8</b> Principal occupation / Job title (See Instructions) Marketing Sales		
<b>9</b> Employer (See Instructions) Publicis Groupe	<b>Date</b> 08/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorsey, Carson ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75287	<b>Amount of Contribution (\$)</b>  \$20.85
	<b>Principal occupation / Job title (See Instructions)</b> Marketing Sales		<b>Employer (See Instructions)</b> Publicis Groupe
<b>Date</b> 09/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorsey, Carson ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75287	<b>Amount of Contribution (\$)</b>  \$20.85	
	<b>Principal occupation / Job title (See Instructions)</b> Marketing Sales		<b>Employer (See Instructions)</b> Publicis Groupe
<b>Date</b> 10/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorsey, Carson ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75287	<b>Amount of Contribution (\$)</b>  \$20.85	
	<b>Principal occupation / Job title (See Instructions)</b> Marketing Sales		<b>Employer (See Instructions)</b> Publicis Groupe
<b>Date</b> 11/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorsey, Carson ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75287	<b>Amount of Contribution (\$)</b>  \$20.85	
	<b>Principal occupation / Job title (See Instructions)</b> Marketing Sales		<b>Employer (See Instructions)</b> Publicis Groupe

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 46/178 Rpt: 55/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 12/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorsey, Carson	<b>7</b> Amount of Contribution (\$) \$20.85
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75287	
<b>8</b> Principal occupation / Job title (See Instructions) Marketing Sales		<b>9</b> Employer (See Instructions) Publicis Groupe
<b>Date</b> 09/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Doty, Mary	<b>Amount of Contribution (\$)</b> \$60.00
	<b>Contributor address; City; State; Zip Code</b>  Richardson, TX 75082	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Echols, Vickie	<b>Amount of Contribution (\$)</b> \$568.08
	<b>Contributor address; City; State; Zip Code</b>  Fairview, TX 75069	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 09/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Elkins, Sandy	<b>Amount of Contribution (\$)</b> \$60.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75025	
<b>Principal occupation / Job title (See Instructions)</b> Art Teacher, city of Plano & City of Richardson		<b>Employer (See Instructions)</b> Self, Sandy Elkins
<b>Date</b> 10/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Elkins, Sandy	<b>Amount of Contribution (\$)</b> \$155.08
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75025	
<b>Principal occupation / Job title (See Instructions)</b> Art Teacher, city of Plano & City of Richardson		<b>Employer (See Instructions)</b> Self, Sandy Elkins

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 47/178 Rpt: 56/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 07/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Tim	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75075	
<b>8</b> Principal occupation / Job title (See Instructions) DevOps Engineer		<b>9</b> Employer (See Instructions) Capital One
<b>Date</b> 08/27/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Tim	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75075	
<b>Principal occupation / Job title (See Instructions)</b> DevOps Engineer		<b>Employer (See Instructions)</b> Capital One
<b>Date</b> 09/27/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Tim	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75075	
<b>Principal occupation / Job title (See Instructions)</b> DevOps Engineer		<b>Employer (See Instructions)</b> Capital One
<b>Date</b> 10/27/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Tim	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75075	
<b>Principal occupation / Job title (See Instructions)</b> DevOps Engineer		<b>Employer (See Instructions)</b> Capital One
<b>Date</b> 11/27/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Tim	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75075	
<b>Principal occupation / Job title (See Instructions)</b> DevOps Engineer		<b>Employer (See Instructions)</b> Capital One

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 48/178 Rpt: 57/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 12/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Tim	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75075	
<b>8</b> Principal occupation / Job title (See Instructions) DevOps Engineer		<b>9</b> Employer (See Instructions) Capital One
<b>Date</b> 07/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Eurich, Nathan	<b>Amount of Contribution (\$)</b> \$31.18
	<b>Contributor address; City; State; Zip Code</b>  Addison, TX 75001	
<b>Principal occupation / Job title (See Instructions)</b> Engineer		<b>Employer (See Instructions)</b> RTX
<b>Date</b> 08/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Eurich, Nathan	<b>Amount of Contribution (\$)</b> \$31.18
	<b>Contributor address; City; State; Zip Code</b>  Addison, TX 75001	
<b>Principal occupation / Job title (See Instructions)</b> Engineer		<b>Employer (See Instructions)</b> RTX
<b>Date</b> 09/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Eurich, Nathan	<b>Amount of Contribution (\$)</b> \$31.18
	<b>Contributor address; City; State; Zip Code</b>  Addison, TX 75001	
<b>Principal occupation / Job title (See Instructions)</b> Engineer		<b>Employer (See Instructions)</b> RTX
<b>Date</b> 10/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Eurich, Nathan	<b>Amount of Contribution (\$)</b> \$31.18
	<b>Contributor address; City; State; Zip Code</b>  Addison, TX 75001	
<b>Principal occupation / Job title (See Instructions)</b> Engineer		<b>Employer (See Instructions)</b> RTX

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 49/178 Rpt: 58/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 11/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eurich, Nathan	<b>7</b> Amount of Contribution (\$) \$31.18
	<b>6</b> Contributor address; City; State; Zip Code  Addison, TX 75001	
<b>8</b> Principal occupation / Job title (See Instructions) Engineer		<b>9</b> Employer (See Instructions) RTX
Date 12/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eurich, Nathan	Amount of Contribution (\$) \$31.18
	Contributor address; City; State; Zip Code  Addison, TX 75001	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) RTX
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Darrel	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code  Mckinney, TX 75069	
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Ccdp
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOY, James	Amount of Contribution (\$) \$2,581.45
	Contributor address; City; State; Zip Code  Farmersville, TX 75442	
Principal occupation / Job title (See Instructions) Chairman		Employer (See Instructions) Foy Inc
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farrar, Kimberly	Amount of Contribution (\$) \$309.95
	Contributor address; City; State; Zip Code  Richardson, TX 75080	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 50/178 Rpt: 59/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 07/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Rebecca	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Wylie, TX 75098	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
<b>Date</b> 08/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Rebecca	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Wylie, TX 75098	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 09/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Rebecca	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Wylie, TX 75098	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 10/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Rebecca	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Wylie, TX 75098	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 11/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Rebecca	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Wylie, TX 75098	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 51/178 Rpt: 60/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 12/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Rebecca	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Wylie, TX 75098	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleming, Darren	Amount of Contribution (\$) \$120.00
	Contributor address; City; State; Zip Code  Mckinney, TX 75072	
Principal occupation / Job title (See Instructions) Pilot		Employer (See Instructions) Glazer's Beer and Beverage
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowlkes, Edward	Amount of Contribution (\$) \$120.00
	Contributor address; City; State; Zip Code  Mckinney, TX 75072	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowlkes, Edward	Amount of Contribution (\$) \$309.95
	Contributor address; City; State; Zip Code  Mckinney, TX 75072	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowlkes, Edward	Amount of Contribution (\$) \$26.01
	Contributor address; City; State; Zip Code  Mckinney, TX 75072	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 52/178 Rpt: 61/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 12/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowlkes, Edward	<b>7</b> Amount of Contribution (\$) \$31.18
	<b>6</b> Contributor address; City; State; Zip Code  Mckinney, TX 75072	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 07/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fritze, James	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Fairview, TX 75069	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fritze, James	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Fairview, TX 75069	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fritze, James	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Fairview, TX 75069	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fritze, James	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Fairview, TX 75069	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 53/178 Rpt: 62/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 11/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fritze, James ..... <b>6</b> Contributor address; City; State; Zip Code  Fairview, TX 75069	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>8</b> Principal occupation / Job title (See Instructions) Retired	<b>9</b> Employer (See Instructions) Retired
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fritze, James ..... Contributor address; City; State; Zip Code  Fairview, TX 75069	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRAY, MIKHAIL ..... Contributor address; City; State; Zip Code  Harker Heights, TX 76548	Amount of Contribution (\$) \$120.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gant, Alan ..... Contributor address; City; State; Zip Code  Plano, TX 75075	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gant, Alan ..... Contributor address; City; State; Zip Code  Plano, TX 75075	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 54/178 Rpt: 63/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 09/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gant, Alan	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75075	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
<b>Date</b> 10/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gant, Alan	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75075	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 11/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gant, Alan	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75075	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 12/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gant, Alan	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75075	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 07/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gant, Maria	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75075	
<b>Principal occupation / Job title (See Instructions)</b> CPA		<b>Employer (See Instructions)</b> Contran Corporation

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 55/178 Rpt: 64/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 08/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gant, Maria	<b>7</b> Amount of Contribution (\$) \$10.53
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75075	
<b>8</b> Principal occupation / Job title (See Instructions) CPA		<b>9</b> Employer (See Instructions) Contran Corporation
<b>Date</b> 09/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gant, Maria	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75075	
<b>Principal occupation / Job title (See Instructions)</b> CPA		<b>Employer (See Instructions)</b> Contran Corporation
<b>Date</b> 10/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gant, Maria	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75075	
<b>Principal occupation / Job title (See Instructions)</b> CPA		<b>Employer (See Instructions)</b> Contran Corporation
<b>Date</b> 11/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gant, Maria	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75075	
<b>Principal occupation / Job title (See Instructions)</b> CPA		<b>Employer (See Instructions)</b> Contran Corporation
<b>Date</b> 12/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gant, Maria	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75075	
<b>Principal occupation / Job title (See Instructions)</b> CPA		<b>Employer (See Instructions)</b> Contran Corporation

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 56/178 Rpt: 65/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 11/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaston, Susan	<b>7</b> Amount of Contribution (\$) \$26.01
	<b>6</b> Contributor address; City; State; Zip Code  McKinney, TX 75070	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gates, Emily	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code  Plano, TX 75075	
Principal occupation / Job title (See Instructions) L&D		Employer (See Instructions) Marquis
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ghagar, Amanda	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Plano, TX 75024	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Okta
Date 08/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ghagar, Amanda	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Plano, TX 75024	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Okta
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ghagar, Amanda	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Plano, TX 75024	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Okta

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 57/178 Rpt: 66/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 10/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ghagar, Amanda	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75024	
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Okta
<b>Date</b> 11/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ghagar, Amanda	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75024	
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b> Okta
<b>Date</b> 12/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ghagar, Amanda	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75024	
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b> Okta
<b>Date</b> 08/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Glew, Lisanne	<b>Amount of Contribution (\$)</b> \$120.00
	<b>Contributor address; City; State; Zip Code</b>  Fairview, TX 75069	
<b>Principal occupation / Job title (See Instructions)</b> Executive		<b>Employer (See Instructions)</b> UBS
<b>Date</b> 07/13/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Richard	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75024	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 58/178 Rpt: 67/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 08/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Richard	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75024	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
<b>Date</b> 09/13/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Richard	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75024	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 10/13/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Richard	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75024	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 11/13/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Richard	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75024	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 12/13/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Richard	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75024	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 59/178 Rpt: 68/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 07/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodwin, Katherine	<b>7</b> Amount of Contribution (\$) \$35.00
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75074	
<b>8</b> Principal occupation / Job title (See Instructions) Dispute Resolution Specialist		<b>9</b> Employer (See Instructions) KATHERINE GOODWIN
<b>Date</b> 08/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodwin, Katherine	<b>Amount of Contribution (\$)</b> \$35.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75074	
<b>Principal occupation / Job title (See Instructions)</b> Dispute Resolution Specialist		<b>Employer (See Instructions)</b> KATHERINE GOODWIN
<b>Date</b> 09/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodwin, Katherine	<b>Amount of Contribution (\$)</b> \$35.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75074	
<b>Principal occupation / Job title (See Instructions)</b> Dispute Resolution Specialist		<b>Employer (See Instructions)</b> KATHERINE GOODWIN
<b>Date</b> 10/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodwin, Katherine	<b>Amount of Contribution (\$)</b> \$35.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75074	
<b>Principal occupation / Job title (See Instructions)</b> Dispute Resolution Specialist		<b>Employer (See Instructions)</b> KATHERINE GOODWIN
<b>Date</b> 11/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodwin, Katherine	<b>Amount of Contribution (\$)</b> \$35.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75074	
<b>Principal occupation / Job title (See Instructions)</b> Dispute Resolution Specialist		<b>Employer (See Instructions)</b> KATHERINE GOODWIN

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 60/178 Rpt: 69/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 12/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodwin, Katherine	<b>7</b> Amount of Contribution (\$) \$35.00
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75074	
<b>8</b> Principal occupation / Job title (See Instructions) Dispute Resolution Specialist		<b>9</b> Employer (See Instructions) KATHERINE GOODWIN
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gopaul, Dez	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code  Montclair, NJ 07042	
Principal occupation / Job title (See Instructions) Streamer		Employer (See Instructions) SkydanceCBS
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Granados, Brenda	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code  Plano, TX 75023	
Principal occupation / Job title (See Instructions) Software tester QA		Employer (See Instructions) GivingData
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Gay	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Plano, TX 75075	
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Not Employed
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Taylor	Amount of Contribution (\$) \$284.14
	Contributor address; City; State; Zip Code  Gainesville, FL 32653	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 61/178 Rpt: 70/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 07/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregg, Matt ..... <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75023	<b>7</b> Amount of Contribution (\$)  \$10.53
	<b>8</b> Principal occupation / Job title (See Instructions) Finance Director	<b>9</b> Employer (See Instructions) MB2 Dental
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregg, Matt ..... Contributor address; City; State; Zip Code  Plano, TX 75023	Amount of Contribution (\$)  \$10.53
	Principal occupation / Job title (See Instructions) Finance Director	Employer (See Instructions) MB2 Dental
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregg, Matt ..... Contributor address; City; State; Zip Code  Plano, TX 75023	Amount of Contribution (\$)  \$10.53
	Principal occupation / Job title (See Instructions) Finance Director	Employer (See Instructions) MB2 Dental
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregg, Matt ..... Contributor address; City; State; Zip Code  Plano, TX 75023	Amount of Contribution (\$)  \$10.53
	Principal occupation / Job title (See Instructions) Finance Director	Employer (See Instructions) MB2 Dental
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregg, Matt ..... Contributor address; City; State; Zip Code  Plano, TX 75023	Amount of Contribution (\$)  \$10.53
	Principal occupation / Job title (See Instructions) Finance Director	Employer (See Instructions) MB2 Dental

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 62/178 Rpt: 71/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 12/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregg, Matt	<b>7</b> Amount of Contribution (\$) \$10.53
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75023	
<b>8</b> Principal occupation / Job title (See Instructions) Finance Director		<b>9</b> Employer (See Instructions) MB2 Dental
<b>Date</b> 08/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Patricia	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Richardson, TX 75080	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Brooke Hull Insurance Agency
<b>Date</b> 10/09/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Patricia	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Richardson, TX 75080	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Brooke Hull Insurance Agency
<b>Date</b> 11/09/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Patricia	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Richardson, TX 75080	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Brooke Hull Insurance Agency
<b>Date</b> 12/09/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Patricia	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Richardson, TX 75080	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Agent		<b>Employer (See Instructions)</b> Brooke Hull Insurance Agency

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 63/178 Rpt: 72/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 07/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griswold, Kathy	<b>7</b> Amount of Contribution (\$) \$5.36
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75025	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
<b>Date</b> 08/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Griswold, Kathy	<b>Amount of Contribution (\$)</b> \$5.36
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75025	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 09/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Griswold, Kathy	<b>Amount of Contribution (\$)</b> \$5.36
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75025	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Griswold, Kathy	<b>Amount of Contribution (\$)</b> \$5.36
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75025	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 11/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Griswold, Kathy	<b>Amount of Contribution (\$)</b> \$5.36
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75025	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 64/178 Rpt: 73/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 12/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griswold, Kathy	<b>7</b> Amount of Contribution (\$) \$5.36
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75025	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guiffault, Lisa	Amount of Contribution (\$) \$31.18
	Contributor address; City; State; Zip Code  Allen, TX 75002	
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions) Siemens Government Technologies
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guiffault, Lisa	Amount of Contribution (\$) \$31.18
	Contributor address; City; State; Zip Code  Allen, TX 75002	
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions) Siemens Government Technologies
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guiffault, Lisa	Amount of Contribution (\$) \$31.18
	Contributor address; City; State; Zip Code  Allen, TX 75002	
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions) Siemens Government Technologies
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guiffault, Lisa	Amount of Contribution (\$) \$31.18
	Contributor address; City; State; Zip Code  Allen, TX 75002	
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions) Siemens Government Technologies

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 65/178 Rpt: 74/276
<b>2</b> FILER NAME Democratic Party of Collin County			<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 11/18/2025	<b>5</b> Full name of contributor Guiffault, Lisa	<b>6</b> Contributor address; City; State; Zip Code  Allen, TX 75002	<b>7</b> Amount of Contribution (\$) \$31.18
<b>8</b> Principal occupation / Job title (See Instructions) Business Manager		<b>9</b> Employer (See Instructions) Siemens Government Technologies	
<b>Date</b> 12/18/2025	<b>Full name of contributor</b> Guiffault, Lisa	<b>Contributor address; City; State; Zip Code</b>  Allen, TX 75002	<b>Amount of Contribution (\$)</b> \$31.18
<b>Principal occupation / Job title (See Instructions)</b> Business Manager		<b>Employer (See Instructions)</b> Siemens Government Technologies	
<b>Date</b> 07/20/2025	<b>Full name of contributor</b> Guthrie, Doree	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75070	<b>Amount of Contribution (\$)</b> \$10.53
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired	
<b>Date</b> 08/20/2025	<b>Full name of contributor</b> Guthrie, Doree	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75070	<b>Amount of Contribution (\$)</b> \$10.53
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired	
<b>Date</b> 09/20/2025	<b>Full name of contributor</b> Guthrie, Doree	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75070	<b>Amount of Contribution (\$)</b> \$10.53
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 66/178 Rpt: 75/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 10/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guthrie, Doree	<b>7</b> Amount of Contribution (\$) \$10.53
	<b>6</b> Contributor address; City; State; Zip Code  Mckinney, TX 75070	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
<b>Date</b> 11/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Guthrie, Doree	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75070	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 12/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Guthrie, Doree	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75070	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 08/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Habib, Aariz	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75074	
<b>Principal occupation / Job title (See Instructions)</b> Student		<b>Employer (See Instructions)</b> Student
<b>Date</b> 09/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Habib, Aariz	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75074	
<b>Principal occupation / Job title (See Instructions)</b> Student		<b>Employer (See Instructions)</b> Student

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 67/178 Rpt: 76/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 10/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Habib, Aariz ..... <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75074	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>8</b> Principal occupation / Job title (See Instructions) Student	<b>9</b> Employer (See Instructions) Student
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Habib, Aariz ..... Contributor address; City; State; Zip Code  Plano, TX 75074	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Student	Employer (See Instructions) Student
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Habib, Aariz ..... Contributor address; City; State; Zip Code  Plano, TX 75074	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Student	Employer (See Instructions) Student
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Lawrence R ..... Contributor address; City; State; Zip Code  Plano, TX 75093	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Not employed	Employer (See Instructions) Not employed
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Lawrence R ..... Contributor address; City; State; Zip Code  Plano, TX 75093	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Not employed	Employer (See Instructions) Not employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 68/178 Rpt: 77/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 09/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Lawrence R ..... <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75093	<b>7</b> Amount of Contribution (\$) \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Not employed		<b>9</b> Employer (See Instructions) Not employed
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Lawrence R ..... Contributor address; City; State; Zip Code  Plano, TX 75093	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Lawrence R ..... Contributor address; City; State; Zip Code  Plano, TX 75093	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Lawrence R ..... Contributor address; City; State; Zip Code  Plano, TX 75093	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 07/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hauser, Sarah ..... Contributor address; City; State; Zip Code  Allen, TX 75002	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 69/178 Rpt: 78/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 08/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hauser, Sarah ..... <b>6</b> Contributor address; City; State; Zip Code  Allen, TX 75002	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>8</b> Principal occupation / Job title (See Instructions) Not Employed	<b>9</b> Employer (See Instructions) Not Employed
Date 09/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hauser, Sarah ..... Contributor address; City; State; Zip Code  Allen, TX 75002	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hauser, Sarah ..... Contributor address; City; State; Zip Code  Allen, TX 75002	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hauser, Sarah ..... Contributor address; City; State; Zip Code  Allen, TX 75002	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hauser, Sarah ..... Contributor address; City; State; Zip Code  Allen, TX 75002	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 70/178 Rpt: 79/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 08/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Mary Ann	<b>7</b> Amount of Contribution (\$) \$60.00
	<b>6</b> Contributor address; City; State; Zip Code  Allen, TX 75013	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
<b>Date</b> 09/06/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendley, Kaysi	<b>Amount of Contribution (\$)</b> \$60.00
	<b>Contributor address; City; State; Zip Code</b>  Carrollton, TX 75007	
<b>Principal occupation / Job title (See Instructions)</b> Escrow Assistant		<b>Employer (See Instructions)</b> HomeLight Settlement,LLC
<b>Date</b> 07/06/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Henkle, Charles	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  Fairview, TX 75069	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 08/06/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Henkle, Charles	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  Fairview, TX 75069	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 09/06/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Henkle, Charles	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  Fairview, TX 75069	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 71/178 Rpt: 80/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 10/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henkle, Charles	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  Fairview, TX 75069	
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
<b>Date</b> 11/06/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Henkle, Charles	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  Fairview, TX 75069	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 12/06/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Henkle, Charles	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  Fairview, TX 75069	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 07/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Higbe, Mary	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75075	
<b>Principal occupation / Job title (See Instructions)</b> Founder and CEO		<b>Employer (See Instructions)</b> In Your Pocket
<b>Date</b> 09/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Higbe, Mary	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75075	
<b>Principal occupation / Job title (See Instructions)</b> Founder and CEO		<b>Employer (See Instructions)</b> In Your Pocket

