

**GENERAL-PURPOSE COMMITTEE  
CAMPAIGN FINANCE REPORT**

**FORM GPAC  
COVER SHEET PG 1**

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00056435	2 Total pages filed: 33			
3 COMMITTEE NAME Guadalupe County Democratic Club		<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  <input type="checkbox"/> Change of Address PO Box 2501  Seguin, TX 78156-2501						
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.			FIRST Milda	MI	
	NICKNAME	LAST Scott	SUFFIX			
6 CAMPAIGN TREASURER STREET ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 209 Valona  Cibolo, TX 78108		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; 209 Valona  Cibolo, TX 78108					
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (210) 854-1679					
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff					
10 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			

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**GENERAL-PURPOSE COMMITTEE REPORT:  
PURPOSE AND TOTALS**

**FORM GPAC  
COVER SHEET PG 2**

<b>12 COMMITTEE NAME</b> Guadalupe County Democratic Club		<b>13 FILER ID</b> (Ethics Commission Filers) 00056435
<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      Summer Brown      City Council  B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
<b>15 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 17,866.87
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 31,275.58
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 2,214.62
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 17,679.17
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 23,093.98
<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.

Ms. Milda Scott

\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 33

<b>17</b> COMMITTEE NAME Guadalupe County Democratic Club	<b>18</b> Filer ID (Ethics Commission Filers) 00056435
<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 31,275.58
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 17,679.17
11. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
12. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
13. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/14 Rpt: 4/33
<b>2</b> FILER NAME Guadalupe County Democratic Club		<b>3</b> Filer ID (Ethics Commission Filers) 00056435
<b>4</b> Date 07/02/2025	<b>5</b> Full name of contributor ActBlue Texas	<b>7</b> Amount of Contribution (\$) \$57.62
	<b>6</b> Contributor address; City; State; Zip Code  Somerville, MA 02144	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/09/2025	Full name of contributor ActBlue Texas	Amount of Contribution (\$) \$105.64
	Contributor address; City; State; Zip Code  Somerville, MA 02144	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/16/2025	Full name of contributor ActBlue Texas	Amount of Contribution (\$) \$52.82
	Contributor address; City; State; Zip Code  Somerville, MA 02144	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/23/2025	Full name of contributor ActBlue Texas	Amount of Contribution (\$) \$14.40
	Contributor address; City; State; Zip Code  Somerville, MA 02144	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/30/2025	Full name of contributor ActBlue Texas	Amount of Contribution (\$) \$48.02
	Contributor address; City; State; Zip Code  Somerville, MA 02144	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/14 Rpt: 5/33
<b>2</b> FILER NAME Guadalupe County Democratic Club		<b>3</b> Filer ID (Ethics Commission Filers) 00056435
<b>4</b> Date 08/06/2025	<b>5</b> Full name of contributor ActBlue Texas	<b>7</b> Amount of Contribution (\$) \$134.45
	<b>6</b> Contributor address; City; State; Zip Code  Somerville, MA 02144	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/13/2025	Full name of contributor ActBlue Texas	Amount of Contribution (\$) \$81.63
	Contributor address; City; State; Zip Code  Somerville, MA 02144	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/20/2025	Full name of contributor ActBlue Texas	Amount of Contribution (\$) \$91.23
	Contributor address; City; State; Zip Code  Somerville, MA 02144	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/04/2025	Full name of contributor ActBlue Texas	Amount of Contribution (\$) \$57.62
	Contributor address; City; State; Zip Code  Somerville, MA 02144	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/10/2025	Full name of contributor ActBlue Texas	Amount of Contribution (\$) \$105.64
	Contributor address; City; State; Zip Code  Somerville, MA 02144	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/14 Rpt: 6/33