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 72/178 Rpt: 81/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 10/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Higbe, Mary ..... <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75075	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>8</b> Principal occupation / Job title (See Instructions) Founder and CEO	<b>9</b> Employer (See Instructions) In Your Pocket
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Higbe, Mary ..... Contributor address; City; State; Zip Code  Plano, TX 75075	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Founder and CEO	Employer (See Instructions) In Your Pocket
Date 12/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Higbe, Mary ..... Contributor address; City; State; Zip Code  Plano, TX 75075	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Founder and CEO	Employer (See Instructions) In Your Pocket
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Shad ..... Contributor address; City; State; Zip Code  Plano, TX 75093	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Application Administrator	Employer (See Instructions) North Texas Tollway Authority
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Shad ..... Contributor address; City; State; Zip Code  Plano, TX 75093	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Application Administrator	Employer (See Instructions) North Texas Tollway Authority

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 73/178 Rpt: 82/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 09/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Shad	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75093	
<b>8</b> Principal occupation / Job title (See Instructions) Application Administrator		<b>9</b> Employer (See Instructions) North Texas Tollway Authority
<b>Date</b> 10/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Shad	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75093	
<b>Principal occupation / Job title (See Instructions)</b> Application Administrator		<b>Employer (See Instructions)</b> North Texas Tollway Authority
<b>Date</b> 11/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Shad	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75093	
<b>Principal occupation / Job title (See Instructions)</b> Application Administrator		<b>Employer (See Instructions)</b> North Texas Tollway Authority
<b>Date</b> 12/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Shad	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75093	
<b>Principal occupation / Job title (See Instructions)</b> Application Administrator		<b>Employer (See Instructions)</b> North Texas Tollway Authority
<b>Date</b> 09/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Betty	<b>Amount of Contribution (\$)</b> \$120.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75075	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 74/178 Rpt: 83/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 07/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Emily	<b>7</b> Amount of Contribution (\$) \$10.53
	<b>6</b> Contributor address; City; State; Zip Code  Richardson, TX 75082	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
<b>Date</b> 08/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Emily	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Richardson, TX 75082	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 09/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Emily	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Richardson, TX 75082	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 10/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Emily	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Richardson, TX 75082	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 11/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Emily	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Richardson, TX 75082	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 75/178 Rpt: 84/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Emily	<b>7</b> Amount of Contribution (\$) \$10.53
	<b>6</b> Contributor address; City; State; Zip Code  Richardson, TX 75082	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoggard, John	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code  Allen, TX 75002	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoggard, John	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code  Allen, TX 75002	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoggard, John	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code  Allen, TX 75002	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollocker, Cindy	Amount of Contribution (\$) \$15.69
	Contributor address; City; State; Zip Code  Richardson, TX 75082	
Principal occupation / Job title (See Instructions) Principal system test engineer		Employer (See Instructions) ATPCO

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 76/178 Rpt: 85/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 08/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollocker, Cindy	<b>7</b> Amount of Contribution (\$) \$15.69
	<b>6</b> Contributor address; City; State; Zip Code  Richardson, TX 75082	
<b>8</b> Principal occupation / Job title (See Instructions) Principal system test engineer		<b>9</b> Employer (See Instructions) ATPCO
<b>Date</b> 09/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollocker, Cindy	<b>Amount of Contribution (\$)</b> \$15.69
	<b>Contributor address; City; State; Zip Code</b>  Richardson, TX 75082	
<b>Principal occupation / Job title (See Instructions)</b> Principal system test engineer		<b>Employer (See Instructions)</b> ATPCO
<b>Date</b> 10/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollocker, Cindy	<b>Amount of Contribution (\$)</b> \$15.69
	<b>Contributor address; City; State; Zip Code</b>  Richardson, TX 75082	
<b>Principal occupation / Job title (See Instructions)</b> Principal system test engineer		<b>Employer (See Instructions)</b> ATPCO
<b>Date</b> 11/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollocker, Cindy	<b>Amount of Contribution (\$)</b> \$15.69
	<b>Contributor address; City; State; Zip Code</b>  Richardson, TX 75082	
<b>Principal occupation / Job title (See Instructions)</b> Principal system test engineer		<b>Employer (See Instructions)</b> ATPCO
<b>Date</b> 12/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollocker, Cindy	<b>Amount of Contribution (\$)</b> \$15.69
	<b>Contributor address; City; State; Zip Code</b>  Richardson, TX 75082	
<b>Principal occupation / Job title (See Instructions)</b> Principal system test engineer		<b>Employer (See Instructions)</b> ATPCO

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 77/178 Rpt: 86/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 10/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Jada	<b>7</b> Amount of Contribution (\$) \$309.95
	<b>6</b> Contributor address; City; State; Zip Code  Mckinney, TX 75071	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
<b>Date</b> 11/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Humby, Irma	<b>Amount of Contribution (\$)</b> \$155.08
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75035	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 12/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Humby, Irma	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75035	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 07/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Courtney	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75072	
<b>Principal occupation / Job title (See Instructions)</b> Marketing		<b>Employer (See Instructions)</b> Dallas Mavericks
<b>Date</b> 08/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Courtney	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75072	
<b>Principal occupation / Job title (See Instructions)</b> Marketing		<b>Employer (See Instructions)</b> Dallas Mavericks

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 78/178 Rpt: 87/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 09/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Courtney	<b>7</b> Amount of Contribution (\$) \$10.53
	<b>6</b> Contributor address; City; State; Zip Code  Mckinney, TX 75072	
<b>8</b> Principal occupation / Job title (See Instructions) Marketing		<b>9</b> Employer (See Instructions) Dallas Mavericks
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Courtney	Amount of Contribution (\$) \$10.53
	Contributor address; City; State; Zip Code  Mckinney, TX 75072	
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Dallas Mavericks
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Courtney	Amount of Contribution (\$) \$10.53
	Contributor address; City; State; Zip Code  Mckinney, TX 75072	
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Dallas Mavericks
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Courtney	Amount of Contribution (\$) \$10.53
	Contributor address; City; State; Zip Code  Mckinney, TX 75072	
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Dallas Mavericks
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Evan	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Mckinney, TX 75072	
Principal occupation / Job title (See Instructions) Global VP,Business Development		Employer (See Instructions) Echodyne

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 79/178 Rpt: 88/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 08/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Evan ..... <b>6</b> Contributor address; City; State; Zip Code  Irvine, CA 92618	<b>7</b> Amount of Contribution (\$) \$2,500.00
	<b>8</b> Principal occupation / Job title (See Instructions) Global VP,Business Development	<b>9</b> Employer (See Instructions) Echodyne
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Evan ..... Contributor address; City; State; Zip Code  Mckinney, TX 75072	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Global VP,Business Development	Employer (See Instructions) Echodyne
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Evan ..... Contributor address; City; State; Zip Code  Mckinney, TX 75072	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Global VP,Business Development	Employer (See Instructions) Echodyne
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Evan ..... Contributor address; City; State; Zip Code  Mckinney, TX 75072	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Global VP,Business Development	Employer (See Instructions) Echodyne
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Evan ..... Contributor address; City; State; Zip Code  Mckinney, TX 75072	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Global VP,Business Development	Employer (See Instructions) Echodyne

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 80/178 Rpt: 89/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 12/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Evan	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Mckinney, TX 75072	
<b>8</b> Principal occupation / Job title (See Instructions) Global VP, Business Development		<b>9</b> Employer (See Instructions) Echodyne
<b>Date</b> 11/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Irvin, John	<b>Amount of Contribution (\$)</b> \$300.00
	<b>Contributor address; City; State; Zip Code</b>  Richardson, TX 75080	
<b>Principal occupation / Job title (See Instructions)</b> Project Management - Hospitality / Architect		<b>Employer (See Instructions)</b> Self Employed - Irvin & Associates
<b>Date</b> 09/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaworski, Joseph	<b>Amount of Contribution (\$)</b> \$500.00
	<b>Contributor address; City; State; Zip Code</b>  Galveston, TX 77550	
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b> Jaworski Law Firm
<b>Date</b> 07/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jernigan, Richard	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  McKinney, TX 75071	
<b>Principal occupation / Job title (See Instructions)</b> Video Director		<b>Employer (See Instructions)</b> Cambium Learning
<b>Date</b> 08/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jernigan, Richard	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  McKinney, TX 75071	
<b>Principal occupation / Job title (See Instructions)</b> Video Director		<b>Employer (See Instructions)</b> Cambium Learning

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 81/178 Rpt: 90/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 08/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jernigan, Richard	<b>7</b> Amount of Contribution (\$) \$120.00
	<b>6</b> Contributor address; City; State; Zip Code  McKinney, TX 75071	
<b>8</b> Principal occupation / Job title (See Instructions) Video Director		<b>9</b> Employer (See Instructions) Cambium Learning
<b>Date</b> 09/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jernigan, Richard	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  McKinney, TX 75071	
<b>Principal occupation / Job title (See Instructions)</b> Video Director		<b>Employer (See Instructions)</b> Cambium Learning
<b>Date</b> 10/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jernigan, Richard	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  McKinney, TX 75071	
<b>Principal occupation / Job title (See Instructions)</b> Video Director		<b>Employer (See Instructions)</b> Cambium Learning
<b>Date</b> 10/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jernigan, Richard	<b>Amount of Contribution (\$)</b> \$309.95
	<b>Contributor address; City; State; Zip Code</b>  McKinney, TX 75071	
<b>Principal occupation / Job title (See Instructions)</b> Video Director		<b>Employer (See Instructions)</b> Cambium Learning
<b>Date</b> 11/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jernigan, Richard	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  McKinney, TX 75071	
<b>Principal occupation / Job title (See Instructions)</b> Video Director		<b>Employer (See Instructions)</b> Cambium Learning

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 82/178 Rpt: 91/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 07/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Kaitlin	<b>7</b> Amount of Contribution (\$) \$10.53
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75023	
<b>8</b> Principal occupation / Job title (See Instructions) Unemployed		<b>9</b> Employer (See Instructions) Unemployed
<b>Date</b> 08/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Kaitlin	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75023	
<b>Principal occupation / Job title (See Instructions)</b> Unemployed		<b>Employer (See Instructions)</b> Unemployed
<b>Date</b> 07/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) KING, RENICE	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75023	
<b>Principal occupation / Job title (See Instructions)</b> Ultrasound tech		<b>Employer (See Instructions)</b> Touchstone imaging
<b>Date</b> 08/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) KING, RENICE	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75023	
<b>Principal occupation / Job title (See Instructions)</b> Ultrasound tech		<b>Employer (See Instructions)</b> Touchstone imaging
<b>Date</b> 09/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) KING, RENICE	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75023	
<b>Principal occupation / Job title (See Instructions)</b> Ultrasound tech		<b>Employer (See Instructions)</b> Touchstone imaging

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 83/178 Rpt: 92/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 10/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KING, RENICE	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75023	
<b>8</b> Principal occupation / Job title (See Instructions) Ultrasound tech		<b>9</b> Employer (See Instructions) Touchstone imaging
<b>Date</b> 11/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) KING, RENICE	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75023	
<b>Principal occupation / Job title (See Instructions)</b> Ultrasound tech		<b>Employer (See Instructions)</b> Touchstone imaging
<b>Date</b> 12/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) KING, RENICE	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75023	
<b>Principal occupation / Job title (See Instructions)</b> Ultrasound tech		<b>Employer (See Instructions)</b> Touchstone imaging
<b>Date</b> 07/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalb, John	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Fairview, TX 75069	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 08/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalb, John	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Fairview, TX 75069	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 84/178 Rpt: 93/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 09/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalb, John ..... <b>6</b> Contributor address; City; State; Zip Code  Fairview, TX 75069	<b>7</b> Amount of Contribution (\$)  \$10.00
	<b>8</b> Principal occupation / Job title (See Instructions) Retired	<b>9</b> Employer (See Instructions) Retired
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalb, John ..... Contributor address; City; State; Zip Code  Fairview, TX 75069	Amount of Contribution (\$)  \$10.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalb, John ..... Contributor address; City; State; Zip Code  Fairview, TX 75069	Amount of Contribution (\$)  \$10.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalb, John ..... Contributor address; City; State; Zip Code  Fairview, TX 75069	Amount of Contribution (\$)  \$10.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaner, Joseph ..... Contributor address; City; State; Zip Code  Dallas, TX 75248	Amount of Contribution (\$)  \$50.00
	Principal occupation / Job title (See Instructions) Actuary	Employer (See Instructions) Globe Life

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 85/178 Rpt: 94/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 10/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendlehart, Philip ..... <b>6</b> Contributor address; City; State; Zip Code  Allen, TX 75002	<b>7</b> Amount of Contribution (\$) \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Celeste ..... Contributor address; City; State; Zip Code  McKinney, TX 75069	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Trainer		Employer (See Instructions) Lowes
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Jacob ..... Contributor address; City; State; Zip Code  Allen, TX 75013	Amount of Contribution (\$) \$57.27
Principal occupation / Job title (See Instructions) Programmer		Employer (See Instructions) Motorola Solutions
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keuss, Steven ..... Contributor address; City; State; Zip Code  Plano, TX 75025	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Barbara ..... Contributor address; City; State; Zip Code  Melissa, TX 75454	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 86/178 Rpt: 95/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 09/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Barbara	<b>7</b> Amount of Contribution (\$) \$15.00
	<b>6</b> Contributor address; City; State; Zip Code  Melissa, TX 75454	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
<b>Date</b> 08/06/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Marcy	<b>Amount of Contribution (\$)</b> \$60.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75023	
<b>Principal occupation / Job title (See Instructions)</b> Flight Attendant		<b>Employer (See Instructions)</b> American Airlines
<b>Date</b> 11/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Marcy	<b>Amount of Contribution (\$)</b> \$155.08
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75023	
<b>Principal occupation / Job title (See Instructions)</b> Flight Attendant		<b>Employer (See Instructions)</b> American Airlines
<b>Date</b> 12/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Melinda	<b>Amount of Contribution (\$)</b> \$317.80
	<b>Contributor address; City; State; Zip Code</b>  Celina, TX 75009	
<b>Principal occupation / Job title (See Instructions)</b> Primary Administrator		<b>Employer (See Instructions)</b> Collin County Democratic Party
<b>Date</b> 07/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Sheena	<b>Amount of Contribution (\$)</b> \$62.15
	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75071	
<b>Principal occupation / Job title (See Instructions)</b> Administrator		<b>Employer (See Instructions)</b> State Farm

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 87/178 Rpt: 96/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 07/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Sheena	<b>7</b> Amount of Contribution (\$) \$62.15
	<b>6</b> Contributor address; City; State; Zip Code  Mckinney, TX 75071	
<b>8</b> Principal occupation / Job title (See Instructions) Administrator		<b>9</b> Employer (See Instructions) State Farm
<b>Date</b> 08/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Sheena	<b>Amount of Contribution (\$)</b> \$62.15
	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75071	
<b>Principal occupation / Job title (See Instructions)</b> Administrator		<b>Employer (See Instructions)</b> State Farm
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Sheena	<b>Amount of Contribution (\$)</b> \$62.15
	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75071	
<b>Principal occupation / Job title (See Instructions)</b> Administrator		<b>Employer (See Instructions)</b> State Farm
<b>Date</b> 10/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Sheena	<b>Amount of Contribution (\$)</b> \$62.15
	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75071	
<b>Principal occupation / Job title (See Instructions)</b> Administrator		<b>Employer (See Instructions)</b> State Farm
<b>Date</b> 12/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Sheena	<b>Amount of Contribution (\$)</b> \$62.15
	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75071	
<b>Principal occupation / Job title (See Instructions)</b> Administrator		<b>Employer (See Instructions)</b> State Farm

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 88/178 Rpt: 97/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 08/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kleinfield, Lori	<b>7</b> Amount of Contribution (\$) \$120.00
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75024	
<b>8</b> Principal occupation / Job title (See Instructions) Dietitian		<b>9</b> Employer (See Instructions) Fresenius
<b>Date</b> 11/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kleinfield, Lori	<b>Amount of Contribution (\$)</b> \$26.01
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75024	
<b>Principal occupation / Job title (See Instructions)</b> Dietitian		<b>Employer (See Instructions)</b> Fresenius
<b>Date</b> 11/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kleinfield, Lori	<b>Amount of Contribution (\$)</b> \$309.95
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75024	
<b>Principal occupation / Job title (See Instructions)</b> Dietitian		<b>Employer (See Instructions)</b> Fresenius
<b>Date</b> 07/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Krishna, Sanjay	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75025	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 08/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Krishna, Sanjay	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75025	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 89/178 Rpt: 98/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 09/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krishna, Sanjay	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75025	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krishna, Sanjay	Amount of Contribution (\$) \$155.08
	Contributor address; City; State; Zip Code  Plano, TX 75025	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lakes, Sharon	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Allen, TX 75013	
Principal occupation / Job title (See Instructions) Communications Director		Employer (See Instructions) Conduent Inc.
Date 08/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lakes, Sharon	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Allen, TX 75013	
Principal occupation / Job title (See Instructions) Communications Director		Employer (See Instructions) Conduent Inc.
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lakes, Sharon	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Allen, TX 75013	
Principal occupation / Job title (See Instructions) Communications Director		Employer (See Instructions) Conduent Inc.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 90/178 Rpt: 99/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 07/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamaison, Dolores	<b>7</b> Amount of Contribution (\$) \$5.36
	<b>6</b> Contributor address; City; State; Zip Code  Mckinney, TX 75071	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
<b>Date</b> 08/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamaison, Dolores	<b>Amount of Contribution (\$)</b> \$5.36
	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75071	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamaison, Dolores	<b>Amount of Contribution (\$)</b> \$5.36
	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75071	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 10/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamaison, Dolores	<b>Amount of Contribution (\$)</b> \$5.36
	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75071	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 11/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamaison, Dolores	<b>Amount of Contribution (\$)</b> \$5.36
	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75071	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 91/178 Rpt: 100/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 12/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamaison, Dolores	<b>7</b> Amount of Contribution (\$) \$5.36
	<b>6</b> Contributor address; City; State; Zip Code  Mckinney, TX 75071	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landon, Starnes	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code  Richardson, TX 75080	
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) State Thomas Salon
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lara, Kristi	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code  Plano, TX 75024	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Amy	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Murphy, TX 75094	
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 08/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Amy	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Murphy, TX 75094	
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 92/178 Rpt: 101/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 09/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Amy	<b>7</b> Amount of Contribution (\$) \$15.00
	<b>6</b> Contributor address; City; State; Zip Code  Murphy, TX 75094	
<b>8</b> Principal occupation / Job title (See Instructions) not employed		<b>9</b> Employer (See Instructions) none
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Amy	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Murphy, TX 75094	
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Amy	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Murphy, TX 75094	
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Amy	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Murphy, TX 75094	
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Wesley	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  El Paso, TX 79934	
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) Student

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 93/178 Rpt: 102/276
<b>2</b> FILER NAME Democratic Party of Collin County			<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 08/07/2025	<b>5</b> Full name of contributor Lawrence, Wesley .....  <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79934	<b>7</b> Amount of Contribution (\$)  \$10.00	
<b>8</b> Principal occupation / Job title (See Instructions) Student		<b>9</b> Employer (See Instructions) Student	
Date 10/02/2025	Full name of contributor LeGrand, Rebecca .....  Contributor address; City; State; Zip Code  Frisco, TX 75035	Amount of Contribution (\$)  \$120.00	
Principal occupation / Job title (See Instructions) Paralegal		Employer (See Instructions) Kilgore & Kilgore, PLLC	
Date 08/14/2025	Full name of contributor Leferink, Vickie .....  Contributor address; City; State; Zip Code  Naples, FL 34109	Amount of Contribution (\$)  \$50.00	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Top Awards, Inc DBA Trophy Case of Naples	
Date 10/17/2025	Full name of contributor Leonard, Mary .....  Contributor address; City; State; Zip Code  Richardson, TX 75080	Amount of Contribution (\$)  \$25.00	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 07/03/2025	Full name of contributor Lewis, Sean .....  Contributor address; City; State; Zip Code  Plano, TX 75023	Amount of Contribution (\$)  \$30.00	
Principal occupation / Job title (See Instructions) Director of IT		Employer (See Instructions) Arcis Golf	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 94/178 Rpt: 103/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 08/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Sean ..... <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75023	<b>7</b> Amount of Contribution (\$) \$30.00
	<b>8</b> Principal occupation / Job title (See Instructions) Director of IT	<b>9</b> Employer (See Instructions) Arcis Golf
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Sean ..... Contributor address; City; State; Zip Code  Plano, TX 75023	Amount of Contribution (\$) \$30.00
	Principal occupation / Job title (See Instructions) Director of IT	Employer (See Instructions) Arcis Golf
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Sean ..... Contributor address; City; State; Zip Code  Plano, TX 75023	Amount of Contribution (\$) \$30.00
	Principal occupation / Job title (See Instructions) Director of IT	Employer (See Instructions) Arcis Golf
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Sean ..... Contributor address; City; State; Zip Code  Plano, TX 75023	Amount of Contribution (\$) \$30.00
	Principal occupation / Job title (See Instructions) Director of IT	Employer (See Instructions) Arcis Golf
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Sean ..... Contributor address; City; State; Zip Code  Plano, TX 75023	Amount of Contribution (\$) \$30.00
	Principal occupation / Job title (See Instructions) Director of IT	Employer (See Instructions) Arcis Golf