<b>2</b> FILER NAME Guadalupe County Democratic Club		<b>3</b> Filer ID (Ethics Commission Filers) 00056435
<b>4</b> Date 09/17/2025	<b>5</b> Full name of contributor ActBlue Texas	<b>7</b> Amount of Contribution (\$) \$52.82
	<b>6</b> Contributor address; City; State; Zip Code  Somerville, MA 02144	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/24/2025	Full name of contributor ActBlue Texas	Amount of Contribution (\$) \$38.41
	Contributor address; City; State; Zip Code  Somerville, MA 02144	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/03/2025	Full name of contributor ActBlue Texas	Amount of Contribution (\$) \$57.62
	Contributor address; City; State; Zip Code  Somerville, MA 02144	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/08/2025	Full name of contributor ActBlue Texas	Amount of Contribution (\$) \$76.83
	Contributor address; City; State; Zip Code  Somerville, MA 02144	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2025	Full name of contributor ActBlue Texas	Amount of Contribution (\$) \$81.63
	Contributor address; City; State; Zip Code  Somerville, MA 02144	
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: 4/14 Rpt: 7/33
<b>2</b> FILER NAME Guadalupe County Democratic Club		<b>3</b> Filer ID (Ethics Commission Filers) 00056435
<b>4</b> Date 10/22/2025	<b>5</b> Full name of contributor ActBlue Texas	<b>7</b> Amount of Contribution (\$) \$14.40
	<b>6</b> Contributor address; City; State; Zip Code  Somerville, MA 02144	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/29/2025	Full name of contributor ActBlue Texas	Amount of Contribution (\$) \$38.41
	Contributor address; City; State; Zip Code  Somerville, MA 02144	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2025	Full name of contributor ActBlue Texas	Amount of Contribution (\$) \$134.45
	Contributor address; City; State; Zip Code  Somerville, MA 02144	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/13/2025	Full name of contributor ActBlue Texas	Amount of Contribution (\$) \$81.63
	Contributor address; City; State; Zip Code  Somerville, MA 02144	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/19/2025	Full name of contributor ActBlue Texas	Amount of Contribution (\$) \$14.40
	Contributor address; City; State; Zip Code  Somerville, MA 02144	
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: 5/14 Rpt: 8/33
<b>2</b> FILER NAME Guadalupe County Democratic Club		<b>3</b> Filer ID (Ethics Commission Filers) 00056435
<b>4</b> Date 12/03/2025	<b>5</b> Full name of contributor ActBlue Texas	<b>7</b> Amount of Contribution (\$) \$57.62
	<b>6</b> Contributor address; City; State; Zip Code  Somerville, MA 02144	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/10/2025	Full name of contributor ActBlue Texas	Amount of Contribution (\$) \$105.64
	Contributor address; City; State; Zip Code  Somerville, MA 02144	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/17/2025	Full name of contributor ActBlue Texas	Amount of Contribution (\$) \$52.82
	Contributor address; City; State; Zip Code  Somerville, MA 02144	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/24/2025	Full name of contributor ActBlue Texas	Amount of Contribution (\$) \$14.40
	Contributor address; City; State; Zip Code  Somerville, MA 02144	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/29/2025	Full name of contributor Bischoff	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Seguin, TX 78155	
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: 6/14 Rpt: 9/33
<b>2</b> FILER NAME Guadalupe County Democratic Club		<b>3</b> Filer ID (Ethics Commission Filers) 00056435
<b>4</b> Date 08/28/2025	<b>5</b> Full name of contributor Campaigne Enterprises	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  Seguin, TX 78155	
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
<b>Date</b> 07/21/2025	<b>Full name of contributor</b> Cordes, Cathy	<b>Amount of Contribution (\$)</b> \$360.00
	<b>Contributor address; City; State; Zip Code</b>  McQueeney, TX 78123	
<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> Cordes, Cathy	<b>Amount of Contribution (\$)</b> \$180.00
	<b>Contributor address; City; State; Zip Code</b>  McQueeney, TX 78123	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 08/28/2025	<b>Full name of contributor</b> Ehlers, Jennifer	<b>Amount of Contribution (\$)</b> \$360.00
	<b>Contributor address; City; State; Zip Code</b>  Seguin, TX 78155	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 08/28/2025	<b>Full name of contributor</b> Fox, Joyce	<b>Amount of Contribution (\$)</b> \$270.00