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 95/178 Rpt: 104/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 09/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liu, Minnie	<b>7</b> Amount of Contribution (\$) \$60.00
	<b>6</b> Contributor address; City; State; Zip Code  Aubrey, TX 76227	
<b>8</b> Principal occupation / Job title (See Instructions) Consultant		<b>9</b> Employer (See Instructions) Johnson O Connor Research Foundation
<b>Date</b> 07/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Loafman, Kenneth	<b>Amount of Contribution (\$)</b> \$20.85
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75093	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 08/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Loafman, Kenneth	<b>Amount of Contribution (\$)</b> \$20.85
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75093	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 09/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Loafman, Kenneth	<b>Amount of Contribution (\$)</b> \$20.85
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75093	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 10/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Loafman, Kenneth	<b>Amount of Contribution (\$)</b> \$20.85
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75093	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 96/178 Rpt: 105/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 11/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loafman, Kenneth	<b>7</b> Amount of Contribution (\$) \$20.85
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75093	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loafman, Kenneth	Amount of Contribution (\$) \$20.85
	Contributor address; City; State; Zip Code  Plano, TX 75093	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lovelady, Gena	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Anna, TX 75409	
Principal occupation / Job title (See Instructions) HR		Employer (See Instructions) McKinney Direct Care Services,LLC
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lozano, Jaime	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Plano, TX 75074	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lusk, Fred	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  Frisco, TX 75035	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 97/178 Rpt: 106/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 08/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lusk, Fred ..... <b>6</b> Contributor address; City; State; Zip Code  Frisco, TX 75035	<b>7</b> Amount of Contribution (\$) \$40.00
	<b>8</b> Principal occupation / Job title (See Instructions) Retired	<b>9</b> Employer (See Instructions) Retired
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lusk, Fred ..... Contributor address; City; State; Zip Code  Frisco, TX 75035	Amount of Contribution (\$) \$40.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lusk, Fred ..... Contributor address; City; State; Zip Code  Frisco, TX 75035	Amount of Contribution (\$) \$40.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lusk, Fred ..... Contributor address; City; State; Zip Code  Frisco, TX 75035	Amount of Contribution (\$) \$40.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lusk, Fred ..... Contributor address; City; State; Zip Code  Frisco, TX 75035	Amount of Contribution (\$) \$40.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 98/178 Rpt: 107/276
<b>2</b> FILER NAME Democratic Party of Collin County			<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 11/29/2025	<b>5</b> Full name of contributor Machen, Nancy	<input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>7</b> Amount of Contribution (\$)  \$206.70
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75023		
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired	
Date 08/01/2025	Full name of contributor Mackey, Mary	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution (\$)  \$30.00
	Contributor address; City; State; Zip Code  Richardson, TX 75082		
Principal occupation / Job title (See Instructions) Controller		Employer (See Instructions) Oil and Gas Industry	
Date 11/15/2025	Full name of contributor Mackey, Mary	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution (\$)  \$103.45
	Contributor address; City; State; Zip Code  Richardson, TX 75082		
Principal occupation / Job title (See Instructions) Controller		Employer (See Instructions) Oil and Gas Industry	
Date 11/13/2025	Full name of contributor Madduri, Swarna	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution (\$)  \$155.08
	Contributor address; City; State; Zip Code  Dallas, TX 75252		
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed	
Date 12/13/2025	Full name of contributor Maher, Antina	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution (\$)  \$200.00
	Contributor address; City; State; Zip Code  Fairview, TX 75069		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 99/178 Rpt: 108/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malone, Kevin	<b>7</b> Amount of Contribution (\$) \$10.53
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75023	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
<b>Date</b> 08/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Malone, Kevin	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75023	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 09/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Malone, Kevin	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75023	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 10/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Malone, Kevin	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75023	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 11/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Malone, Kevin	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75023	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 100/178 Rpt: 109/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 12/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malone, Kevin	<b>7</b> Amount of Contribution (\$) \$10.53
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75023	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 07/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcus, Maury	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Plano, TX 75023	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcus, Maury	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Plano, TX 75023	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcus, Maury	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Plano, TX 75023	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcus, Maury	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Plano, TX 75023	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 101/178 Rpt: 110/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 12/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcus, Maury	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75023	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcus, Maury	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Plano, TX 75023	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Celso	Amount of Contribution (\$) \$120.00
	Contributor address; City; State; Zip Code  McKinney, TX 75071	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mastenbrook, Shirley	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code  Plano, TX 75075	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mastenbrook, Shirley	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code  Plano, TX 75075	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 102/178 Rpt: 111/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 09/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mastenbrook, Shirley ..... <b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75075	<b>7</b> Amount of Contribution (\$) \$30.00
	<b>8</b> Principal occupation / Job title (See Instructions) Retired	<b>9</b> Employer (See Instructions) Retired
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mastenbrook, Shirley ..... Contributor address; City; State; Zip Code  Plano, TX 75075	Amount of Contribution (\$) \$30.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mastenbrook, Shirley ..... Contributor address; City; State; Zip Code  Plano, TX 75075	Amount of Contribution (\$) \$309.95
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mastenbrook, Shirley ..... Contributor address; City; State; Zip Code  Plano, TX 75075	Amount of Contribution (\$) \$30.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mastenbrook, Shirley ..... Contributor address; City; State; Zip Code  Plano, TX 75075	Amount of Contribution (\$) \$60.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 103/178 Rpt: 112/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 07/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Jeremy	<b>7</b> Amount of Contribution (\$) \$62.15
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75025	
<b>8</b> Principal occupation / Job title (See Instructions) Software Engineer		<b>9</b> Employer (See Instructions) Not Employed
<b>Date</b> 08/04/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Jeremy	<b>Amount of Contribution (\$)</b> \$62.15
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75025	
<b>Principal occupation / Job title (See Instructions)</b> Software Engineer		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 07/04/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) McClain, KC	<b>Amount of Contribution (\$)</b> \$62.15
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75093	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 08/04/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) McClain, KC	<b>Amount of Contribution (\$)</b> \$62.15
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75093	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 09/04/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) McClain, KC	<b>Amount of Contribution (\$)</b> \$80.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75093	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired

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## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 104/178 Rpt: 113/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 09/04/2025	<b>5</b> Full name of contributor McClain, KC	<b>7</b> Amount of Contribution (\$) \$62.15
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75093	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 10/04/2025	Full name of contributor McClain, KC	Amount of Contribution (\$) \$62.15
	Contributor address; City; State; Zip Code  Plano, TX 75093	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/22/2025	Full name of contributor McClain, KC	Amount of Contribution (\$) \$155.08
	Contributor address; City; State; Zip Code  Plano, TX 75093	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/04/2025	Full name of contributor McClain, KC	Amount of Contribution (\$) \$62.15
	Contributor address; City; State; Zip Code  Plano, TX 75093	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/04/2025	Full name of contributor McClain, KC	Amount of Contribution (\$) \$62.15
	Contributor address; City; State; Zip Code  Plano, TX 75093	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 105/178 Rpt: 114/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 07/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McEwen, Margaret	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75093	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
<b>Date</b> 08/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) McEwen, Margaret	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75093	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 09/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) McEwen, Margaret	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75093	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 10/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) McEwen, Margaret	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75093	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 11/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) McEwen, Margaret	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75093	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 106/178 Rpt: 115/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 07/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarry, Kellye	<b>7</b> Amount of Contribution (\$) \$31.18
	<b>6</b> Contributor address; City; State; Zip Code  Richardson, TX 75080	
<b>8</b> Principal occupation / Job title (See Instructions) Marketing/PR/Communications		<b>9</b> Employer (See Instructions) Self Employed
<b>Date</b> 08/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarry, Kellye	<b>Amount of Contribution (\$)</b> \$31.18
	<b>Contributor address; City; State; Zip Code</b>  Richardson, TX 75080	
<b>Principal occupation / Job title (See Instructions)</b> Marketing/PR/Communications		<b>Employer (See Instructions)</b> Self Employed
<b>Date</b> 10/06/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntire, Graham	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Blue Ridge, TX 75424	
<b>Principal occupation / Job title (See Instructions)</b> Infosec engineer		<b>Employer (See Instructions)</b> blockit now inc
<b>Date</b> 07/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) McKnight, Beatriz	<b>Amount of Contribution (\$)</b> \$20.85
	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75072	
<b>Principal occupation / Job title (See Instructions)</b> Manager		<b>Employer (See Instructions)</b> Ericsson
<b>Date</b> 08/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) McKnight, Beatriz	<b>Amount of Contribution (\$)</b> \$20.85
	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75072	
<b>Principal occupation / Job title (See Instructions)</b> Manager		<b>Employer (See Instructions)</b> Ericsson

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 107/178 Rpt: 116/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 09/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKnight, Beatriz	<b>7</b> Amount of Contribution (\$) \$20.85
	<b>6</b> Contributor address; City; State; Zip Code  Mckinney, TX 75072	
<b>8</b> Principal occupation / Job title (See Instructions) Manager		<b>9</b> Employer (See Instructions) Ericsson
<b>Date</b> 10/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) McKnight, Beatriz	<b>Amount of Contribution (\$)</b> \$20.85
	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75072	
<b>Principal occupation / Job title (See Instructions)</b> Manager		<b>Employer (See Instructions)</b> Ericsson
<b>Date</b> 11/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) McKnight, Beatriz	<b>Amount of Contribution (\$)</b> \$20.85
	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75072	
<b>Principal occupation / Job title (See Instructions)</b> Manager		<b>Employer (See Instructions)</b> Ericsson
<b>Date</b> 12/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) McKnight, Beatriz	<b>Amount of Contribution (\$)</b> \$20.85
	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75072	
<b>Principal occupation / Job title (See Instructions)</b> Manager		<b>Employer (See Instructions)</b> Ericsson
<b>Date</b> 07/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) McKnight-Pear, Beatriz	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75072	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired

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## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 108/178 Rpt: 117/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 08/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKnight-Pear, Beatriz	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Mckinney, TX 75072	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKnight-Pear, Beatriz	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Mckinney, TX 75072	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKnight-Pear, Beatriz	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Mckinney, TX 75072	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKnight-Pear, Beatriz	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Mckinney, TX 75072	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKnight-Pear, Beatriz	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Mckinney, TX 75072	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 109/178 Rpt: 118/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 10/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mechler, Ellen	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  Allen, TX 75013	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mechler, Ellen	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Allen, TX 75013	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mechler, Ellen	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Allen, TX 75013	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melendez, Judith	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code  Salt Lake City, UT 84111	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mello, Clovis	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code  Plano, TX 75023	
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) OpenText

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## SCHEDULE A1

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<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 07/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merholtz, John ..... <b>6</b> Contributor address; City; State; Zip Code  Allen, TX 75002	<b>7</b> Amount of Contribution (\$) \$10.53
	<b>8</b> Principal occupation / Job title (See Instructions) Software Engineer	<b>9</b> Employer (See Instructions) symplr
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merholtz, John ..... Contributor address; City; State; Zip Code  Allen, TX 75002	Amount of Contribution (\$) \$10.53
	Principal occupation / Job title (See Instructions) Software Engineer	Employer (See Instructions) symplr
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merholtz, John ..... Contributor address; City; State; Zip Code  Allen, TX 75002	Amount of Contribution (\$) \$10.53
	Principal occupation / Job title (See Instructions) Software Engineer	Employer (See Instructions) symplr
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merholtz, John ..... Contributor address; City; State; Zip Code  Allen, TX 75002	Amount of Contribution (\$) \$10.53
	Principal occupation / Job title (See Instructions) Software Engineer	Employer (See Instructions) symplr
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merholtz, John ..... Contributor address; City; State; Zip Code  Allen, TX 75002	Amount of Contribution (\$) \$10.53
	Principal occupation / Job title (See Instructions) Software Engineer	Employer (See Instructions) symplr

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## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>				<b>1</b> Total pages Schedule A1: Sch: 111/178 Rpt: 120/276
<b>2</b> FILER NAME Democratic Party of Collin County				<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 12/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merholtz, John	<b>7</b> Amount of Contribution (\$) \$10.53		
	<b>6</b> Contributor address; City; State; Zip Code  Allen, TX 75002			
<b>8</b> Principal occupation / Job title (See Instructions) Software Engineer		<b>9</b> Employer (See Instructions) symplr		
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molera, Manuel	Amount of Contribution (\$) \$200.00		
	Contributor address; City; State; Zip Code  Mckinney, TX 75072			
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired		
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morel, Hannah	Amount of Contribution (\$) \$10.00		
	Contributor address; City; State; Zip Code  Mckinney, TX 75070			
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Self Employed		
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morel, Hannah	Amount of Contribution (\$) \$10.00		
	Contributor address; City; State; Zip Code  Mckinney, TX 75070			
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Self Employed		
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morel, Hannah	Amount of Contribution (\$) \$10.00		
	Contributor address; City; State; Zip Code  Mckinney, TX 75070			
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Self Employed		

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## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 112/178 Rpt: 121/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 10/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morel, Hannah	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Mckinney, TX 75070	
<b>8</b> Principal occupation / Job title (See Instructions) Teacher		<b>9</b> Employer (See Instructions) Self Employed
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morel, Hannah	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Mckinney, TX 75070	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Self Employed
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morel, Hannah	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Mckinney, TX 75070	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Self Employed
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mott, Rose Anne and Ken	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Mckinney, TX 75069	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mott, Rose Anne and Ken	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Mckinney, TX 75069	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 113/178 Rpt: 122/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 09/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mott, Rose Anne and Ken ..... <b>6</b> Contributor address; City; State; Zip Code  Mckinney, TX 75069	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>8</b> Principal occupation / Job title (See Instructions) Retired	<b>9</b> Employer (See Instructions) Retired
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mott, Rose Anne and Ken ..... Contributor address; City; State; Zip Code  Mckinney, TX 75069	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mott, Rose Anne and Ken ..... Contributor address; City; State; Zip Code  Mckinney, TX 75069	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mott, Rose Anne and Ken ..... Contributor address; City; State; Zip Code  Mckinney, TX 75069	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munro, Marilyn ..... Contributor address; City; State; Zip Code  McKinney, TX 75071	Amount of Contribution (\$) \$5.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 114/178 Rpt: 123/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 08/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munro, Marilyn	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  McKinney, TX 75071	
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
<b>Date</b> 09/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Munro, Marilyn	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  McKinney, TX 75071	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 09/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Munro, Marilyn	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  McKinney, TX 75071	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 10/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Munro, Marilyn	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  McKinney, TX 75071	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 10/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Munro, Marilyn	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  McKinney, TX 75071	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 115/178 Rpt: 124/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 11/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munro, Marilyn	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  McKinney, TX 75071	
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munro, Marilyn	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  McKinney, TX 75071	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munro, Marilyn	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  McKinney, TX 75071	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munro, Marilyn	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  McKinney, TX 75071	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Cornelia	Amount of Contribution (\$) \$10.53
	Contributor address; City; State; Zip Code  Frisco, TX 75035	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 116/178 Rpt: 125/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 08/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Cornelia	<b>7</b> Amount of Contribution (\$) \$10.53
	<b>6</b> Contributor address; City; State; Zip Code  Frisco, TX 75035	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
<b>Date</b> 09/02/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Cornelia	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75035	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 10/02/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Cornelia	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75035	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 11/02/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Cornelia	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75035	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 12/02/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Cornelia	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75035	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 117/178 Rpt: 126/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 10/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, James	<b>7</b> Amount of Contribution (\$) \$60.00
	<b>6</b> Contributor address; City; State; Zip Code  Richardson, TX 75080	
<b>8</b> Principal occupation / Job title (See Instructions) Accountant		<b>9</b> Employer (See Instructions) Self Employed
<b>Date</b> 09/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Negley, Dawn	<b>Amount of Contribution (\$)</b> \$60.00
	<b>Contributor address; City; State; Zip Code</b>  Murphy, TX 75094	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Newkirk, Lacy	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  Wylie, TX 75098	
<b>Principal occupation / Job title (See Instructions)</b> Editor		<b>Employer (See Instructions)</b> Mr. Cooper
<b>Date</b> 08/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Nissani, Makan	<b>Amount of Contribution (\$)</b> \$500.00
	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75071	
<b>Principal occupation / Job title (See Instructions)</b> CST		<b>Employer (See Instructions)</b> AT&T
<b>Date</b> 07/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) North, Laura	<b>Amount of Contribution (\$)</b> \$15.00
	<b>Contributor address; City; State; Zip Code</b>  Allen, TX 75013	
<b>Principal occupation / Job title (See Instructions)</b> Program/Project Manager		<b>Employer (See Instructions)</b> AmerisourceBergen

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 118/178 Rpt: 127/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 08/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) North, Laura	<b>7</b> Amount of Contribution (\$) \$15.00
	<b>6</b> Contributor address; City; State; Zip Code  Allen, TX 75013	
<b>8</b> Principal occupation / Job title (See Instructions) Program/Project Manager		<b>9</b> Employer (See Instructions) AmerisourceBergen
<b>Date</b> 09/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) North, Laura	<b>Amount of Contribution (\$)</b> \$15.00
	<b>Contributor address; City; State; Zip Code</b>  Allen, TX 75013	
<b>Principal occupation / Job title (See Instructions)</b> Program/Project Manager		<b>Employer (See Instructions)</b> AmerisourceBergen
<b>Date</b> 10/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) North, Laura	<b>Amount of Contribution (\$)</b> \$15.00
	<b>Contributor address; City; State; Zip Code</b>  Allen, TX 75013	
<b>Principal occupation / Job title (See Instructions)</b> Program/Project Manager		<b>Employer (See Instructions)</b> AmerisourceBergen
<b>Date</b> 11/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) North, Laura	<b>Amount of Contribution (\$)</b> \$15.00
	<b>Contributor address; City; State; Zip Code</b>  Allen, TX 75013	
<b>Principal occupation / Job title (See Instructions)</b> Program/Project Manager		<b>Employer (See Instructions)</b> AmerisourceBergen
<b>Date</b> 12/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) North, Laura	<b>Amount of Contribution (\$)</b> \$15.00
	<b>Contributor address; City; State; Zip Code</b>  Allen, TX 75013	
<b>Principal occupation / Job title (See Instructions)</b> Program/Project Manager		<b>Employer (See Instructions)</b> AmerisourceBergen

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 119/178 Rpt: 128/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 09/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Northcutt, Linda	<b>7</b> Amount of Contribution (\$) \$60.00
	<b>6</b> Contributor address; City; State; Zip Code  Richardson, TX 75082	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Novoselich, Deborah	Amount of Contribution (\$) \$120.00
	Contributor address; City; State; Zip Code  Allen, TX 75013	
Principal occupation / Job title (See Instructions) Life Coach		Employer (See Instructions) Self Employed - TBD
Date 07/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Bobby	Amount of Contribution (\$) \$20.85
	Contributor address; City; State; Zip Code  Melissa, TX 75454	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Law Office of Chris Schmiedeke
Date 08/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Bobby	Amount of Contribution (\$) \$20.85
	Contributor address; City; State; Zip Code  Melissa, TX 75454	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Law Office of Chris Schmiedeke
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Bobby	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code  Melissa, TX 75454	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Law Office of Chris Schmiedeke

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 120/178 Rpt: 129/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 09/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Bobby	<b>7</b> Amount of Contribution (\$) \$20.85
	<b>6</b> Contributor address; City; State; Zip Code  Melissa, TX 75454	
<b>8</b> Principal occupation / Job title (See Instructions) Sales		<b>9</b> Employer (See Instructions) Law Office of Chris Schmiedeke
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Bobby	Amount of Contribution (\$) \$20.85
	Contributor address; City; State; Zip Code  Melissa, TX 75454	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Law Office of Chris Schmiedeke
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Bobby	Amount of Contribution (\$) \$155.08
	Contributor address; City; State; Zip Code  Melissa, TX 75454	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Law Office of Chris Schmiedeke
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Bobby	Amount of Contribution (\$) \$20.85
	Contributor address; City; State; Zip Code  Melissa, TX 75454	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Law Office of Chris Schmiedeke
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Bobby	Amount of Contribution (\$) \$20.85
	Contributor address; City; State; Zip Code  Melissa, TX 75454	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Law Office of Chris Schmiedeke