	<b>Contributor address; City; State; Zip Code</b>  Seguin, TX 78155	
<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: 7/14 Rpt: 10/33
<b>2</b> FILER NAME Guadalupe County Democratic Club		<b>3</b> Filer ID (Ethics Commission Filers) 00056435
<b>4</b> Date 10/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Joyce	<b>7</b> Amount of Contribution (\$) \$90.00
	<b>6</b> Contributor address; City; State; Zip Code  Seguin, TX 78155	
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
<b>Date</b> 07/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaytan Law Firm	<b>Amount of Contribution (\$)</b> \$360.00
	<b>Contributor address; City; State; Zip Code</b>  Seguin, TX 78155	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 08/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaytan Law Firm	<b>Amount of Contribution (\$)</b> \$985.00
	<b>Contributor address; City; State; Zip Code</b>  Seguin, TX 78155	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 10/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaytan, Paul	<b>Amount of Contribution (\$)</b> \$253.54
	<b>Contributor address; City; State; Zip Code</b>  Seguin, TX 78155	
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b> Gaytan Law Firm
<b>Date</b> 07/02/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Langford, Mary Jo	<b>Amount of Contribution (\$)</b> \$360.00
	<b>Contributor address; City; State; Zip Code</b>  Seguin, TX 78155	
<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: 8/14 Rpt: 11/33
<b>2</b> FILER NAME Guadalupe County Democratic Club		<b>3</b> Filer ID (Ethics Commission Filers) 00056435
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langford, Mary Jo	<b>7</b> Amount of Contribution (\$) \$150.00
	<b>6</b> Contributor address; City; State; Zip Code  Seguin, TX 78155	
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
<b>Date</b> 08/14/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Langford, Mary Jo	<b>Amount of Contribution (\$)</b> \$45.00
	<b>Contributor address; City; State; Zip Code</b>  Seguin, TX 78155	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 08/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Leos, Julie	<b>Amount of Contribution (\$)</b> \$359.62
	<b>Contributor address; City; State; Zip Code</b>  Seguin, TX 78155	
<b>Principal occupation / Job title (See Instructions)</b> Exec Search Cons		<b>Employer (See Instructions)</b> Spelman Johnson
<b>Date</b> 08/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Stanley	<b>Amount of Contribution (\$)</b> \$400.00
	<b>Contributor address; City; State; Zip Code</b>  Seguin, TX 78155	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<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#: _____) Nava, Maria	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Cibolo, TX 78108	
<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: 9/14 Rpt: 12/33
<b>2</b> FILER NAME Guadalupe County Democratic Club		<b>3</b> Filer ID (Ethics Commission Filers) 00056435
<b>4</b> Date 08/18/2025	<b>5</b> Full name of contributor Nava, Maria	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Cibolo, TX 78108	
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 09/15/2025	Full name of contributor Nava, Maria	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Cibolo, TX 78108	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2025	Full name of contributor Nava, Maria	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Cibolo, TX 78108	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/24/2025	Full name of contributor Nava, Maria	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Cibolo, TX 78108	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/15/2025	Full name of contributor Nava, Maria	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Cibolo, TX 78108	
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: 10/14 Rpt: 13/33
<b>2</b> FILER NAME Guadalupe County Democratic Club		<b>3</b> Filer ID (Ethics Commission Filers) 00056435
<b>4</b> Date 08/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norman, Eric	<b>7</b> Amount of Contribution (\$) \$540.00
	<b>6</b> Contributor address; City; State; Zip Code  Seguin, TX 78155	
<b>8</b> Principal occupation / Job title (See Instructions) Shoemaker		<b>9</b> Employer (See Instructions) Self
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norman, Eric	Amount of Contribution (\$) \$180.00
	Contributor address; City; State; Zip Code  Seguin, TX 78155	
Principal occupation / Job title (See Instructions) Shoemaker		Employer (See Instructions) Self