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 121/178 Rpt: 130/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 10/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Park, Lisa	<b>7</b> Amount of Contribution (\$) \$60.00
	<b>6</b> Contributor address; City; State; Zip Code  Anna, TX 75409	
<b>8</b> Principal occupation / Job title (See Instructions) Financial analyst		<b>9</b> Employer (See Instructions) Smokeball, Inc
<b>Date</b> 10/06/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Parmerlee, Michael	<b>Amount of Contribution (\$)</b> \$60.00
	<b>Contributor address; City; State; Zip Code</b>  Richardson, TX 75080	
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b> Golden Operating Corporation
<b>Date</b> 11/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Hemant	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Richardson, TX 75082	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 10/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearce, Jason	<b>Amount of Contribution (\$)</b> \$60.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75024	
<b>Principal occupation / Job title (See Instructions)</b> Insurance Advisor		<b>Employer (See Instructions)</b> Chris Hatfield Allstate Agency
<b>Date</b> 07/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Katherine	<b>Amount of Contribution (\$)</b> \$5.36
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75025	
<b>Principal occupation / Job title (See Instructions)</b> Writer		<b>Employer (See Instructions)</b> Cytiva

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 122/178 Rpt: 131/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 08/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Katherine	<b>7</b> Amount of Contribution (\$) \$5.36
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75025	
<b>8</b> Principal occupation / Job title (See Instructions) Writer		<b>9</b> Employer (See Instructions) Cytiva
<b>Date</b> 09/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Katherine	<b>Amount of Contribution (\$)</b> \$5.36
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75025	
<b>Principal occupation / Job title (See Instructions)</b> Writer		<b>Employer (See Instructions)</b> Cytiva
<b>Date</b> 10/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Katherine	<b>Amount of Contribution (\$)</b> \$5.36
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75025	
<b>Principal occupation / Job title (See Instructions)</b> Writer		<b>Employer (See Instructions)</b> Cytiva
<b>Date</b> 11/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Katherine	<b>Amount of Contribution (\$)</b> \$5.36
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75025	
<b>Principal occupation / Job title (See Instructions)</b> Writer		<b>Employer (See Instructions)</b> Cytiva
<b>Date</b> 12/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Katherine	<b>Amount of Contribution (\$)</b> \$5.36
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75025	
<b>Principal occupation / Job title (See Instructions)</b> Writer		<b>Employer (See Instructions)</b> Cytiva

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>				<b>1</b> Total pages Schedule A1: Sch: 123/178 Rpt: 132/276	
<b>2</b> FILER NAME Democratic Party of Collin County				<b>3</b> Filer ID (Ethics Commission Filers) 00054753	
<b>4</b> Date 07/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pichon, Edward	<b>7</b> Amount of Contribution (\$) \$50.00			
	<b>6</b> Contributor address; City; State; Zip Code  Mckinney, TX 75070				
<b>8</b> Principal occupation / Job title (See Instructions) Engineering Consultant		<b>9</b> Employer (See Instructions) E-Qualus Partners LLC			
<b>Date</b> 08/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Pichon, Edward	<b>Amount of Contribution (\$)</b> \$50.00			
	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75070				
<b>Principal occupation / Job title (See Instructions)</b> Engineering Consultant		<b>Employer (See Instructions)</b> E-Qualus Partners LLC			
<b>Date</b> 09/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Pichon, Edward	<b>Amount of Contribution (\$)</b> \$50.00			
	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75070				
<b>Principal occupation / Job title (See Instructions)</b> Engineering Consultant		<b>Employer (See Instructions)</b> E-Qualus Partners LLC			
<b>Date</b> 10/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Pichon, Edward	<b>Amount of Contribution (\$)</b> \$50.00			
	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75070				
<b>Principal occupation / Job title (See Instructions)</b> Engineering Consultant		<b>Employer (See Instructions)</b> E-Qualus Partners LLC			
<b>Date</b> 11/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Pichon, Edward	<b>Amount of Contribution (\$)</b> \$50.00			
	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75070				
<b>Principal occupation / Job title (See Instructions)</b> Engineering Consultant		<b>Employer (See Instructions)</b> E-Qualus Partners LLC			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 124/178 Rpt: 133/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 12/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pichon, Edward	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Mckinney, TX 75070	
<b>8</b> Principal occupation / Job title (See Instructions) Engineering Consultant		<b>9</b> Employer (See Instructions) E-Qualus Partners LLC
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plesa, Mihaela	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Dallas, TX 75252	
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self Employed
Date 07/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prentice, Cara	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Plano, TX 75075	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prentice, Cara	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Plano, TX 75075	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prentice, Cara	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Plano, TX 75075	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 125/178 Rpt: 134/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 10/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prentice, Cara	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75075	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
<b>Date</b> 11/06/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Prentice, Cara	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75075	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 12/06/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Prentice, Cara	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75075	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Marlin	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75072	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 10/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Marlin	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75072	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 126/178 Rpt: 135/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 10/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Marlin	<b>7</b> Amount of Contribution (\$) \$309.95
	<b>6</b> Contributor address; City; State; Zip Code  Mckinney, TX 75072	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
<b>Date</b> 11/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Marlin	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75072	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 12/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Marlin	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75072	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 07/09/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Purkayastha, Subir	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75023	
<b>Principal occupation / Job title (See Instructions)</b> Engineer		<b>Employer (See Instructions)</b> Brooksource
<b>Date</b> 08/09/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Purkayastha, Subir	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75023	
<b>Principal occupation / Job title (See Instructions)</b> Engineer		<b>Employer (See Instructions)</b> Brooksource

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 127/178 Rpt: 136/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 09/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purkayastha, Subir	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75023	
<b>8</b> Principal occupation / Job title (See Instructions) Engineer		<b>9</b> Employer (See Instructions) Brooksource
Date 10/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purkayastha, Subir	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code  Plano, TX 75023	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Brooksource
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purkayastha, Subir	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Plano, TX 75023	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Brooksource
Date 11/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purkayastha, Subir	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Plano, TX 75023	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Brooksource
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purkayastha, Subir	Amount of Contribution (\$) \$26.01
	Contributor address; City; State; Zip Code  Plano, TX 75023	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Brooksource

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 128/178 Rpt: 137/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 12/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purkayastha, Subir	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75023	
<b>8</b> Principal occupation / Job title (See Instructions) Engineer		<b>9</b> Employer (See Instructions) Brooksource
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pursell, Tracy	Amount of Contribution (\$) \$31.18
	Contributor address; City; State; Zip Code  Plano, TX 75025	
Principal occupation / Job title (See Instructions) Data QC		Employer (See Instructions) NewSolutions.org
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radjef, Tarek Lucien	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Dallas, TX 75287	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radjef, Tarek Lucien	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Dallas, TX 75287	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radjef, Tarek Lucien	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Dallas, TX 75287	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 129/178 Rpt: 138/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 10/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radjef, Tarek Lucien ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75287	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>8</b> Principal occupation / Job title (See Instructions) Not Employed	<b>9</b> Employer (See Instructions) Not Employed
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radjef, Tarek Lucien ..... Contributor address; City; State; Zip Code  Dallas, TX 75287	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radjef, Tarek Lucien ..... Contributor address; City; State; Zip Code  Dallas, TX 75287	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reid, Gregory ..... Contributor address; City; State; Zip Code  Murphy, TX 75094	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Teacher	Employer (See Instructions) Dallas ISD
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reid, Heather ..... Contributor address; City; State; Zip Code  Anna, TX 75409	Amount of Contribution (\$) \$10.53
	Principal occupation / Job title (See Instructions) Writer and content developer	Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 130/178 Rpt: 139/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 08/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reid, Heather	<b>7</b> Amount of Contribution (\$) \$10.53
	<b>6</b> Contributor address; City; State; Zip Code  Anna, TX 75409	
<b>8</b> Principal occupation / Job title (See Instructions) Writer and content developer		<b>9</b> Employer (See Instructions) Self Employed
<b>Date</b> 09/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Reid, Heather	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Anna, TX 75409	
<b>Principal occupation / Job title (See Instructions)</b> Writer and content developer		<b>Employer (See Instructions)</b> Self Employed
<b>Date</b> 07/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ries, Cathy	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Blue Ridge, TX 75424	
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b> Self
<b>Date</b> 08/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ries, Cathy	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Blue Ridge, TX 75424	
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b> Self
<b>Date</b> 09/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ries, Cathy	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Blue Ridge, TX 75424	
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b> Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 131/178 Rpt: 140/276
<b>2</b> FILER NAME Democratic Party of Collin County			<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 10/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ries, Cathy ..... <b>6</b> Contributor address; City; State; Zip Code  Blue Ridge, TX 75424	<b>7</b> Amount of Contribution (\$)  \$10.00	
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Self	
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Ronaldo ..... Contributor address; City; State; Zip Code  Frisco, TX 75035	Amount of Contribution (\$)  \$30.00	
Principal occupation / Job title (See Instructions) Allied Health		Employer (See Instructions) Texas Oncology	
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rollins, Bette ..... Contributor address; City; State; Zip Code  Dallas, TX 75287	Amount of Contribution (\$)  \$30.00	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romney, Camila ..... Contributor address; City; State; Zip Code  Murphy, TX 75094	Amount of Contribution (\$)  \$120.00	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 07/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romney, Dale ..... Contributor address; City; State; Zip Code  Murphy, TX 75094	Amount of Contribution (\$)  \$30.00	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 132/178 Rpt: 141/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 08/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romney, Dale	<b>7</b> Amount of Contribution (\$) \$30.00
	<b>6</b> Contributor address; City; State; Zip Code  Murphy, TX 75094	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
<b>Date</b> 09/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Romney, Dale	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Murphy, TX 75094	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 10/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Romney, Dale	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Murphy, TX 75094	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 11/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Romney, Dale	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Murphy, TX 75094	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Romney, Dale	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Murphy, TX 75094	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 133/178 Rpt: 142/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 07/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rossouw, Marc	<b>7</b> Amount of Contribution (\$) \$51.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75252	
<b>8</b> Principal occupation / Job title (See Instructions) Executive		<b>9</b> Employer (See Instructions) Edward jones
<b>Date</b> 08/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rossouw, Marc	<b>Amount of Contribution (\$)</b> \$51.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75252	
<b>Principal occupation / Job title (See Instructions)</b> Executive		<b>Employer (See Instructions)</b> Edward jones
<b>Date</b> 09/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rossouw, Marc	<b>Amount of Contribution (\$)</b> \$51.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75252	
<b>Principal occupation / Job title (See Instructions)</b> Executive		<b>Employer (See Instructions)</b> Edward jones
<b>Date</b> 07/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Roy, Linda	<b>Amount of Contribution (\$)</b> \$8.00
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75035	
<b>Principal occupation / Job title (See Instructions)</b> Partner		<b>Employer (See Instructions)</b> NTT DATA Services
<b>Date</b> 08/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Roy, Linda	<b>Amount of Contribution (\$)</b> \$8.00
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75035	
<b>Principal occupation / Job title (See Instructions)</b> Partner		<b>Employer (See Instructions)</b> NTT DATA Services

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 134/178 Rpt: 143/276
<b>2</b> FILER NAME Democratic Party of Collin County			<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 09/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roy, Linda	<b>7</b> Amount of Contribution (\$) \$8.00	
	<b>6</b> Contributor address; City; State; Zip Code  Frisco, TX 75035		
<b>8</b> Principal occupation / Job title (See Instructions) Partner		<b>9</b> Employer (See Instructions) NTT DATA Services	
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Roy, Linda	<b>Amount of Contribution (\$)</b> \$8.00	
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75035		
<b>Principal occupation / Job title (See Instructions)</b> Partner		<b>Employer (See Instructions)</b> NTT DATA Services	
<b>Date</b> 11/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Roy, Linda	<b>Amount of Contribution (\$)</b> \$8.00	
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75035		
<b>Principal occupation / Job title (See Instructions)</b> Partner		<b>Employer (See Instructions)</b> NTT DATA Services	
<b>Date</b> 12/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Roy, Linda	<b>Amount of Contribution (\$)</b> \$8.00	
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75035		
<b>Principal occupation / Job title (See Instructions)</b> Partner		<b>Employer (See Instructions)</b> NTT DATA Services	
<b>Date</b> 10/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHEEL, CATHERINE	<b>Amount of Contribution (\$)</b> \$155.08	
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75074		
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 135/178 Rpt: 144/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 11/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STANZO, KAREN	<b>7</b> Amount of Contribution (\$) \$200.00
	<b>6</b> Contributor address; City; State; Zip Code  Celina, TX 75009	
<b>8</b> Principal occupation / Job title (See Instructions) Nurse		<b>9</b> Employer (See Instructions) Baylor Scott and White
<b>Date</b> 07/27/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Salisbury, Donald	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75069	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 08/27/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Salisbury, Donald	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75069	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 09/27/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Salisbury, Donald	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75069	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 10/27/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Salisbury, Donald	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75069	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>				<b>1</b> Total pages Schedule A1: Sch: 136/178 Rpt: 145/276
<b>2</b> FILER NAME Democratic Party of Collin County				<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 11/27/2025	<b>5</b> Full name of contributor Salisbury, Donald	<input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>7</b> Amount of Contribution (\$) \$30.00	
	<b>6</b> Contributor address; City; State; Zip Code  Mckinney, TX 75069			
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired		
Date 12/27/2025	Full name of contributor Salisbury, Donald		<input type="checkbox"/> out-of-state PAC (ID#: _____) \$30.00	
	Contributor address; City; State; Zip Code  Mckinney, TX 75069			
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired		
Date 07/05/2025	Full name of contributor Saylor, Martha		<input type="checkbox"/> out-of-state PAC (ID#: _____) \$86.47	
	Contributor address; City; State; Zip Code  Murphy, TX 75094			
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired		
Date 08/05/2025	Full name of contributor Saylor, Martha		<input type="checkbox"/> out-of-state PAC (ID#: _____) \$86.47	
	Contributor address; City; State; Zip Code  Murphy, TX 75094			
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired		
Date 09/05/2025	Full name of contributor Saylor, Martha		<input type="checkbox"/> out-of-state PAC (ID#: _____) \$86.47	
	Contributor address; City; State; Zip Code  Murphy, TX 75094			
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 137/178 Rpt: 146/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 10/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saylor, Martha	<b>7</b> Amount of Contribution (\$) \$86.47
	<b>6</b> Contributor address; City; State; Zip Code  Murphy, TX 75094	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
<b>Date</b> 11/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Saylor, Martha	<b>Amount of Contribution (\$)</b> \$86.47
	<b>Contributor address; City; State; Zip Code</b>  Murphy, TX 75094	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Saylor, Martha	<b>Amount of Contribution (\$)</b> \$86.47
	<b>Contributor address; City; State; Zip Code</b>  Murphy, TX 75094	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 07/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Carol	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75093	
<b>Principal occupation / Job title (See Instructions)</b> sales		<b>Employer (See Instructions)</b> LegalShield
<b>Date</b> 08/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Carol	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75093	
<b>Principal occupation / Job title (See Instructions)</b> sales		<b>Employer (See Instructions)</b> LegalShield

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 138/178 Rpt: 147/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 09/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Carol	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75093	
<b>8</b> Principal occupation / Job title (See Instructions) sales		<b>9</b> Employer (See Instructions) LegalShield
<b>Date</b> 10/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Carol	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75093	
<b>Principal occupation / Job title (See Instructions)</b> sales		<b>Employer (See Instructions)</b> LegalShield
<b>Date</b> 11/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Carol	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75093	
<b>Principal occupation / Job title (See Instructions)</b> sales		<b>Employer (See Instructions)</b> LegalShield
<b>Date</b> 12/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Carol	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75093	
<b>Principal occupation / Job title (See Instructions)</b> sales		<b>Employer (See Instructions)</b> LegalShield
<b>Date</b> 11/13/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Segall, Ron	<b>Amount of Contribution (\$)</b> \$284.14
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75252	
<b>Principal occupation / Job title (See Instructions)</b> Self Employed		<b>Employer (See Instructions)</b> Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 139/178 Rpt: 148/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 07/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Shari ..... <b>6</b> Contributor address; City; State; Zip Code  Fairview, TX 75069	<b>7</b> Amount of Contribution (\$) \$31.18
	<b>8</b> Principal occupation / Job title (See Instructions) Retired	<b>9</b> Employer (See Instructions) Retired
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Shari ..... Contributor address; City; State; Zip Code  Fairview, TX 75069	Amount of Contribution (\$) \$31.18
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Shari ..... Contributor address; City; State; Zip Code  Fairview, TX 75069	Amount of Contribution (\$) \$31.18
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Shari ..... Contributor address; City; State; Zip Code  Fairview, TX 75069	Amount of Contribution (\$) \$31.18
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Shari ..... Contributor address; City; State; Zip Code  Fairview, TX 75069	Amount of Contribution (\$) \$31.18
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>				<b>1</b> Total pages Schedule A1: Sch: 140/178 Rpt: 149/276
<b>2</b> FILER NAME Democratic Party of Collin County				<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 12/26/2025	<b>5</b> Full name of contributor Shaw, Shari	<input type="checkbox"/> out-of-state PAC (ID#: _____)		<b>7</b> Amount of Contribution (\$) \$31.18
	<b>6</b> Contributor address; City; State; Zip Code  Fairview, TX 75069			
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired		
<b>Date</b> 10/06/2025	<b>Full name of contributor</b> Shenoy, Rekha	<input type="checkbox"/> out-of-state PAC (ID#: _____)		<b>Amount of Contribution (\$)</b> \$60.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75025			
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b> Prism Health Care North Texas		
<b>Date</b> 11/19/2025	<b>Full name of contributor</b> Shenoy, Rekha	<input type="checkbox"/> out-of-state PAC (ID#: _____)		<b>Amount of Contribution (\$)</b> \$103.45
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75025			
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b> Prism Health Care North Texas		
<b>Date</b> 11/19/2025	<b>Full name of contributor</b> Shenoy, Rekha	<input type="checkbox"/> out-of-state PAC (ID#: _____)		<b>Amount of Contribution (\$)</b> \$155.08
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75025			
<b>Principal occupation / Job title (See Instructions)</b> Dentist		<b>Employer (See Instructions)</b> Prism Health Care North Texas		
<b>Date</b> 11/22/2025	<b>Full name of contributor</b> Sievert, Shane	<input type="checkbox"/> out-of-state PAC (ID#: _____)		<b>Amount of Contribution (\$)</b> \$155.08
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75075			
<b>Principal occupation / Job title (See Instructions)</b> Construction Analyst		<b>Employer (See Instructions)</b> JP Morgan Chase		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 141/178 Rpt: 150/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 07/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sisson, Mary	<b>7</b> Amount of Contribution (\$) \$30.00
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75023	
<b>8</b> Principal occupation / Job title (See Instructions) Writer		<b>9</b> Employer (See Instructions) Self Employed
<b>Date</b> 08/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sisson, Mary	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75023	
<b>Principal occupation / Job title (See Instructions)</b> Writer		<b>Employer (See Instructions)</b> Self Employed
<b>Date</b> 09/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sisson, Mary	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75023	
<b>Principal occupation / Job title (See Instructions)</b> Writer		<b>Employer (See Instructions)</b> Self Employed
<b>Date</b> 10/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sisson, Mary	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75023	
<b>Principal occupation / Job title (See Instructions)</b> Writer		<b>Employer (See Instructions)</b> Self Employed
<b>Date</b> 11/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sisson, Mary	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75023	
<b>Principal occupation / Job title (See Instructions)</b> Writer		<b>Employer (See Instructions)</b> Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 142/178 Rpt: 151/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 12/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sisson, Mary	<b>7</b> Amount of Contribution (\$) \$30.00
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75023	
<b>8</b> Principal occupation / Job title (See Instructions) Writer		<b>9</b> Employer (See Instructions) Self Employed
<b>Date</b> 07/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Smalley, Judith	<b>Amount of Contribution (\$)</b> \$5.36
	<b>Contributor address; City; State; Zip Code</b>  Fairview, TX 75069	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 07/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Smalley, Judith	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Fairview, TX 75069	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 07/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Smalley, Judith	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Fairview, TX 75069	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 08/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Smalley, Judith	<b>Amount of Contribution (\$)</b> \$5.36
	<b>Contributor address; City; State; Zip Code</b>  Fairview, TX 75069	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 143/178 Rpt: 152/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 08/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smalley, Judith	<b>7</b> Amount of Contribution (\$) \$10.53
	<b>6</b> Contributor address; City; State; Zip Code  Fairview, TX 75069	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smalley, Judith	Amount of Contribution (\$) \$10.53
	Contributor address; City; State; Zip Code  Fairview, TX 75069	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smalley, Judith	Amount of Contribution (\$) \$5.36
	Contributor address; City; State; Zip Code  Fairview, TX 75069	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smalley, Judith	Amount of Contribution (\$) \$10.53
	Contributor address; City; State; Zip Code  Fairview, TX 75069	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smalley, Judith	Amount of Contribution (\$) \$10.53
	Contributor address; City; State; Zip Code  Fairview, TX 75069	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 144/178 Rpt: 153/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 10/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smalley, Judith	<b>7</b> Amount of Contribution (\$) \$5.36
	<b>6</b> Contributor address; City; State; Zip Code  Fairview, TX 75069	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smalley, Judith	Amount of Contribution (\$) \$10.53
	Contributor address; City; State; Zip Code  Fairview, TX 75069	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smalley, Judith	Amount of Contribution (\$) \$10.53
	Contributor address; City; State; Zip Code  Fairview, TX 75069	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smalley, Judith	Amount of Contribution (\$) \$5.36
	Contributor address; City; State; Zip Code  Fairview, TX 75069	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smalley, Judith	Amount of Contribution (\$) \$10.53
	Contributor address; City; State; Zip Code  Fairview, TX 75069	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 145/178 Rpt: 154/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 11/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smalley, Judith	<b>7</b> Amount of Contribution (\$) \$10.53
	<b>6</b> Contributor address; City; State; Zip Code  Fairview, TX 75069	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smalley, Judith	Amount of Contribution (\$) \$5.36
	Contributor address; City; State; Zip Code  Fairview, TX 75069	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smalley, Judith	Amount of Contribution (\$) \$10.53
	Contributor address; City; State; Zip Code  Fairview, TX 75069	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smalley, Judith	Amount of Contribution (\$) \$10.53
	Contributor address; City; State; Zip Code  Fairview, TX 75069	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, David	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code  Plano, TX 75075	
Principal occupation / Job title (See Instructions) Political Consultant		Employer (See Instructions) self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 146/178 Rpt: 155/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 08/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, David	<b>7</b> Amount of Contribution (\$) \$30.00
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75075	
<b>8</b> Principal occupation / Job title (See Instructions) Political Consultant		<b>9</b> Employer (See Instructions) self
<b>Date</b> 09/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, David	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75075	
<b>Principal occupation / Job title (See Instructions)</b> Political Consultant		<b>Employer (See Instructions)</b> self
<b>Date</b> 10/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, David	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75075	
<b>Principal occupation / Job title (See Instructions)</b> Political Consultant		<b>Employer (See Instructions)</b> self
<b>Date</b> 11/27/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, David	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75075	
<b>Principal occupation / Job title (See Instructions)</b> Political Consultant		<b>Employer (See Instructions)</b> self
<b>Date</b> 12/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, David	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75075	
<b>Principal occupation / Job title (See Instructions)</b> Political Consultant		<b>Employer (See Instructions)</b> self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 147/178 Rpt: 156/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 07/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snyder, Ann	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  McKinney, TX 75072	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self
<b>Date</b> 07/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Snyder, Ann	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  McKinney, TX 75072	
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> Self
<b>Date</b> 08/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Snyder, Ann	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  McKinney, TX 75072	
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> Self
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Snyder, Ann	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  McKinney, TX 75072	
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> Self
<b>Date</b> 09/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Snyder, Ann	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  McKinney, TX 75072	
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> Self

## MONETARY POLITICAL CONTRIBUTIONS

## **SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 148/178 Rpt: 157/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 09/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snyder, Ann  <b>6</b> Contributor address; City; State; Zip Code  McKinney, TX 75072	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snyder, Ann  Contributor address; City; State; Zip Code  McKinney, TX 75072	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snyder, Ann  Contributor address; City; State; Zip Code  McKinney, TX 75072	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snyder, Ann  Contributor address; City; State; Zip Code  McKinney, TX 75072	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snyder, Ann  Contributor address; City; State; Zip Code  McKinney, TX 75072	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 149/178 Rpt: 158/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 12/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snyder, Ann	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  McKinney, TX 75072	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) Self
<b>Date</b> 12/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Snyder, Ann	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  McKinney, TX 75072	
<b>Principal occupation / Job title (See Instructions)</b> Physician		<b>Employer (See Instructions)</b> Self
<b>Date</b> 11/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Spinell, Michelle	<b>Amount of Contribution (\$)</b> \$413.20
	<b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75072	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Spoto, Carl	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75075	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 10/02/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Srivastava, Sandeep	<b>Amount of Contribution (\$)</b> \$1,000.00
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75033	
<b>Principal occupation / Job title (See Instructions)</b> Self Employed		<b>Employer (See Instructions)</b> Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 150/178 Rpt: 159/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 09/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stacey, Kristina	<b>7</b> Amount of Contribution (\$) \$60.00
	<b>6</b> Contributor address; City; State; Zip Code  Allen, TX 75013	
<b>8</b> Principal occupation / Job title (See Instructions) Substitute Teacher		<b>9</b> Employer (See Instructions) Plano ISD
<b>Date</b> 09/04/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Stafford, John	<b>Amount of Contribution (\$)</b> \$60.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75023	
<b>Principal occupation / Job title (See Instructions)</b> Graphic Designer		<b>Employer (See Instructions)</b> ScooterPromo LLC
<b>Date</b> 07/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Stark, Sharon	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75035	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 08/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Stark, Sharon	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75035	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 09/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Stark, Sharon	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75035	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 151/178 Rpt: 160/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 10/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stark, Sharon	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Frisco, TX 75035	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stark, Sharon	Amount of Contribution (\$) \$155.08
	Contributor address; City; State; Zip Code  Frisco, TX 75035	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stark, Sharon	Amount of Contribution (\$) \$10.53
	Contributor address; City; State; Zip Code  Frisco, TX 75035	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stark, Sharon	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Frisco, TX 75035	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stark, Sharon	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Frisco, TX 75035	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 152/178 Rpt: 161/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 10/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stawar, Erain	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75252	
<b>8</b> Principal occupation / Job title (See Instructions) Finance Manager		<b>9</b> Employer (See Instructions) American Heart Association
<b>Date</b> 11/27/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Stawar, Erain	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75252	
<b>Principal occupation / Job title (See Instructions)</b> Finance Manager		<b>Employer (See Instructions)</b> American Heart Association
<b>Date</b> 12/27/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Stawar, Erain	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75252	
<b>Principal occupation / Job title (See Instructions)</b> Finance Manager		<b>Employer (See Instructions)</b> American Heart Association
<b>Date</b> 11/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Stawar, Rain	<b>Amount of Contribution (\$)</b> \$309.95
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75252	
<b>Principal occupation / Job title (See Instructions)</b> Fonance		<b>Employer (See Instructions)</b> American Heart Association
<b>Date</b> 09/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sterzenbach, Norm	<b>Amount of Contribution (\$)</b> \$120.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75023	
<b>Principal occupation / Job title (See Instructions)</b> Consultant		<b>Employer (See Instructions)</b> GPS Impact

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>				<b>1</b> Total pages Schedule A1: Sch: 153/178 Rpt: 162/276
<b>2</b> FILER NAME Democratic Party of Collin County				<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 10/01/2025	<b>5</b> Full name of contributor Stewart, Shawn	<input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>7</b> Amount of Contribution (\$) \$25.00	
	<b>6</b> Contributor address; City; State; Zip Code  Richardson, TX 75082			
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Payne & Blanchard LLP		
Date 11/01/2025	Full name of contributor Stewart, Shawn	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution (\$) \$50.00	
	Contributor address; City; State; Zip Code  Richardson, TX 75082			
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Payne & Blanchard LLP		
Date 07/08/2025	Full name of contributor Stoner, Christine	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution (\$) \$25.00	
	Contributor address; City; State; Zip Code  Plano, TX 75093			
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Invited Clubs		
Date 08/08/2025	Full name of contributor Stoner, Christine	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution (\$) \$25.00	
	Contributor address; City; State; Zip Code  Plano, TX 75093			
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Invited Clubs		
Date 09/08/2025	Full name of contributor Stoner, Christine	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution (\$) \$25.00	
	Contributor address; City; State; Zip Code  Plano, TX 75093			
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Invited Clubs		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 154/178 Rpt: 163/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 10/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stoner, Christine	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75093	
<b>8</b> Principal occupation / Job title (See Instructions) Accountant		<b>9</b> Employer (See Instructions) Invited Clubs
<b>Date</b> 07/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sumrow, Patricia	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75035	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 08/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sumrow, Patricia	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75035	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 09/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sumrow, Patricia	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75035	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 10/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sumrow, Patricia	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75035	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 155/178 Rpt: 164/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 11/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sumrow, Patricia	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Frisco, TX 75035	
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
<b>Date</b> 12/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sumrow, Patricia	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75035	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 07/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutka, Jeremy	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  McKinney, TX 75070	
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> KJMB Solutions, Inc.
<b>Date</b> 08/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutka, Jeremy	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  McKinney, TX 75070	
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> KJMB Solutions, Inc.
<b>Date</b> 09/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutka, Jeremy	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  McKinney, TX 75070	
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> KJMB Solutions, Inc.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 156/178 Rpt: 165/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 10/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutka, Jeremy	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  McKinney, TX 75070	
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) KJMB Solutions, Inc.
<b>Date</b> 11/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutka, Jeremy	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  McKinney, TX 75070	
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> KJMB Solutions, Inc.
<b>Date</b> 12/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutka, Jeremy	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  McKinney, TX 75070	
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> KJMB Solutions, Inc.
<b>Date</b> 10/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Swagerty, Elizabeth	<b>Amount of Contribution (\$)</b> \$309.95
	<b>Contributor address; City; State; Zip Code</b>  Allen, TX 75013	
<b>Principal occupation / Job title (See Instructions)</b> Stay at Home Mom/Property Manager		<b>Employer (See Instructions)</b> N/A
<b>Date</b> 11/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Swagerty, Elizabeth	<b>Amount of Contribution (\$)</b> \$51.83
	<b>Contributor address; City; State; Zip Code</b>  Allen, TX 75013	
<b>Principal occupation / Job title (See Instructions)</b> Stay at Home Mom/Property Manager		<b>Employer (See Instructions)</b> N/A

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 157/178 Rpt: 166/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 07/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taddiken, Mary ..... <b>6</b> Contributor address; City; State; Zip Code  Lucas, TX 75002	<b>7</b> Amount of Contribution (\$) \$10.53
	<b>8</b> Principal occupation / Job title (See Instructions) Retired	<b>9</b> Employer (See Instructions) Retired
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taddiken, Mary ..... Contributor address; City; State; Zip Code  Lucas, TX 75002	Amount of Contribution (\$) \$10.53
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taddiken, Mary ..... Contributor address; City; State; Zip Code  Lucas, TX 75002	Amount of Contribution (\$) \$10.53
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taddiken, Mary ..... Contributor address; City; State; Zip Code  Lucas, TX 75002	Amount of Contribution (\$) \$10.53
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taddiken, Mary ..... Contributor address; City; State; Zip Code  Lucas, TX 75002	Amount of Contribution (\$) \$10.53
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 158/178 Rpt: 167/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 12/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taddiken, Mary	<b>7</b> Amount of Contribution (\$) \$10.53
	<b>6</b> Contributor address; City; State; Zip Code  Lucas, TX 75002	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Holly	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Austin, TX 78705	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Travis County
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry, Antonio	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Richardson, TX 75080	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Student
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Majority PAC	Amount of Contribution (\$) \$15,000.00
	Contributor address; City; State; Zip Code  Houston, TX 77265	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Majority PAC	Amount of Contribution (\$) \$9,044.00
	Contributor address; City; State; Zip Code  Houston, TX 77265	
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: 159/178 Rpt: 168/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 11/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Majority PAC .....  <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77265	<b>7</b> Amount of Contribution (\$) \$22,900.00
<b>8</b> Principal occupation / Job title (See Instructions) Home Health		<b>9</b> Employer (See Instructions) Self
<b>Date</b> 12/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Tijerina, Michael .....  <b>Contributor address; City; State; Zip Code</b>  Plano, TX 75025	<b>Amount of Contribution (\$)</b> \$413.20
Principal occupation / Job title (See Instructions) Home Health		Employer (See Instructions) Self
<b>Date</b> 07/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Sue .....  <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75252	<b>Amount of Contribution (\$)</b> \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
<b>Date</b> 08/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Sue .....  <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75252	<b>Amount of Contribution (\$)</b> \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
<b>Date</b> 09/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Sue .....  <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75252	<b>Amount of Contribution (\$)</b> \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 160/178 Rpt: 169/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 10/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Sue	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75252	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
<b>Date</b> 11/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Sue	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75252	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 12/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Sue	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75252	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 07/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasta, Beverly	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Allen, TX 75013	
<b>Principal occupation / Job title (See Instructions)</b> Not employed		<b>Employer (See Instructions)</b> Not employed
<b>Date</b> 08/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasta, Beverly	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Allen, TX 75013	
<b>Principal occupation / Job title (See Instructions)</b> Not employed		<b>Employer (See Instructions)</b> Not employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 161/178 Rpt: 170/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 09/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasta, Beverly	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Allen, TX 75013	
<b>8</b> Principal occupation / Job title (See Instructions) Not employed		<b>9</b> Employer (See Instructions) Not employed
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasta, Beverly	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Allen, TX 75013	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasta, Beverly	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Allen, TX 75013	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasta, Beverly	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Allen, TX 75013	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vikki Goodwin Campaign	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code  Austin, TX 78748	
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: 162/178 Rpt: 171/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 08/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warncke, Candace	<b>7</b> Amount of Contribution (\$) \$60.00
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75024	
<b>8</b> Principal occupation / Job title (See Instructions) Analyst		<b>9</b> Employer (See Instructions) Concentra
<b>Date</b> 11/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Washington, Bella	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75024	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 10/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Sherry	<b>Amount of Contribution (\$)</b> \$619.70
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75093	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 09/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Watling, Gregg	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Allen, TX 75013	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 09/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Watling, Gregg	<b>Amount of Contribution (\$)</b> \$60.00
	<b>Contributor address; City; State; Zip Code</b>  Allen, TX 75013	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 163/178 Rpt: 172/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 11/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watling, Gregg	<b>7</b> Amount of Contribution (\$) \$309.95
	<b>6</b> Contributor address; City; State; Zip Code  Allen, TX 75013	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 07/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Juley	Amount of Contribution (\$) \$31.18
	Contributor address; City; State; Zip Code  Fairview, TX 75069	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Juley	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code  Fairview, TX 75069	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Juley	Amount of Contribution (\$) \$31.18
	Contributor address; City; State; Zip Code  Fairview, TX 75069	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Juley	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code  Fairview, TX 75069	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 164/178 Rpt: 173/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 09/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Juley	<b>7</b> Amount of Contribution (\$) \$31.18
	<b>6</b> Contributor address; City; State; Zip Code  Fairview, TX 75069	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Juley	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code  Fairview, TX 75069	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Juley	Amount of Contribution (\$) \$31.18
	Contributor address; City; State; Zip Code  Fairview, TX 75069	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Juley	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code  Fairview, TX 75069	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Juley	Amount of Contribution (\$) \$31.18
	Contributor address; City; State; Zip Code  Fairview, TX 75069	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 165/178 Rpt: 174/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 11/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Juley	<b>7</b> Amount of Contribution (\$) \$1,032.70
	<b>6</b> Contributor address; City; State; Zip Code  Fairview, TX 75069	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Juley	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code  Fairview, TX 75069	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Juley	Amount of Contribution (\$) \$31.18
	Contributor address; City; State; Zip Code  Fairview, TX 75069	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Juley	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code  Fairview, TX 75069	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, David	Amount of Contribution (\$) \$309.95
	Contributor address; City; State; Zip Code  Mckinney, TX 75072	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) BrassCraft

## MONETARY POLITICAL CONTRIBUTIONS

## **SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 166/178 Rpt: 175/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 08/24/2025	<b>5</b> Full name of contributor West, Lisa ..... <b>6</b> Contributor address; City; State; Zip Code  Mckinney, TX 75072	<b>7</b> Amount of Contribution (\$) \$120.00
<b>8</b> Principal occupation / Job title (See Instructions) Self Employed		<b>9</b> Employer (See Instructions) Self Employed
<b>Date</b> 11/14/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Lisa ..... <b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75072	<b>Amount of Contribution (\$)</b> \$10.53
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self Employed
<b>Date</b> 07/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheatley, Jordan ..... <b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75069	<b>Amount of Contribution (\$)</b> \$10.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Dallas ISD
<b>Date</b> 08/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheatley, Jordan ..... <b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75069	<b>Amount of Contribution (\$)</b> \$10.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Dallas ISD
<b>Date</b> 09/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheatley, Jordan ..... <b>Contributor address; City; State; Zip Code</b>  Mckinney, TX 75069	<b>Amount of Contribution (\$)</b> \$10.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Dallas ISD

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 167/178 Rpt: 176/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 07/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkes, Debbie	<b>7</b> Amount of Contribution (\$) \$31.18
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75093	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
<b>Date</b> 08/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkes, Debbie	<b>Amount of Contribution (\$)</b> \$31.18
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75093	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 09/11/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkes, Debbie	<b>Amount of Contribution (\$)</b> \$31.18
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75093	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 10/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkes, Debbie	<b>Amount of Contribution (\$)</b> \$31.18
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75093	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 11/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkes, Debbie	<b>Amount of Contribution (\$)</b> \$31.18
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75093	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 168/178 Rpt: 177/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 12/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkes, Debbie	<b>7</b> Amount of Contribution (\$) \$31.18
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75093	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 07/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winters, Kevin	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Dallas, TX 75252	
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Atlantic Street Capital Advisors
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winters, Kevin	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Dallas, TX 75252	
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Atlantic Street Capital Advisors
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winters, Kevin	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Dallas, TX 75252	
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Atlantic Street Capital Advisors
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winters, Kevin	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Dallas, TX 75252	
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Atlantic Street Capital Advisors

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 169/178 Rpt: 178/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 11/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winters, Kevin	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75252	
<b>8</b> Principal occupation / Job title (See Instructions) Accountant		<b>9</b> Employer (See Instructions) Atlantic Street Capital Advisors
<b>Date</b> 07/09/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Worst, Nancy	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Allen, TX 75002	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 08/09/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Worst, Nancy	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Allen, TX 75002	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 09/09/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Worst, Nancy	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Allen, TX 75002	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 10/09/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Worst, Nancy	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Allen, TX 75002	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 170/178 Rpt: 179/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 11/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worst, Nancy	<b>7</b> Amount of Contribution (\$) \$10.53
	<b>6</b> Contributor address; City; State; Zip Code  Allen, TX 75002	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
<b>Date</b> 12/09/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Worst, Nancy	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Allen, TX 75002	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 07/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Wurster, Donna	<b>Amount of Contribution (\$)</b> \$12.59
	<b>Contributor address; City; State; Zip Code</b>  Murphy, TX 75094	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 08/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Wurster, Donna	<b>Amount of Contribution (\$)</b> \$12.59
	<b>Contributor address; City; State; Zip Code</b>  Murphy, TX 75094	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 09/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Wurster, Donna	<b>Amount of Contribution (\$)</b> \$12.59
	<b>Contributor address; City; State; Zip Code</b>  Murphy, TX 75094	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 171/178 Rpt: 180/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 10/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wurster, Donna ..... <b>6</b> Contributor address; City; State; Zip Code  Murphy, TX 75094	<b>7</b> Amount of Contribution (\$) \$12.59
	<b>8</b> Principal occupation / Job title (See Instructions) Retired	<b>9</b> Employer (See Instructions) Retired
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wurster, Donna ..... Contributor address; City; State; Zip Code  Murphy, TX 75094	Amount of Contribution (\$) \$12.59
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wurster, Donna ..... Contributor address; City; State; Zip Code  Murphy, TX 75094	Amount of Contribution (\$) \$12.59
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wyll, Sue ..... Contributor address; City; State; Zip Code  Lucas, TX 75098	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Sales	Employer (See Instructions) Doris Sanders Ltd
Date 08/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wyll, Sue ..... Contributor address; City; State; Zip Code  Lucas, TX 75098	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Sales	Employer (See Instructions) Doris Sanders Ltd

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 172/178 Rpt: 181/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 09/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wyll, Sue	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Lucas, TX 75098	
<b>8</b> Principal occupation / Job title (See Instructions) Sales		<b>9</b> Employer (See Instructions) Doris Sanders Ltd
<b>Date</b> 10/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Wyll, Sue	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Lucas, TX 75098	
<b>Principal occupation / Job title (See Instructions)</b> Sales		<b>Employer (See Instructions)</b> Doris Sanders Ltd
<b>Date</b> 11/13/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Wyll, Sue	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Lucas, TX 75098	
<b>Principal occupation / Job title (See Instructions)</b> Sales		<b>Employer (See Instructions)</b> Doris Sanders Ltd
<b>Date</b> 12/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Wyll, Sue	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  Lucas, TX 75098	
<b>Principal occupation / Job title (See Instructions)</b> Sales		<b>Employer (See Instructions)</b> Doris Sanders Ltd
<b>Date</b> 12/14/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Michelle	<b>Amount of Contribution (\$)</b> \$1,850.00
	<b>Contributor address; City; State; Zip Code</b>  Wylie, TX 75098	
<b>Principal occupation / Job title (See Instructions)</b> None		<b>Employer (See Instructions)</b> None