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norman, Eric	Amount of Contribution (\$) \$180.00
	Contributor address; City; State; Zip Code  Seguin, TX 78155	
Principal occupation / Job title (See Instructions) Shoemaker		Employer (See Instructions) Self
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pulido, Jose	Amount of Contribution (\$) \$359.62
	Contributor address; City; State; Zip Code  Edinburg, TX 78540	
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Self
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Linda	Amount of Contribution (\$) \$360.00
	Contributor address; City; State; Zip Code  Seguin, TX 78155	
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: 11/14 Rpt: 14/33
<b>2</b> FILER NAME Guadalupe County Democratic Club		<b>3</b> Filer ID (Ethics Commission Filers) 00056435
<b>4</b> Date 08/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Clifton	<b>7</b> Amount of Contribution (\$) \$359.62
	<b>6</b> Contributor address; City; State; Zip Code  Seguin, TX 78155	
<b>8</b> Principal occupation / Job title (See Instructions) Computer Consultant		<b>9</b> Employer (See Instructions) Bahia
<b>Date</b> 07/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwab, Steve	<b>Amount of Contribution (\$)</b> \$361.11
	<b>Contributor address; City; State; Zip Code</b>  Schertz, TX 78154	
<b>Principal occupation / Job title (See Instructions)</b> Professor		<b>Employer (See Instructions)</b> UT
<b>Date</b> 10/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwab, Steve	<b>Amount of Contribution (\$)</b> \$60.00
	<b>Contributor address; City; State; Zip Code</b>  Schertz, TX 78154	
<b>Principal occupation / Job title (See Instructions)</b> Professor		<b>Employer (See Instructions)</b> UT
<b>Date</b> 12/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwab, Steve	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Schertz, TX 78154	
<b>Principal occupation / Job title (See Instructions)</b> Professor		<b>Employer (See Instructions)</b> UT
<b>Date</b> 08/11/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Tate, Sharon	<b>Amount of Contribution (\$)</b> \$90.00
	<b>Contributor address; City; State; Zip Code</b>  Seguin, TX 78155	
<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: 12/14 Rpt: 15/33
<b>2</b> FILER NAME Guadalupe County Democratic Club		<b>3</b> Filer ID (Ethics Commission Filers) 00056435
<b>4</b> Date 08/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tate, Sharon	<b>7</b> Amount of Contribution (\$) \$370.00
	<b>6</b> Contributor address; City; State; Zip Code  Seguin, TX 78155	
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
<b>Date</b> 09/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Tate, Sharon	<b>Amount of Contribution (\$)</b> \$1,015.05
	<b>Contributor address; City; State; Zip Code</b>  Seguin, TX 78155	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 07/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Thexton, Barbara	<b>Amount of Contribution (\$)</b> \$180.00
	<b>Contributor address; City; State; Zip Code</b>  Seguin, TX 78155	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 07/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Thexton, Barbara	<b>Amount of Contribution (\$)</b> \$90.00
	<b>Contributor address; City; State; Zip Code</b>  Seguin, TX 78155	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 08/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Thexton, Barbara	<b>Amount of Contribution (\$)</b> \$90.00
	<b>Contributor address; City; State; Zip Code</b>  Seguin, TX 78155	
<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: 13/14 Rpt: 16/33
<b>2</b> FILER NAME Guadalupe County Democratic Club		<b>3</b> Filer ID (Ethics Commission Filers) 00056435
<b>4</b> Date 08/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thexton, Barbara	<b>7</b> Amount of Contribution (\$) \$125.00
	<b>6</b> Contributor address; City; State; Zip Code  Seguin, TX 78155	
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
<b>Date</b> 09/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Thexton, Barbara	<b>Amount of Contribution (\$)</b> \$1,000.00
	<b>Contributor address; City; State; Zip Code</b>  Seguin, TX 78155	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 08/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, Milly	<b>Amount of Contribution (\$)</b> \$240.00
	<b>Contributor address; City; State; Zip Code</b>  Seguin, TX 78155	
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b> Not Employed
<b>Date</b> 08/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, Milly	<b>Amount of Contribution (\$)</b> \$710.00
	<b>Contributor address; City; State; Zip Code</b>  Seguin, TX 78155	
<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#: _____) Watson, Milly	<b>Amount of Contribution (\$)</b> \$190.00
	<b>Contributor address; City; State; Zip Code</b>  Seguin, TX 78155	
<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: 14/14 Rpt: 17/33
<b>2</b> FILER NAME Guadalupe County Democratic Club			<b>3</b> Filer ID (Ethics Commission Filers) 00056435
<b>4</b> Date 11/24/2025	<b>5</b> Full name of contributor Watson, Milly	<input type="checkbox"/> out-of-state PAC (ID#: .....)	<b>7</b> Amount of Contribution (\$) \$15.00
	<b>6</b> Contributor address; City; State; Zip Code  Seguin, TX 78155		
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed	

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

<b>The Instruction Guide explains how to complete this form.</b>			
<b>2 FILER NAME</b> Guadalupe County Democratic Club			
<b>4 TOTAL OF UNITEMIZED PLEDGES</b> <span style="float: right;">\$ 0.00</span>			
<b>5 Date</b>	<b>6 Full name of pledgor</b> ..... <b>7 Pledgor Address;</b> City; State; Zip Code	<b>8 Amount of pledge (\$)</b>  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<b>9 In-kind description (If applicable)</b>
<b>10 Principal occupation / Job title (See Instructions)</b>		<b>11 Employer (See Instructions)</b>	

**LOANS****SCHEDULE E**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 19/33
<b>2</b> FILER NAME Guadalupe County Democratic Club		<b>3</b> Filer ID (Ethics Commission Filers) 00056435
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$ 0.00
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor ..... <b>18</b> Guarantor address; City; State; Zip Code	<b>19</b> Amount Guaranteed (\$)
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# 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: 1/14 Rpt: 20/33	2 FILER NAME Guadalupe County Democratic Club	3 Filer ID (Ethics Commission Filers) 00056435
4 Date 12/10/2025	5 Payee name Campaign Partner	
6 Amount (\$) \$49.00	7 Payee address; City; PO Box 118  Still River, MA 01467	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 11/10/2025	Payee name Campaign Partner	
Amount (\$) \$49.00	Payee address; City; PO Box 118  Still River, MA 01467	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 10/10/2025	Payee name Campaign Partner	
Amount (\$) \$49.00	Payee address; City; PO Box 118  Still River, MA 01467	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
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: 2/14 Rpt: 21/33	2 FILER NAME Guadalupe County Democratic Club	3 Filer ID (Ethics Commission Filers) 00056435
4 Date 09/10/2025	5 Payee name Campaign Partner	
6 Amount (\$) \$49.00	7 Payee address; City; PO Box 118  Still River, MA 01467	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 08/11/2025	Payee name Campaign Partner	
Amount (\$) \$49.00	Payee address; City; PO Box 118  Still River, MA 01467	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 07/10/2025	Payee name Campaign Partner	
Amount (\$) \$49.00	Payee address; City; PO Box 118  Still River, MA 01467	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
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: 3/14 Rpt: 22/33	2 FILER NAME Guadalupe County Democratic Club	3 Filer ID (Ethics Commission Filers) 00056435
4 Date 09/29/2025	5 Payee name Campaign of Summer Brown	
6 Amount (\$) \$250.00	7 Payee address; City; 224 Kilkenny  Cibolo, TX 78108	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Brown, Summer	Office sought City Council Place 7
Date 08/29/2025	Payee name Fiesta Ballroom	
Amount (\$) \$6,600.00	Payee address; City; 735 E I10  Seguin, TX 78155	
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 Event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 10/22/2025	Payee name Guadalupe County Democratic Party	Office held
Amount (\$) \$250.00	Payee address; City; 807 Main St  Schertz, TX 78154	
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 HQ
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: 4/14 Rpt: 23/33	2 FILER NAME Guadalupe County Democratic Club	3 Filer ID (Ethics Commission Filers) 00056435
4 Date 11/12/2025	5 Payee name Guadalupe County Democratic Party	
6 Amount (\$) \$250.00	7 Payee address; City; State; Zip Code 807 Main St  Schertz, TX 78154	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HQ
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/14/2025	Payee name Guadalupe Printing Solutions	