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 173/178 Rpt: 182/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 07/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Susan	<b>7</b> Amount of Contribution (\$) \$10.53
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75025	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
<b>Date</b> 08/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Susan	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75025	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 09/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Susan	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75025	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 10/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Susan	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75025	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 11/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Susan	<b>Amount of Contribution (\$)</b> \$10.53
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75025	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 174/178 Rpt: 183/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Susan	<b>7</b> Amount of Contribution (\$) \$10.53
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75025	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 10/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yu, Eva	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code  Mckinney, TX 75070	
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) HCA
Date 08/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zachariah, Betson	Amount of Contribution (\$) \$124.10
	Contributor address; City; State; Zip Code  Prosper, TX 75078	
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Nautilus Health
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zachariah, Betson	Amount of Contribution (\$) \$124.10
	Contributor address; City; State; Zip Code  Prosper, TX 75078	
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Nautilus Health
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zachariah, Betson	Amount of Contribution (\$) \$124.10
	Contributor address; City; State; Zip Code  Prosper, TX 75078	
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Nautilus Health

## MONETARY POLITICAL CONTRIBUTIONS

## **SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 175/178 Rpt: 184/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 11/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zachariah, Betson	<b>7</b> Amount of Contribution (\$) \$124.10
	<b>6</b> Contributor address; City; State; Zip Code  Prosper, TX 75078	
<b>8</b> Principal occupation / Job title (See Instructions) Self Employed		<b>9</b> Employer (See Instructions) Nautilus Health
<b>Date</b> 12/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Zachariah, Betson	<b>Amount of Contribution (\$)</b> \$124.10
	Contributor address; City; State; Zip Code  Prosper, TX 75078	
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Nautilus Health
<b>Date</b> 12/04/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Zemler, Karla	<b>Amount of Contribution (\$)</b> \$275.00
	Contributor address; City; State; Zip Code  Dallas, TX 75214	
Principal occupation / Job title (See Instructions) PSYCHOTHERAPIST		Employer (See Instructions) SELF EMPLOYED
<b>Date</b> 09/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Zimmerman, Cynthia	<b>Amount of Contribution (\$)</b> \$50.00
	Contributor address; City; State; Zip Code  Mckinney, TX 75070	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
<b>Date</b> 10/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) cano, arnold	<b>Amount of Contribution (\$)</b> \$25.00
	Contributor address; City; State; Zip Code  Frisco, TX 75035	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 176/178 Rpt: 185/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 07/09/2025	<b>5</b> Full name of contributor hall-gumble, markita	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Mckinney, TX 75072	
<b>8</b> Principal occupation / Job title (See Instructions) Not employed		<b>9</b> Employer (See Instructions) Not employed
Date 08/09/2025	Full name of contributor hall-gumble, markita	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Mckinney, TX 75072	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 09/09/2025	Full name of contributor hall-gumble, markita	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Mckinney, TX 75072	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 10/09/2025	Full name of contributor hall-gumble, markita	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Mckinney, TX 75072	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/09/2025	Full name of contributor hall-gumble, markita	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Mckinney, TX 75072	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 177/178 Rpt: 186/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 12/09/2025	<b>5</b> Full name of contributor hall-gumble, markita	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Mckinney, TX 75072	
<b>8</b> Principal occupation / Job title (See Instructions) Not employed		<b>9</b> Employer (See Instructions) Not employed
Date 08/17/2025	Full name of contributor karmally, Sameena	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code  Allen, TX 75002	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) None
Date 09/23/2025	Full name of contributor karmally, Sameena	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Allen, TX 75002	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) None
Date 10/23/2025	Full name of contributor karmally, Sameena	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Allen, TX 75002	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) None
Date 11/23/2025	Full name of contributor karmally, Sameena	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Allen, TX 75002	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) None

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 178/178 Rpt: 187/276
<b>2</b> FILER NAME Democratic Party of Collin County		<b>3</b> Filer ID (Ethics Commission Filers) 00054753
<b>4</b> Date 12/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) karmally, Sameena  <b>6</b> Contributor address; City; State; Zip Code  Allen, TX 75002	<b>7</b> Amount of Contribution (\$) \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) None

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<p><b>The Instruction Guide explains how to complete this form.</b></p>				<p><b>1</b> Total pages Schedule A2: Sch: 1/2 Rpt: 188/276</p>
<p><b>2</b> FILER NAME Democratic Party of Collin County</p>				<p><b>3</b> Filer ID (Ethics Commission Filers) 00054753</p>
<p><b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>				\$
<p><b>5</b> Date 07/16/2025</p>	<p><b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casavant, Michael</p>			<p><b>8</b> Amount of contribution (\$) \$87.50</p> <p><b>9</b> In-kind contribution description Fee to reserve Harrington Library Space for 7/23/2025 event with Herb Krasner</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
	<p><b>7</b> Contributor address; City; State; Zip Code  Plano, TX 75075</p>			
<p><b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Product Manager</p>		<p><b>11</b> Employer (FOR NON-JUDICIAL) (See instructions) JPMorgan Chase</p>		
<p><b>12</b> Contributor's principal occupation (FOR JUDICIAL)</p>		<p><b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)</p>		
<p><b>14</b> Contributor's employer/law firm (FOR JUDICIAL)</p>		<p><b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p><b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date 09/20/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casavant, Michael</p>			<p>Amount of contribution (\$) \$35.68</p> <p>In-kind contribution description Candy for Plano Balloon Festival</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
	<p>Contributor address; City; State; Zip Code  Plano, TX 75075</p>			
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Product Manager</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions) JPMorgan Chase</p>		
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>		
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date 10/31/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Marlin</p>			<p>Amount of contribution (\$) \$27.06</p> <p>In-kind contribution description Printing of literature</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
	<p>Contributor address; City; State; Zip Code  McKinney, TX 75072</p>			
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions) Retired</p>		
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>		
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule A2: Sch: 2/2 Rpt: 189/276</p>
<p><b>2</b> FILER NAME Democratic Party of Collin County</p>		<p><b>3</b> Filer ID (Ethics Commission Filers) 00054753</p>
<p><b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p><b>\$</b></p>
<p><b>5</b> Date 08/07/2025</p>	<p><b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutka, Jeremy</p> <p><b>7</b> Contributor address; City; State; Zip Code  McKinney, TX 75070</p>	<p><b>8</b> Amount of contribution (\$) \$493.00</p> <p><b>9</b> In-kind contribution description Travel Expenses for guest speaker Bill Konigsberg</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p><b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) CEO</p>		<p><b>11</b> Employer (FOR NON-JUDICIAL) (See instructions) KJMB Solutions, Inc.</p>
<p><b>12</b> Contributor's principal occupation (FOR JUDICIAL)</p>		<p><b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p><b>14</b> Contributor's employer/law firm (FOR JUDICIAL)</p>		<p><b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p><b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>Date 10/05/2025</p> <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutka, Jeremy</p> <p>Contributor address; City; State; Zip Code  McKinney, TX 75070</p>		<p>Amount of contribution (\$) \$3.00</p> <p>In-kind contribution description printing of recommendation sheets</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) CEO</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions) KJMB Solutions, Inc.</p>
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		

# POLITICAL EXPENDITURES FROM POLITICAL 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: 1/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 07/06/2025	5 Payee name ActBlue Texas	
6 Amount (\$) \$1.99	7 Payee address; City; State; Zip Code PO Box 441146  Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Credit card fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Texas	Office sought Office held
Date 07/16/2025	Payee name ActBlue Texas	
Amount (\$) \$1.39	Payee address; City; State; Zip Code PO Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Credit card fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Texas	Office sought Office held
Date 07/27/2025	Payee name ActBlue Texas	
Amount (\$) \$6.93	Payee address; City; State; Zip Code PO Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Credit card fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Texas	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL 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: 2/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 08/03/2025	5 Payee name ActBlue Texas	
6 Amount (\$) \$2.98	7 Payee address; City; PO Box 441146  Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Credit card fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Texas	Office sought Office held
Date 08/10/2025	Payee name ActBlue Texas	
Amount (\$) \$3.17	Payee address; City; PO Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Credit card fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Texas	Office sought Office held
Date 08/17/2025	Payee name ActBlue Texas	
Amount (\$) \$0.40	Payee address; City; PO Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Credit card fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Texas	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL 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: 3/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 08/24/2025	5 Payee name ActBlue Texas	
6 Amount (\$) \$6.53	7 Payee address; City; PO Box 441146  Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Credit card fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Texas	Office sought Office held
Date 08/31/2025	Payee name ActBlue Texas	
Amount (\$) \$1.39	Payee address; City; PO Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Credit card fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Texas	Office sought Office held
Date 09/07/2025	Payee name ActBlue Texas	
Amount (\$) \$1.99	Payee address; City; PO Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Credit card fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Texas	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL 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: 4/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 09/14/2025	5 Payee name ActBlue Texas	
6 Amount (\$) \$3.57	7 Payee address; City; PO Box 441146  Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Credit card fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Texas	Office sought Office held
Date 09/28/2025	Payee name ActBlue Texas	
Amount (\$) \$6.93	Payee address; City; PO Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Credit card fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Texas	Office sought Office held
Date 09/30/2025	Payee name ActBlue Texas	
Amount (\$) \$0.99	Payee address; City; PO Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Credit card fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Texas	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL 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: 5/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 10/05/2025	5 Payee name ActBlue Texas	
6 Amount (\$) \$2.98	7 Payee address; City; PO Box 441146  Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Credit card fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Texas	Office sought Office held
Date 10/12/2025	Payee name ActBlue Texas	
Amount (\$) \$4.16	Payee address; City; PO Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Credit card fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Texas	Office sought Office held
Date 10/19/2025	Payee name ActBlue Texas	
Amount (\$) \$0.40	Payee address; City; PO Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Credit card fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Texas	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL 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: 6/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 10/26/2025	5 Payee name ActBlue Texas	
6 Amount (\$) \$6.53	7 Payee address; City; State; Zip Code PO Box 441146  Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Credit card fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Texas	Office sought Office held
Date 11/02/2025	Payee name ActBlue Texas	
Amount (\$) \$3.77	Payee address; City; State; Zip Code PO Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Credit card fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Texas	Office sought Office held
Date 11/09/2025	Payee name ActBlue Texas	
Amount (\$) \$3.97	Payee address; City; State; Zip Code PO Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Credit card fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Texas	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL 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: 7/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 11/16/2025	5 Payee name ActBlue Texas	
6 Amount (\$) \$0.40	7 Payee address; City; PO Box 441146  Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Credit card fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Texas	Office sought Office held
Date 11/23/2025	Payee name ActBlue Texas	
Amount (\$) \$4.55	Payee address; City; PO Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Credit card fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Texas	Office sought Office held
Date 11/30/2025	Payee name ActBlue Texas	
Amount (\$) \$2.58	Payee address; City; PO Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Credit card fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Texas	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL 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: 8/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 12/07/2025	5 Payee name ActBlue Texas	
6 Amount (\$) \$1.99	7 Payee address; City; State; Zip Code PO Box 441146  Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Credit card fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Texas	Office sought Office held
Date 12/14/2025	Payee name ActBlue Texas	
Amount (\$) \$3.57	Payee address; City; State; Zip Code PO Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Credit card fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Texas	Office sought Office held
Date 12/28/2025	Payee name ActBlue Texas	
Amount (\$) \$2.98	Payee address; City; State; Zip Code PO Box 441146  Somerville, MA 02144	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Credit card fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Texas	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL 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: 9/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 12/31/2025	5 Payee name ActBlue Texas	
6 Amount (\$) \$0.60	7 Payee address; City; PO Box 441146  Somerville, MA 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Credit card fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/17/2025	Payee name Amazon.com	
Amount (\$) \$83.88	Payee address; City; 410 Terry Ave North  Seattle, WA 98109	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anand Bazaar favors
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/29/2025	Payee name Amazon.com	
Amount (\$) \$28.13	Payee address; City; 410 Terry Ave North  Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 10/9/25 event décor
Complete ONLY 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	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: 10/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 10/01/2025	5 Payee name Amazon.com	
6 Amount (\$) \$121.18	7 Payee address; City; State; Zip Code 410 Terry Ave North  Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 10/9/25 event décor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/06/2025	Payee name Amazon.com	
Amount (\$) \$15.07	Payee address; City; State; Zip Code 410 Terry Ave North  Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 10/9/25 event plates
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/07/2025	Payee name Amazon.com	
Amount (\$) \$33.19	Payee address; City; State; Zip Code 410 Terry Ave North  Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 10/9/25 event décor
Complete ONLY 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	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: 11/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 08/18/2025	5 Payee name Amazon.com	
6 Amount (\$) \$56.16	7 Payee address; City; 410 Terry Ave North  Seattle, WA 98109	
8 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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Events collapsible wagon
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/19/2025	Payee name Amazon.com	
Amount (\$) \$32.46	Payee address; City; 410 Terry Ave North  Seattle, WA 98109	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Plano Balloon Festival Booth give aways
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/19/2025	Payee name Amazon.com	
Amount (\$) \$56.26	Payee address; City; 410 Terry Ave North  Seattle, WA 98109	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Plano Balloon Festival Booth give aways
Complete ONLY 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	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: 12/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 09/19/2025	5 Payee name Amazon.com	
6 Amount (\$) \$62.76	7 Payee address; City; 410 Terry Ave North  Seattle, WA 98109	
8 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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Plano Balloon Festival Booth give aways
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/19/2025	Payee name Amazon.com	
Amount (\$) \$76.57	Payee address; City; 410 Terry Ave North  Seattle, WA 98109	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Plano Balloon Festival Booth give aways
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/14/2025	Payee name Amazon.com	
Amount (\$) \$19.47	Payee address; City; 410 Terry Ave North  Seattle, WA 98109	
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 Office supplies security key fobs
Complete ONLY 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	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: 13/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 10/14/2025	5 Payee name Amazon.com	
6 Amount (\$) \$53.03	7 Payee address; City; 410 Terry Ave North  Seattle, WA 98109	
8 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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Events bullhorn
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 10/16/2025	Payee name Amazon.com	
Amount (\$) \$7.57	Payee address; City; 410 Terry Ave North  Seattle, WA 98109	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Latino Outreach give aways
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 10/16/2025	Payee name Amazon.com	
Amount (\$) \$10.81	Payee address; City; 410 Terry Ave North  Seattle, WA 98109	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Latino Outreach decor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought

# POLITICAL EXPENDITURES FROM POLITICAL 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: 14/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 10/16/2025	5 Payee name Amazon.com	
6 Amount (\$) \$12.91	7 Payee address; City; State; Zip Code 410 Terry Ave North  Seattle, WA 98109	
8 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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Latino Outreach give aways
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/16/2025	Payee name Amazon.com	
Amount (\$) \$26.49	Payee address; City; State; Zip Code 410 Terry Ave North  Seattle, WA 98109	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Latino Outreach give aways
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/16/2025	Payee name Amazon.com	
Amount (\$) \$104.92	Payee address; City; State; Zip Code 410 Terry Ave North  Seattle, WA 98109	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Latino Outreach decor
Complete ONLY 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	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: 15/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 10/23/2025	5 Payee name Amazon.com	
6 Amount (\$) \$62.93	7 Payee address; City; State; Zip Code 410 Terry Ave North  Seattle, WA 98109	
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 Office supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/09/2025	Payee name Amazon.com	
Amount (\$) \$24.89	Payee address; City; State; Zip Code 410 Terry Ave North  Seattle, WA 98109	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candidate Forum ballot draw equipment
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/23/2025	Payee name Amazon.com	
Amount (\$) \$1,353.11	Payee address; City; State; Zip Code 410 Terry Ave North  Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling 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 Primary election fund office supplies
Complete ONLY 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	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: 16/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 10/23/2025	5 Payee name Amazon.com	
6 Amount (\$) \$162.36	7 Payee address; City; 410 Terry Ave North  Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling 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 Primary election fund office supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/29/2025	Payee name Amazon.com	
Amount (\$) \$50.85	Payee address; City; 410 Terry Ave North  Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling 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 Primary election fund office supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/23/2025	Payee name Atmos Energy	
Amount (\$) \$94.85	Payee address; City; PO Box 740353  Cincinnati, OH 45274	
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 Natural gas
Complete ONLY 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	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: 17/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 08/21/2025	5 Payee name Atmos Energy	
6 Amount (\$) \$94.50	7 Payee address; City; State; Zip Code PO Box 740353  Cincinnati, OH 45274	
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 Natural gas
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/22/2025	Payee name Atmos Energy	
Amount (\$) \$94.50	Payee address; City; State; Zip Code PO Box 740353  Cincinnati, OH 45274	
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 Natural gas
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/21/2025	Payee name Atmos Energy	
Amount (\$) \$108.20	Payee address; City; State; Zip Code PO Box 740353  Cincinnati, OH 45274	
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 Natural gas
Complete ONLY 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	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: 18/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 11/21/2025	5 Payee name Atmos Energy	
6 Amount (\$) \$108.20	7 Payee address; City; State; Zip Code PO Box 740353  Cincinnati, OH 45274	
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 Natural gas
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/22/2025	Payee name Atmos Energy	
Amount (\$) \$119.38	Payee address; City; State; Zip Code PO Box 740353  Cincinnati, OH 45274	
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 Natural gas
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/23/2025	Payee name Bumperactive LLC	
Amount (\$) \$41.57	Payee address; City; State; Zip Code 5907 Burnet Road  Austin, TX 78757	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Merchandise
Complete ONLY 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	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: 19/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 08/27/2025	5 Payee name Bumperactive LLC	
6 Amount (\$) \$41.57	7 Payee address; City; 5907 Burnet Road  Austin, TX 78757	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Merchandise
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/26/2025	Payee name Bumperactive LLC	
Amount (\$) \$41.57	Payee address; City; 5907 Burnet Road  Austin, TX 78757	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Merchandise
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/28/2025	Payee name Bumperactive LLC	
Amount (\$) \$2.31	Payee address; City; 5907 Burnet Road  Austin, TX 78757	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Merchandise
Complete ONLY 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	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: 20/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 10/30/2025	5 Payee name Bumperactive LLC	
6 Amount (\$) \$41.57	7 Payee address; City; 5907 Burnet Road  Austin, TX 78757	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Merchandise
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/25/2025	Payee name Bumperactive LLC	
Amount (\$) \$95.69	Payee address; City; 5907 Burnet Road  Austin, TX 78757	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Merchandise
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/04/2025	Payee name Bumperactive LLC	
Amount (\$) \$1.96	Payee address; City; 5907 Burnet Road  Austin, TX 78757	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Merchandise
Complete ONLY 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	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: 21/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 12/15/2025	5 Payee name Bumperactive LLC	
6 Amount (\$) \$2.19	7 Payee address; City; 5907 Burnet Road  Austin, TX 78757	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Merchandise
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 07/17/2025	Payee name CN Catering	
Amount (\$) \$18,201.16	Payee address; City; 8805 Sovereign Row  Dallas, TX 75247	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 2/7/26 event food
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 11/12/2025	Payee name CN Catering	
Amount (\$) \$1,500.00	Payee address; City; 8805 Sovereign Row  Dallas, TX 75247	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 2/7/26 event food
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought

# POLITICAL EXPENDITURES FROM POLITICAL 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: 22/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 11/12/2025	5 Payee name CN Catering	
6 Amount (\$) \$14,560.93	7 Payee address; City; 8805 Sovereign Row  Dallas, TX 75247	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 2/7/26 event food
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/28/2025	Payee name Canva	
Amount (\$) \$19.95	Payee address; City; 2140 S Dupont Highway  Camden, DE 19934	
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 Web design
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/26/2025	Payee name Canva	
Amount (\$) \$19.95	Payee address; City; 2140 S Dupont Highway  Camden, DE 19934	
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 Web design
Complete ONLY 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	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: 23/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 09/26/2025	5 Payee name Canva	
6 Amount (\$) \$19.95	7 Payee address; City; 2140 S Dupont Highway  Camden, DE 19934	
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 Web design
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/27/2025	Payee name Canva	
Amount (\$) \$12.95	Payee address; City; 2140 S Dupont Highway  Camden, DE 19934	
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 Web design
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/26/2025	Payee name Canva	
Amount (\$) \$12.95	Payee address; City; 2140 S Dupont Highway  Camden, DE 19934	
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 Web design
Complete ONLY 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	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: 24/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 12/26/2025	5 Payee name Canva	
6 Amount (\$) \$12.95	7 Payee address; City; 2140 S Dupont Highway  Camden, DE 19934	
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 Web design
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/17/2025	Payee name Catering by Larry	
Amount (\$) \$100.00	Payee address; City; 6014 Gentle Knoll  Dallas, TX 75248	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 10/9/25 event equipment setup
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/17/2025	Payee name Catering by Larry	
Amount (\$) \$132.50	Payee address; City; 6014 Gentle Knoll  Dallas, TX 75248	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials 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 10/9/25 event servers and equipment setup tip
Complete ONLY 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	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: 25/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 10/17/2025	5 Payee name Catering by Larry	
6 Amount (\$) \$199.03	7 Payee address; City; 6014 Gentle Knoll  Dallas, TX 75248	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 10/9/25 event food
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/17/2025	Payee name Catering by Larry	
Amount (\$) \$350.00	Payee address; City; 6014 Gentle Knoll  Dallas, TX 75248	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 10/9/25 event food
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/17/2025	Payee name Catering by Larry	
Amount (\$) \$562.50	Payee address; City; 6014 Gentle Knoll  Dallas, TX 75248	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 10/9/25 event servers
Complete ONLY 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	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: 26/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 10/17/2025	5 Payee name Catering by Larry	
6 Amount (\$) \$1,750.00	7 Payee address; City; 6014 Gentle Knoll  Dallas, TX 75248	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 10/9/25 event food
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/26/2025	Payee name Cava	
Amount (\$) \$12.29	Payee address; City; 10000 Research Blve  Austin, TX 78759	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Primary elections training food
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/15/2025	Payee name Collin College	
Amount (\$) \$240.00	Payee address; City; 2800 E Spring Creek Parkway  Plano, TX 75074	
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 CEC meeting rooms
Complete ONLY 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	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: 27/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 07/17/2025	5 Payee name Collin College	
6 Amount (\$) \$210.00	7 Payee address; City; State; Zip Code 2800 E Spring Creek Parkway  Plano, TX 75074	
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 CEC meeting rooms
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/21/2025	Payee name Collin College	
Amount (\$) \$30.00	Payee address; City; State; Zip Code 2800 E Spring Creek Parkway  Plano, TX 75074	
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 CEC meeting rooms
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/16/2025	Payee name Collin College	
Amount (\$) \$480.00	Payee address; City; State; Zip Code 2800 E Spring Creek Parkway  Plano, TX 75074	
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 CEC meeting rooms
Complete ONLY 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	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: 28/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 10/21/2025	5 Payee name Collin College	
6 Amount (\$) \$480.00	7 Payee address; City; State; Zip Code 2800 E Spring Creek Parkway  Plano, TX 75074	
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 CEC meeting rooms
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/13/2025	Payee name Collin College	
Amount (\$) \$480.00	Payee address; City; State; Zip Code 2800 E Spring Creek Parkway  Plano, TX 75074	
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 CEC meeting rooms
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/08/2025	Payee name Collin College	
Amount (\$) \$1,335.00	Payee address; City; State; Zip Code 2800 E Spring Creek Parkway  Plano, TX 75074	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candidate Forum
Complete ONLY 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	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: 29/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 11/14/2025	5 Payee name Collin Cty Dem Party Primary	
6 Amount (\$) \$2,500.00	7 Payee address; City; 6829 K Ave Ste 111 Plano, TX 75074	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling 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 Primary election fund payroll
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/01/2025	Payee name Collin Cty Dem Party Primary	
Amount (\$) \$4,000.00	Payee address; City; 6829 K Ave Ste 111 Plano, TX 75074	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling 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 Primary election fund payroll
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/10/2025	Payee name Constant Contact Inc.	
Amount (\$) \$335.79	Payee address; City; 1601 Trapelo Road Suite 329 Waltham, MA 02451	
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 Communications
Complete ONLY 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	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: 30/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753	
4 Date 08/11/2025	5 Payee name Constant Contact Inc.		
6 Amount (\$) \$335.79	7 Payee address; City; 1601 Trapelo Road Suite 329 Waltham, MA 02451	State; Zip Code	
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 Communications	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/10/2025	Payee name Constant Contact Inc.		
Amount (\$) \$335.79	Payee address; City; 1601 Trapelo Road Suite 329 Waltham, MA 02451	State; Zip Code	
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 Communications	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/10/2025	Payee name Constant Contact Inc.		
Amount (\$) \$335.79	Payee address; City; 1601 Trapelo Road Suite 329 Waltham, MA 02451	State; Zip Code	
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 Communications	
Complete ONLY 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	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: 31/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753	
4 Date 11/10/2025	5 Payee name Constant Contact Inc.		
6 Amount (\$) \$335.79	7 Payee address; City; 1601 Trapelo Road Suite 329 Waltham, MA 02451	State; Zip Code	
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 Communications	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/10/2025	Payee name Constant Contact Inc.		
Amount (\$) \$335.79	Payee address; City; 1601 Trapelo Road Suite 329 Waltham, MA 02451	State; Zip Code	
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 Communications	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 07/22/2025	Payee name Costco Wholesale		
Amount (\$) \$22.98	Payee address; City; 3800 Central Expressway  Plano, TX 75074	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Candidate Bootcamp snacks and water	
Complete ONLY 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	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: 32/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 08/15/2025	5 Payee name Costco Wholesale	
6 Amount (\$) \$22.99	7 Payee address; City; 3650 W University Drive  McKinney, TX 75071	
8 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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Protest supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/15/2025	Payee name Costco Wholesale	
Amount (\$) \$22.99	Payee address; City; 3650 W University Drive  McKinney, TX 75071	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Protest supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/17/2025	Payee name Costco Wholesale	
Amount (\$) \$11.97	Payee address; City; 3650 W University Drive  McKinney, TX 75071	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Protest supplies
Complete ONLY 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	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: 33/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 09/19/2025	5 Payee name DML Locksmith Services	
6 Amount (\$) \$655.20	7 Payee address; City; State; Zip Code 1210 W McDermott Drive Suite 112 Allen, TX 75013	
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 Office keys
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Darrel, Evans	Office sought Office held
Date 10/03/2025	Payee name Darrel, Evans	
Amount (\$) \$1,325.23	Payee address; City; State; Zip Code 1400 Traildust Dr  McKinney, TX 75069	
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 Wages
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Darrel, Evans	Office sought Office held
Date 10/17/2025	Payee name Darrel, Evans	
Amount (\$) \$1,865.17	Payee address; City; State; Zip Code 1400 Traildust Dr  McKinney, TX 75069	
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 Wages
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Darrel, Evans	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL 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: 34/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 10/31/2025	5 Payee name Darrel, Evans	
6 Amount (\$) \$1,921.43	7 Payee address; City; State; Zip Code 1400 Traildust Dr  McKinney, TX 75069	
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 Wages
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Darrel, Evans	Office sought Office held
Date 11/18/2025	Payee name Darrel, Evans	
Amount (\$) \$1,673.95	Payee address; City; State; Zip Code 1400 Traildust Dr  McKinney, TX 75069	
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 Wages
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Darrel, Evans	Office sought Office held
Date 11/28/2025	Payee name Darrel, Evans	
Amount (\$) \$646.45	Payee address; City; State; Zip Code 1400 Traildust Dr  McKinney, TX 75069	
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 Wages
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Darrel, Evans	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL 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: 35/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 08/13/2025	5 Payee name Displays2Go	
6 Amount (\$) \$34.57	7 Payee address; City; State; Zip Code 81 Commerce Drive  Fall River, MA 02720	
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 Office supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/01/2025	Payee name Dollar Tree	
Amount (\$) \$24.36	Payee address; City; State; Zip Code 2743 W 15th Street  Plano, TX 75075	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 10/9/25 event décor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/22/2025	Payee name Douglass Visions Committee, Inc.	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 2701 W. 15th Street 514 Plano, TX 75075	
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 Food pantry donation
Complete ONLY 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	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: 36/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 09/12/2025	5 Payee name Edwards and Patterson Signs	
6 Amount (\$) \$478.26	7 Payee address; City; 203 S. Belt Line Rd.  Irving, TX 75060	
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 Name badges
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/17/2025	Payee name Engie	
Amount (\$) \$93.57	Payee address; City; PO Box 17867  San Antonio, TX 78217	
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 Natural gas
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/19/2025	Payee name Engie	
Amount (\$) \$72.00	Payee address; City; PO Box 17867  San Antonio, TX 78217	
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 Natural gas
Complete ONLY 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	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: 37/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 09/16/2025	5 Payee name Engie	
6 Amount (\$) \$70.22	7 Payee address; City; State; Zip Code PO Box 17867  San Antonio, TX 78217	
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 Natural gas
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/14/2025	Payee name Engie	
Amount (\$) \$67.48	Payee address; City; State; Zip Code PO Box 17867  San Antonio, TX 78217	
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 Natural gas
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/12/2025	Payee name Engie	
Amount (\$) \$85.97	Payee address; City; State; Zip Code PO Box 17867  San Antonio, TX 78217	
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 Natural gas
Complete ONLY 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	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: 38/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 12/11/2025	5 Payee name Engie	
6 Amount (\$) \$63.72	7 Payee address; City; State; Zip Code PO Box 17867  San Antonio, TX 78217	
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 Natural gas
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/11/2025	Payee name Errin, Gay	
Amount (\$) \$955.81	Payee address; City; State; Zip Code 1912 Fresno Rd  Plano, TX 75074	
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 Wages
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/28/2025	Payee name Errin, Gay	
Amount (\$) \$749.43	Payee address; City; State; Zip Code 1912 Fresno Rd  Plano, TX 75074	
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 Wages
Complete ONLY 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	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: 39/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 08/08/2025	5 Payee name Errin, Gay	
6 Amount (\$) \$967.08	7 Payee address; City; State; Zip Code 1912 Fresno Rd  Plano, TX 75074	
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 Wages
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/22/2025	Payee name Errin, Gay	
Amount (\$) \$778.25	Payee address; City; State; Zip Code 1912 Fresno Rd  Plano, TX 75074	
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 Wages
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/05/2025	Payee name Errin, Gay	
Amount (\$) \$882.02	Payee address; City; State; Zip Code 1912 Fresno Rd  Plano, TX 75074	
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 Wages
Complete ONLY 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	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: 40/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 09/09/2025	5 Payee name Erin, Gay	
6 Amount (\$) \$355.54	7 Payee address; City; State; Zip Code 1912 Fresno Rd  Plano, TX 75074	
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 Wages
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/13/2025	Payee name FedEx	
Amount (\$) \$277.00	Payee address; City; State; Zip Code 901 N Central Expy Ste 200 Plano, TX 75075	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 10/9/25 event décor
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/06/2025	Payee name FedEx	
Amount (\$) \$87.13	Payee address; City; State; Zip Code 901 N Central Expy Suite 200 Plano, TX 75075	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 2/7/26 event décor
Complete ONLY 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	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: 41/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 07/07/2025	5 Payee name Frontier	
6 Amount (\$) \$144.87	7 Payee address; City; State; Zip Code PO Box 74047  Cincinnati, OH 45274	
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 Internet service
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/04/2025	Payee name Frontier	
Amount (\$) \$144.87	Payee address; City; State; Zip Code PO Box 74047  Cincinnati, OH 45274	
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 Internet service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/03/2025	Payee name Frontier	
Amount (\$) \$144.87	Payee address; City; State; Zip Code PO Box 74047  Cincinnati, OH 45274	
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 Internet service
Complete ONLY 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	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: 42/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 10/06/2025	5 Payee name Frontier	
6 Amount (\$) \$139.99	7 Payee address; City; State; Zip Code PO Box 74047  Cincinnati, OH 45274	
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 Internet service
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/04/2025	Payee name Frontier	
Amount (\$) \$139.99	Payee address; City; State; Zip Code PO Box 74047  Cincinnati, OH 45274	
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 Internet service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/04/2025	Payee name Frontier	
Amount (\$) \$139.99	Payee address; City; State; Zip Code PO Box 74047  Cincinnati, OH 45274	
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 Internet service
Complete ONLY 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	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: 43/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 07/02/2025	5 Payee name Google LLC	
6 Amount (\$) \$49.89	7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy  Mountain View, CA 94043	
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 Google Workspace
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/04/2025	Payee name Google LLC	
Amount (\$) \$55.57	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy  Mountain View, CA 94043	
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 Google Workspace
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/02/2025	Payee name Google LLC	
Amount (\$) \$57.07	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy  Mountain View, CA 94043	
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 Google Workspace
Complete ONLY 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	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: 44/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 10/02/2025	5 Payee name Google LLC	
6 Amount (\$) \$51.30	7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy  Mountain View, CA 94043	
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 Google Workspace
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/03/2025	Payee name Google LLC	
Amount (\$) \$53.73	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy  Mountain View, CA 94043	
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 Google Workspace
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/01/2025	Payee name Google LLC	
Amount (\$) \$53.73	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy  Mountain View, CA 94043	
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 Google Workspace
Complete ONLY 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	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: 45/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 10/13/2025	5 Payee name Home Depot	
6 Amount (\$) \$18.92	7 Payee address; City; State; Zip Code 1515 Central Ave  McKinney, TX 75070	
8 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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Protest supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/21/2025	Payee name Intuit Inc.	
Amount (\$) \$133.25	Payee address; City; State; Zip Code 2800 E. Commerce Center Place  Tucson, AZ 85706	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense QuickBooks Online
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/21/2025	Payee name Intuit Inc.	
Amount (\$) \$182.82	Payee address; City; State; Zip Code 2800 E. Commerce Center Place  Tucson, AZ 85706	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense QuickBooks Online
Complete ONLY 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	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: 46/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 08/19/2025	5 Payee name Intuit Inc.	
6 Amount (\$) \$133.25	7 Payee address; City; State; Zip Code 2800 E. Commerce Center Place  Tucson, AZ 85706	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense QuickBooks Online
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/19/2025	Payee name Intuit Inc.	
Amount (\$) \$182.82	Payee address; City; State; Zip Code 2800 E. Commerce Center Place  Tucson, AZ 85706	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense QuickBooks Online
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/19/2025	Payee name Intuit Inc.	
Amount (\$) \$133.25	Payee address; City; State; Zip Code 2800 E. Commerce Center Place  Tucson, AZ 85706	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense QuickBooks Online
Complete ONLY 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	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: 47/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 09/19/2025	5 Payee name Intuit Inc.	
6 Amount (\$) \$182.82	7 Payee address; City; State; Zip Code 2800 E. Commerce Center Place  Tucson, AZ 85706	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense QuickBooks Online
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/20/2025	Payee name Intuit Inc.	
Amount (\$) \$133.25	Payee address; City; State; Zip Code 2800 E. Commerce Center Place  Tucson, AZ 85706	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense QuickBooks Online
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/21/2025	Payee name Intuit Inc.	
Amount (\$) \$182.82	Payee address; City; State; Zip Code 2800 E. Commerce Center Place  Tucson, AZ 85706	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense QuickBooks Online
Complete ONLY 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	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: 48/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 11/19/2025	5 Payee name Intuit Inc.	
6 Amount (\$) \$147.11	7 Payee address; City; State; Zip Code 2800 E. Commerce Center Place  Tucson, AZ 85706	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense QuickBooks Online
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/19/2025	Payee name Intuit Inc.	
Amount (\$) \$182.82	Payee address; City; State; Zip Code 2800 E. Commerce Center Place  Tucson, AZ 85706	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense QuickBooks Online
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/21/2025	Payee name Intuit Inc.	
Amount (\$) \$39.98	Payee address; City; State; Zip Code 2800 E. Commerce Center Place  Tucson, AZ 85706	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense QuickBooks Online
Complete ONLY 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	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: 49/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 12/19/2025	5 Payee name Intuit Inc.	
6 Amount (\$) \$182.82	7 Payee address; City; State; Zip Code 2800 E. Commerce Center Place  Tucson, AZ 85706	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense QuickBooks Online
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/22/2025	Payee name Intuit Inc.	
Amount (\$) \$53.84	Payee address; City; State; Zip Code 2800 E. Commerce Center Place  Tucson, AZ 85706	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense QuickBooks Online
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/11/2025	Payee name Justin Pierce Music LLC	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 3701 Kelvin Ave  Fort Worth, TX 76133	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 2/7/26 event music
Complete ONLY 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	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: 50/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 12/19/2025	5 Payee name Justin Pierce Music LLC	
6 Amount (\$) \$1,025.00	7 Payee address; City; 3701 Kelvin Ave  Fort Worth, TX 76133	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 2/7/26 event music
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/06/2025	Payee name Kroger South Lake Forest	
Amount (\$) \$23.96	Payee address; City; 2901 South Lake Forest Drive  McKinney, TX 75070	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Candidate Bootcamp snacks
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/29/2025	Payee name Legacy Plano Master LLC	
Amount (\$) \$3,021.92	Payee address; City; PO Box 803289  Dallas, TX 75380	
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 Lease payment
Complete ONLY 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	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: 51/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 08/27/2025	5 Payee name Legacy Plano Master LLC	
6 Amount (\$) \$3,021.92	7 Payee address; City; PO Box 803289  Dallas, TX 75380	State; Zip Code
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 Lease payment
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 09/29/2025	Payee name Legacy Plano Master LLC	Office held
Amount (\$) \$3,021.92	Payee address; City; PO Box 803289  Dallas, TX 75380	State; Zip Code
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 Lease payment
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 10/29/2025	Payee name Legacy Plano Master LLC	Office held
Amount (\$) \$3,021.92	Payee address; City; PO Box 803289  Dallas, TX 75380	State; Zip Code
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 Lease payment
Complete ONLY 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	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: 52/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 11/28/2025	5 Payee name Legacy Plano Master LLC	
6 Amount (\$) \$3,021.92	7 Payee address; City; PO Box 803289  Dallas, TX 75380	State; Zip Code
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 Lease payment
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name  Legacy Plano Master LLC	Office sought  Office held
Date 12/29/2025	Payee name Legacy Plano Master LLC	
Amount (\$) \$3,095.80	Payee address; City; PO Box 803289  Dallas, TX 75380	State; Zip Code
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 Lease payment
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name  Market Street	Office sought  Office held
Date 11/17/2025	Payee name Market Street	
Amount (\$) \$47.13	Payee address; City; 985 Bethany Dr  Allen, TX 75013	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Event snacks
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name  Food/Beverage Expense	Office sought  Office held

# POLITICAL EXPENDITURES FROM POLITICAL 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: 53/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753	
4 Date 08/11/2025	5 Payee name McKinney Cotton Mill		
6 Amount (\$) \$3,151.81	7 Payee address; City; 610 Elm Street  McKinney, TX 75069	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 2/7/26 event venue	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/12/2025	Payee name McKinney Cotton Mill		
Amount (\$) \$1,500.00	Payee address; City; 610 Elm Street  McKinney, TX 75069	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 2/7/26 event venue	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/25/2025	Payee name McKinney Parks and Recreation		
Amount (\$) \$30.00	Payee address; City; 2001 S. Central Expwy  McKinney, TX 75070	State; Zip Code	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Latino Outreach pavilion rental	
Complete ONLY 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	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: 54/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 07/02/2025	5 Payee name NGP VAN Inc.	
6 Amount (\$) \$241.93	7 Payee address; City; State; Zip Code PO Box 392264  Pittsburgh, PA 15251	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Credit card fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/02/2025	Payee name NGP VAN Inc.	
Amount (\$) \$498.09	Payee address; City; State; Zip Code PO Box 392264  Pittsburgh, PA 15251	
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 Donor databasee monthly fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/03/2025	Payee name NGP VAN Inc.	
Amount (\$) \$498.09	Payee address; City; State; Zip Code PO Box 392264  Pittsburgh, PA 15251	
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 Donor databasee monthly fee
Complete ONLY 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	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: 55/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 08/04/2025	5 Payee name NGP VAN Inc.	
6 Amount (\$) \$264.60	7 Payee address; City; State; Zip Code PO Box 392264  Pittsburgh, PA 15251	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Credit card fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/04/2025	Payee name NGP VAN Inc.	
Amount (\$) \$498.09	Payee address; City; State; Zip Code PO Box 392264  Pittsburgh, PA 15251	
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 Donor databasee monthly fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/02/2025	Payee name NGP VAN Inc.	
Amount (\$) \$412.75	Payee address; City; State; Zip Code PO Box 392264  Pittsburgh, PA 15251	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Credit card fees
Complete ONLY 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	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: 56/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 09/05/2025	5 Payee name NGP VAN Inc.	
6 Amount (\$) \$498.09	7 Payee address; City; PO Box 392264  Pittsburgh, PA 15251	
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 Donor databasee monthly fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/02/2025	Payee name NGP VAN Inc.	
Amount (\$) \$514.16	Payee address; City; PO Box 392264  Pittsburgh, PA 15251	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Credit card fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/03/2025	Payee name NGP VAN Inc.	
Amount (\$) \$498.09	Payee address; City; PO Box 392264  Pittsburgh, PA 15251	
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 Donor databasee monthly fee
Complete ONLY 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	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: 57/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 11/03/2025	5 Payee name NGP VAN Inc.	
6 Amount (\$) \$734.86	7 Payee address; City; PO Box 392264  Pittsburgh, PA 15251	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Credit card fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/05/2025	Payee name NGP VAN Inc.	
Amount (\$) \$498.09	Payee address; City; PO Box 392264  Pittsburgh, PA 15251	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Credit card fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/01/2025	Payee name NGP VAN Inc.	
Amount (\$) \$745.72	Payee address; City; PO Box 392264  Pittsburgh, PA 15251	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Credit card fees
Complete ONLY 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	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: 58/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 12/03/2025	5 Payee name NGP VAN Inc.	
6 Amount (\$) \$498.09	7 Payee address; City; PO Box 392264  Pittsburgh, PA 15251	
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 Donor databasee monthly fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/06/2025	Payee name North Texas Pride	
Amount (\$) \$150.00	Payee address; City; PO Box 6447  McKinney, TX 75071	
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 North Texas Pride donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/04/2025	Payee name Office Depot	
Amount (\$) \$25.32	Payee address; City; 6401 W Plano Parkway  Plano, TX 75093	
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 Latino Festival flyers
Complete ONLY 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	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: 59/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 09/12/2025	5 Payee name Office Depot	
6 Amount (\$) \$327.46	7 Payee address; City; State; Zip Code 1751 N. Central Expressway Bldg H McKinney, TX 75069	
8 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 Printed handouts
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/08/2025	Payee name Office Depot	
Amount (\$) \$90.39	Payee address; City; State; Zip Code 6401 W Plano Parkway  Plano, TX 75093	
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 Latino Festival flyers
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/18/2025	Payee name Plano Balloon Festival, Inc	
Amount (\$) \$445.00	Payee address; City; State; Zip Code PO Box 867706  Plano, TX 75086	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Balloon Festival booth fee
Complete ONLY 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	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: 60/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 11/17/2025	5 Payee name Plano Police Department - Alarms Unit	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code PO Box 860358  Plano, TX 75086	
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 Alarm permit
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Priyanka, Vinoth	Office sought Office held
Date 12/19/2025	Payee name Priyanka, Vinoth	
Amount (\$) \$2,006.80	Payee address; City; State; Zip Code 6988 Ferrier Lane  Frisco, TX 75036	
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 Wages
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Prosperity Bank	Office sought Office held
Date 08/11/2025	Payee name Prosperity Bank	
Amount (\$) \$7.50	Payee address; City; State; Zip Code PO Box 869105  Plano, TX 75086	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Incoming wire fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name www.ethics.state.tx.us	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL 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: 61/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 09/03/2025	5 Payee name Prosperity Bank	
6 Amount (\$) \$7.50	7 Payee address; City; PO Box 869105  Plano, TX 75086	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Incoming wire fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/19/2025	Payee name Prosperity Bank	
Amount (\$) \$7.50	Payee address; City; PO Box 869105  Plano, TX 75086	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Incoming wire fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/14/2025	Payee name RdRc Mechanical Service, Inc.	
Amount (\$) \$387.73	Payee address; City; 6256 Green Valley Circle  Aubrey, TX 76227	
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 HVAC services
Complete ONLY 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	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: 62/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 08/27/2025	5 Payee name RdRc Mechanical Service, Inc.	
6 Amount (\$) \$176.32	7 Payee address; City; State; Zip Code 6256 Green Valley Circle  Aubrey, TX 76227	
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 HVAC services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name RdRc Mechanical Service, Inc.	Office sought Office held
Date 12/03/2025	Payee name RdRc Mechanical Service, Inc.	
Amount (\$) \$176.32	Payee address; City; State; Zip Code 6256 Green Valley Circle  Aubrey, TX 76227	
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 HVAC services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Renaissance Austin Hotel	Office sought Office held
Date 09/29/2025	Payee name Renaissance Austin Hotel	
Amount (\$) \$50.47	Payee address; City; State; Zip Code 9721 Arboretum Blvd  Austin, TX 78759	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of 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 Primary elections training hotel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Renaissance Austin Hotel	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL 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: 63/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 09/29/2025	5 Payee name Renaissance Austin Hotel	
6 Amount (\$) \$288.95	7 Payee address; City; 9721 Arboretum Blvd  Austin, TX 78759	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of 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 Primary elections training hotel
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 09/05/2025	Payee name Scale to Win	Office held
Amount (\$) \$5.80	Payee address; City; 13742 Harper Street  Santa Ana, CA 92703	State; Zip Code
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 Texting service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 10/03/2025	Payee name Scale to Win	Office held
Amount (\$) \$8.44	Payee address; City; 13742 Harper Street  Santa Ana, CA 92703	State; Zip Code
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 Texting service
Complete ONLY 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	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: 64/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 11/05/2025	5 Payee name Scale to Win	
6 Amount (\$) \$7.09	7 Payee address; City; State; Zip Code 13742 Harper Street  Santa Ana, CA 92703	
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 Texting service
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/05/2025	Payee name Scale to Win	
Amount (\$) \$17.07	Payee address; City; State; Zip Code 13742 Harper Street  Santa Ana, CA 92703	
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 Texting service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/05/2025	Payee name Scale to Win	
Amount (\$) \$50.04	Payee address; City; State; Zip Code 13742 Harper Street  Santa Ana, CA 92703	
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 Texting service
Complete ONLY 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	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: 65/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 10/29/2025	5 Payee name Scott Grigg TAC	
6 Amount (\$) \$100.46	7 Payee address; City; State; Zip Code Collin County PO Box 8046 McKinney, TX 75070	
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 Property tax
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/30/2025	Payee name Simplisafe Inc.	
Amount (\$) \$34.63	Payee address; City; State; Zip Code 294 Washington St Ninth Floor Boston, MA 02108	
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 Security monitoring
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/02/2025	Payee name Simplisafe Inc.	
Amount (\$) \$34.63	Payee address; City; State; Zip Code 294 Washington St Ninth Floor Boston, MA 02108	
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 Security monitoring
Complete ONLY 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	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: 66/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 09/29/2025	5 Payee name Simplisafe Inc.	
6 Amount (\$) \$34.63	7 Payee address; City; State; Zip Code 294 Washington St Ninth Floor Boston, MA 02108	
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 Security monitoring
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/29/2025	Payee name Simplisafe Inc.	
Amount (\$) \$34.63	Payee address; City; State; Zip Code 294 Washington St Ninth Floor Boston, MA 02108	
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 Security monitoring
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/01/2025	Payee name Simplisafe Inc.	
Amount (\$) \$37.88	Payee address; City; State; Zip Code 294 Washington St Ninth Floor Boston, MA 02108	
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 Security monitoring
Complete ONLY 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	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: 67/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 12/30/2025	5 Payee name Simplisafe Inc.	
6 Amount (\$) \$37.88	7 Payee address; City; State; Zip Code 294 Washington St Ninth Floor Boston, MA 02108	
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 Security monitoring
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/27/2025	Payee name SiteGround Hosting Inc.	
Amount (\$) \$604.42	Payee address; City; State; Zip Code 901 N Pitt St Suite 325 Alezxandria, VA 22314	
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 WebHosting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/25/2025	Payee name Squarespace,Inc.	
Amount (\$) \$175.00	Payee address; City; State; Zip Code 225 Varick Street 12th Floor New York, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling 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 2026 Texas Election Laws digital
Complete ONLY 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	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: 68/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 09/26/2025	5 Payee name Squarespace, Inc.	
6 Amount (\$) \$175.00	7 Payee address; City; State; Zip Code 225 Varick Street 12th Floor New York, NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling 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 2026 Texas Election Laws digital
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/26/2025	Payee name Sutka, Jeremy	
Amount (\$) \$317.80	Payee address; City; State; Zip Code 2605 Eldorado Pkwy  McKinney, TX 75070	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of 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 Primary elections training travel reimbursement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/06/2025	Payee name Target	
Amount (\$) \$57.36	Payee address; City; State; Zip Code 16731 Coit Rd  Dallas, TX 75248	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 10/9/25 event décor
Complete ONLY 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	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: 69/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753	
4 Date 12/17/2025	5 Payee name Texas Democratic Party		
6 Amount (\$) \$12,027.84	7 Payee address; City; PO Box 15707  Austin, TX 78761	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling 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 Registration by Mail initiative	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/03/2025	Payee name Texas Workforce Commission		
Amount (\$) \$3.64	Payee address; City; PO Box 149037  Austin, TX 78714	State; Zip Code	
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 Taxes	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/17/2025	Payee name Texas Workforce Commission		
Amount (\$) \$5.32	Payee address; City; PO Box 149037  Austin, TX 78714	State; Zip Code	
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 Taxes	
Complete ONLY 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	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: 70/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753	
4 Date 10/31/2025	5 Payee name Texas Workforce Commission		
6 Amount (\$) \$5.50	7 Payee address; City; PO Box 149037  Austin, TX 78714	State; Zip Code	
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 Taxes	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/18/2025	Payee name Texas Workforce Commission		
Amount (\$) \$4.72	Payee address; City; PO Box 149037  Austin, TX 78714	State; Zip Code	
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 Taxes	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/28/2025	Payee name Texas Workforce Commission		
Amount (\$) \$1.75	Payee address; City; PO Box 149037  Austin, TX 78714	State; Zip Code	
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 Taxes	
Complete ONLY 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	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: 71/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 12/19/2025	5 Payee name Texas Workforce Commission	
6 Amount (\$) \$6.00	7 Payee address; City; PO Box 149037  Austin, TX 78714	
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 Taxes
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 07/24/2025	Payee name The Hartford	
Amount (\$) \$694.00	Payee address; City; PO Box 660916  Dallas, TX 75266	
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 Insurance
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 09/05/2025	Payee name The Holy Grail Pub	
Amount (\$) \$101.50	Payee address; City; 8240 Preston Road Suite 150 Plano, TX 75024	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Happy Hour food
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought

# POLITICAL EXPENDITURES FROM POLITICAL 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: 72/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753	
4 Date 10/03/2025	5 Payee name The Holy Grail Pub		
6 Amount (\$) \$113.60	7 Payee address; City; 8240 Preston Road Suite 150 Plano, TX 75024	State; Zip Code	
8 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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Happy Hour food	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/10/2025	Payee name The Holy Grail Pub		
Amount (\$) \$138.07	Payee address; City; 8240 Preston Road Suite 150 Plano, TX 75024	State; Zip Code	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Happy Hour food	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/05/2025	Payee name The Holy Grail Pub		
Amount (\$) \$101.49	Payee address; City; 8240 Preston Road Suite 150 Plano, TX 75024	State; Zip Code	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Happy Hour food	
Complete ONLY 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	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: 73/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 09/22/2025	5 Payee name The Home Depot online	
6 Amount (\$) \$117.99	7 Payee address; City; State; Zip Code 2455 Paces Ferry Rd SE  Atlanta, GA 30339	
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 Office equipment ladder
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/13/2025	Payee name Tom Thumb	
Amount (\$) \$63.85	Payee address; City; State; Zip Code 3001 Hardin Blvd  McKinney, TX 75070	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials 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 Candidate Forum moderator gift
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/13/2025	Payee name Tom Thumb	
Amount (\$) \$65.85	Payee address; City; State; Zip Code 3001 Hardin Blvd  McKinney, TX 75070	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Candidate Forum water
Complete ONLY 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	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: 74/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 10/06/2025	5 Payee name Total Wine	
6 Amount (\$) \$831.89	7 Payee address; City; State; Zip Code 190 East Stacy Rd  Allen, TX 75002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 10/9/25 event beverages
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/09/2025	Payee name Total Wine	
Amount (\$) \$103.87	Payee address; City; State; Zip Code 190 East Stacy Rd  Allen, TX 75002	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 10/9/25 event beverages
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/11/2025	Payee name United States Treasury	
Amount (\$) \$219.74	Payee address; City; State; Zip Code Internal Revenue Service  Ogden, UT 84201	
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 taxes
Complete ONLY 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	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: 75/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 07/28/2025	5 Payee name United States Treasury	
6 Amount (\$) \$154.83	7 Payee address; City; State; Zip Code Internal Revenue Service  Ogden, UT 84201	
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 taxes
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/08/2025	Payee name United States Treasury	
Amount (\$) \$223.52	Payee address; City; State; Zip Code Internal Revenue Service  Ogden, UT 84201	
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 taxes
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/22/2025	Payee name United States Treasury	
Amount (\$) \$163.69	Payee address; City; State; Zip Code Internal Revenue Service  Ogden, UT 84201	
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 taxes
Complete ONLY 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	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: 76/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753	
4 Date 09/05/2025	5 Payee name United States Treasury		
6 Amount (\$) \$195.55	7 Payee address; City; Internal Revenue Service  Ogden, UT 84201	State; Zip Code	
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 taxes	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/09/2025	Payee name United States Treasury		
Amount (\$) \$58.92	Payee address; City; Internal Revenue Service  Ogden, UT 84201	State; Zip Code	
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 taxes	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/03/2025	Payee name United States Treasury		
Amount (\$) \$242.15	Payee address; City; Internal Revenue Service  Ogden, UT 84201	State; Zip Code	
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 taxes	
Complete ONLY 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	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: 77/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 10/17/2025	5 Payee name United States Treasury	
6 Amount (\$) \$425.63	7 Payee address; City; State; Zip Code Internal Revenue Service  Ogden, UT 84201	
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 taxes
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/31/2025	Payee name United States Treasury	
Amount (\$) \$444.71	Payee address; City; State; Zip Code Internal Revenue Service  Ogden, UT 84201	
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 taxes
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/18/2025	Payee name United States Treasury	
Amount (\$) \$360.63	Payee address; City; State; Zip Code Internal Revenue Service  Ogden, UT 84201	
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 taxes
Complete ONLY 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	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: 78/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 11/28/2025	5 Payee name United States Treasury	
6 Amount (\$) \$107.10	7 Payee address; City; State; Zip Code Internal Revenue Service  Ogden, UT 84201	
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 taxes
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/19/2025	Payee name United States Treasury	
Amount (\$) \$576.80	Payee address; City; State; Zip Code Internal Revenue Service  Ogden, UT 84201	
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 taxes
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/03/2025	Payee name United States Treasury	
Amount (\$) \$8.74	Payee address; City; State; Zip Code Internal Revenue Service  Ogden, UT 84201	
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 taxes
Complete ONLY 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	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: 79/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 10/17/2025	5 Payee name United States Treasury	
6 Amount (\$) \$12.76	7 Payee address; City; State; Zip Code Internal Revenue Service  Ogden, UT 84201	
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 taxes
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/31/2025	Payee name United States Treasury	
Amount (\$) \$13.19	Payee address; City; State; Zip Code Internal Revenue Service  Ogden, UT 84201	
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 taxes
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/18/2025	Payee name United States Treasury	
Amount (\$) \$7.31	Payee address; City; State; Zip Code Internal Revenue Service  Ogden, UT 84201	
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 taxes
Complete ONLY 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	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: 80/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 12/19/2025	5 Payee name United States Treasury	
6 Amount (\$) \$14.40	7 Payee address; City; State; Zip Code Internal Revenue Service  Ogden, UT 84201	
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 taxes
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 07/16/2025	Payee name Vonage Business Inc	
Amount (\$) \$214.18	Payee address; City; State; Zip Code Dept. 3151 PO Box 123151 Dallas, TX 75312	
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 service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 08/18/2025	Payee name Vonage Business Inc	
Amount (\$) \$214.18	Payee address; City; State; Zip Code Dept. 3151 PO Box 123151 Dallas, TX 75312	
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 service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought

# POLITICAL EXPENDITURES FROM POLITICAL 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: 81/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753	
4 Date 09/16/2025	5 Payee name Vonage Business Inc		
6 Amount (\$) \$214.18	7 Payee address; City; Dept. 3151 PO Box 123151 Dallas, TX 75312	State; Zip Code	
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 service	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/16/2025	Payee name Vonage Business Inc		
Amount (\$) \$216.19	Payee address; City; Dept. 3151 PO Box 123151 Dallas, TX 75312	State; Zip Code	
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 service	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/17/2025	Payee name Vonage Business Inc		
Amount (\$) \$216.19	Payee address; City; Dept. 3151 PO Box 123151 Dallas, TX 75312	State; Zip Code	
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 service	
Complete ONLY 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	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: 82/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753	
4 Date 12/16/2025	5 Payee name Vonage Business Inc		
6 Amount (\$) \$216.67	7 Payee address; City; Dept. 3151 PO Box 123151 Dallas, TX 75312	State; Zip Code	
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 service	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/02/2025	Payee name Walmart		
Amount (\$) \$43.86	Payee address; City; 8040 Independence Pkwy  Plano, TX 75025	State; Zip Code	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Community picnic food	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/22/2025	Payee name Walmart		
Amount (\$) \$231.90	Payee address; City; 6001 N Central Expy  Plano, TX 75023	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Office supplies snacks	
Complete ONLY 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	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: 83/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 07/28/2025	5 Payee name Zoom Video Communications Inc.	
6 Amount (\$) \$53.30	7 Payee address; City; State; Zip Code 55 Amaden Blvd  San Jose, CA 95113	
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 Monthly fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/25/2025	Payee name Zoom Video Communications Inc.	
Amount (\$) \$53.30	Payee address; City; State; Zip Code 55 Amaden Blvd  San Jose, CA 95113	
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 Monthly fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/26/2025	Payee name Zoom Video Communications Inc.	
Amount (\$) \$53.30	Payee address; City; State; Zip Code 55 Amaden Blvd  San Jose, CA 95113	
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 Monthly fee
Complete ONLY 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	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: 84/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 10/27/2025	5 Payee name Zoom Video Communications Inc.	
6 Amount (\$) \$53.30	7 Payee address; City; 55 Amaden Blvd  San Jose, CA 95113	State; Zip Code
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 Monthly fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 11/17/2025	Payee name Zoom Video Communications Inc.	Office held
Amount (\$) \$107.17	Payee address; City; 55 Amaden Blvd  San Jose, CA 95113	State; Zip Code
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 Monthly fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 09/03/2025	Payee name event1013	Office held
Amount (\$) \$1,255.00	Payee address; City; PO Box 351  Prosper, TX 75078	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 10/9/25 event venue
Complete ONLY 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	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: 85/85 Rpt:	2 FILER NAME Democratic Party of Collin County	3 Filer ID (Ethics Commission Filers) 00054753
4 Date 10/07/2025	5 Payee name event1013	
6 Amount (\$) \$109.13	7 Payee address; City; State; Zip Code PO Box 351  Prosper, TX 75078	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 10/9/25 event venue
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/07/2025	Payee name event1013	
Amount (\$) \$315.00	Payee address; City; State; Zip Code PO Box 351  Prosper, TX 75078	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 10/9/25 event venue
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/13/2025	Payee name event1013	
Amount (\$) \$100.00	Payee address; City; State; Zip Code PO Box 351  Prosper, TX 75078	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 10/9/25 event bartender tip
Complete ONLY 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**

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule K: Sch: 1/2 Rpt: 275/276</p>
<p><b>2</b> FILER NAME Democratic Party of Collin County</p>		<p><b>3</b> Filer ID (Ethics Commission Filers) 00054753</p>
<p><b>4</b> Date 09/02/2025</p>	<p><b>5</b> Name of person from whom amount is received India Association of North Texas</p> <p>.....</p> <p><b>6</b> Address of person from whom amount is received; City; State; Zip Code Richardson, TX 75080</p>	<p><b>8</b> Amount (\$) \$150.00</p>
	<p><b>7</b> Purpose for which amount is received Returned event deposit</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 08/12/2025</p>	<p>Name of person from whom amount is received Plano Parks &amp; Recreation</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code Plano, TX 75074</p>	<p>Amount (\$) \$75.00</p>
	<p>Purpose for which amount is received Returned event deposit</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 07/31/2025</p>	<p>Name of person from whom amount is received Prosperity Bank</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code Plano, TX 75086</p>	<p>Amount (\$) \$36.68</p>
	<p>Purpose for which amount is received Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 08/31/2025</p>	<p>Name of person from whom amount is received Prosperity Bank</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code Plano, TX 75086</p>	<p>Amount (\$) \$18.85</p>
	<p>Purpose for which amount is received Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 09/30/2025</p>	<p>Name of person from whom amount is received Prosperity Bank</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code Plano, TX 75086</p>	<p>Amount (\$) \$16.87</p>
	<p>Purpose for which amount is received Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer

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

## SCHEDULE K

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule K: Sch: 2/2 Rpt: 276/276</p>
<p><b>2</b> FILER NAME Democratic Party of Collin County</p>		<p><b>3</b> Filer ID (Ethics Commission Filers) 00054753</p>
<p><b>4</b> Date 10/31/2025</p>	<p><b>5</b> Name of person from whom amount is received Prosperity Bank</p> <p>.....</p> <p><b>6</b> Address of person from whom amount is received; City; State; Zip Code Plano, TX 75086</p>	<p><b>8</b> Amount (\$) \$17.04</p>
	<p><b>7</b> Purpose for which amount is received Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 11/30/2025</p>	<p>Name of person from whom amount is received Prosperity Bank</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code Plano, TX 75086</p>	<p>Amount (\$) \$4.17</p>
	<p>Purpose for which amount is received Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 12/31/2025</p>	<p>Name of person from whom amount is received Prosperity Bank</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code Plano, TX 75086</p>	<p>Amount (\$) \$4.05</p>
	<p>Purpose for which amount is received Interest</p>	<input type="checkbox"/> Check if political contribution returned to filer
<p>Date 07/10/2025</p>	<p>Name of person from whom amount is received Texas Workforce Commission</p> <p>.....</p> <p>Address of person from whom amount is received; City; State; Zip Code Austin , TX 78714</p>	<p>Amount (\$) \$9.10</p>
	<p>Purpose for which amount is received Rejected 2Q SUTA payment</p>	<input type="checkbox"/> Check if political contribution returned to filer