Amount (\$) \$201.21	Payee address; City; State; Zip Code 107 N Camp  Seguin, TX 78155	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/27/2025	Payee name Guadalupe Printing Solutions	
Amount (\$) \$476.09	Payee address; City; State; Zip Code 107 N Camp  Seguin, TX 78155	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
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: 5/14 Rpt: 24/33	2 FILER NAME Guadalupe County Democratic Club	3 Filer ID (Ethics Commission Filers) 00056435
4 Date 07/03/2025	5 Payee name Guadalupe Printing Solutions	
6 Amount (\$) \$316.80	7 Payee address; City; 107 N Camp  Seguin, TX 78155	
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 Printing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/26/2025	Payee name Guadalupe Printing Solutions	
Amount (\$) \$25.44	Payee address; City; 107 N Camp  Seguin, TX 78155	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/23/2025	Payee name Guadalupe Printing Solutions	
Amount (\$) \$139.64	Payee address; City; 107 N Camp  Seguin, TX 78155	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
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: 6/14 Rpt: 25/33	2 FILER NAME Guadalupe County Democratic Club	3 Filer ID (Ethics Commission Filers) 00056435
4 Date 09/12/2025	5 Payee name Guadalupe Printing Solutions	
6 Amount (\$) \$43.03	7 Payee address; City; 107 N Camp  Seguin, TX 78155	
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 Printing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/10/2025	Payee name Guadalupe Printing Solutions	
Amount (\$) \$13.46	Payee address; City; 107 N Camp  Seguin, TX 78155	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/17/2025	Payee name Guadalupe Printing Solutions	
Amount (\$) \$204.74	Payee address; City; 107 N Camp  Seguin, TX 78155	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
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: 7/14 Rpt: 26/33	2 FILER NAME Guadalupe County Democratic Club	3 Filer ID (Ethics Commission Filers) 00056435
4 Date 10/16/2025	5 Payee name Guadalupe Printing Solutions	
6 Amount (\$) \$52.00	7 Payee address; City; 107 N Camp  Seguin, TX 78155	
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 Printing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/16/2025	Payee name Guadalupe Printing Solutions	
Amount (\$) \$18.80	Payee address; City; 107 N Camp  Seguin, TX 78155	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/04/2025	Payee name Guadalupe Printing Solutions	
Amount (\$) \$24.00	Payee address; City; 107 N Camp  Seguin, TX 78155	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
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: 8/14 Rpt: 27/33	2 FILER NAME Guadalupe County Democratic Club	3 Filer ID (Ethics Commission Filers) 00056435
4 Date 12/03/2025	5 Payee name Seguin Print Shop	
6 Amount (\$) \$522.85	7 Payee address; City; 410 E Court  Seguin, TX 78155	
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 Printing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/18/2025	Payee name Seguin Print Shop	
Amount (\$) \$916.00	Payee address; City; 410 E Court  Seguin, TX 78155	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/03/2025	Payee name Seguin Storage	
Amount (\$) \$129.00	Payee address; City; 1301 E Kingsbury  Seguin, TX 78155	
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 Storage
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: 9/14 Rpt: 28/33	2 FILER NAME Guadalupe County Democratic Club	3 Filer ID (Ethics Commission Filers) 00056435
4 Date 11/03/2025	5 Payee name Seguin Storage	
6 Amount (\$) \$129.00	7 Payee address; City; State; Zip Code 1301 E Kingsbury  Seguin, TX 78155	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/04/2025	Payee name Seguin Storage	
Amount (\$) \$117.00	Payee address; City; State; Zip Code 1301 E Kingsbury  Seguin, TX 78155	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/02/2025	Payee name Seguin Storage	
Amount (\$) \$117.00	Payee address; City; State; Zip Code 1301 E Kingsbury  Seguin, TX 78155	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage
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: 10/14 Rpt: 29/33	2 FILER NAME Guadalupe County Democratic Club	3 Filer ID (Ethics Commission Filers) 00056435
4 Date 12/03/2025	5 Payee name Seguin Storage	
6 Amount (\$) \$129.00	7 Payee address; City; State; Zip Code 1301 E Kingsbury  Seguin, TX 78155	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/04/2025	Payee name Seguin Storage	
Amount (\$) \$117.00	Payee address; City; State; Zip Code 1301 E Kingsbury  Seguin, TX 78155	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Storage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/04/2025	Payee name State Farm Insurance	
Amount (\$) \$45.43	Payee address; City; State; Zip Code 1 State Farm Plaza  Bloomington, IL 61710	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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	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: 11/14 Rpt: 30/33	2 FILER NAME Guadalupe County Democratic Club	3 Filer ID (Ethics Commission Filers) 00056435
4 Date 10/31/2025	5 Payee name State Farm Insurance	
6 Amount (\$) \$45.43	7 Payee address; City; 1 State Farm Plaza  Bloomington, IL 61710	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	<p><b>(a) Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense</p> <p><b>(b) Description</b></p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> <p><input type="checkbox"/> Check if Austin, TX, officeholder living expense</p> <p>Insurance</p>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 10/02/2025	Payee name State Farm Insurance	Office held
Amount (\$) \$45.43	Payee address; City; 1 State Farm Plaza  Bloomington, IL 61710	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	<p><b>(a) Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense</p> <p><b>(b) Description</b></p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> <p><input type="checkbox"/> Check if Austin, TX, officeholder living expense</p> <p>Insurance</p>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 09/02/2025	Payee name State Farm Insurance	Office held
Amount (\$) \$45.43	Payee address; City; 1 State Farm Plaza  Bloomington, IL 61710	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	<p><b>(a) Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense</p> <p><b>(b) Description</b></p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> <p><input type="checkbox"/> Check if Austin, TX, officeholder living expense</p> <p>Insurance</p>	
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: 12/14 Rpt: 31/33	2 FILER NAME Guadalupe County Democratic Club	3 Filer ID (Ethics Commission Filers) 00056435
4 Date 07/31/2025	5 Payee name State Farm Insurance	
6 Amount (\$) \$45.43	7 Payee address; City; 1 State Farm Plaza  Bloomington, IL 61710	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	<p><b>(a) Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense</p> <p><b>(b) Description</b></p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> <p><input type="checkbox"/> Check if Austin, TX, officeholder living expense</p> <p>Insurance</p>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 07/03/2025	Payee name State Farm Insurance	Office held
Amount (\$) \$45.43	Payee address; City; 1 State Farm Plaza  Bloomington, IL 61710	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	<p><b>(a) Category</b> (See Categories listed at the top of this schedule) Office Overhead/Rental Expense</p> <p><b>(b) Description</b></p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> <p><input type="checkbox"/> Check if Austin, TX, officeholder living expense</p> <p>Insurance</p>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 08/29/2025	Payee name Trevino Enterprises	Office held
Amount (\$) \$562.50	Payee address; City; 735 E I10  Seguin, TX 78155	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	<p><b>(a) Category</b> (See Categories listed at the top of this schedule) Event Expense</p> <p><b>(b) Description</b></p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> <p><input type="checkbox"/> Check if Austin, TX, officeholder living expense</p> <p>Event</p>	
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: 13/14 Rpt: 32/33	2 FILER NAME Guadalupe County Democratic Club	3 Filer ID (Ethics Commission Filers) 00056435
4 Date 10/02/2025	5 Payee name Trevino Enterprises	
6 Amount (\$) \$600.00	7 Payee address; City; 735 E I10  Seguin, TX 78155	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/22/2025	Payee name Trevino Enterprises	
Amount (\$) \$2,325.00	Payee address; City; 735 E I10  Seguin, TX 78155	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/17/2025	Payee name WalMart	
Amount (\$) \$343.15	Payee address; City; 550 N Hwy 123 Bypass  Seguin, TX 78155	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event
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: 14/14 Rpt: 33/33	2 FILER NAME Guadalupe County Democratic Club	3 Filer ID (Ethics Commission Filers) 00056435	
4 Date 07/07/2025	5 Payee name WalMart		
6 Amount (\$) \$25.26	7 Payee address; City; State; Zip Code 550 N Hwy 123 Bypass  Seguin, TX 78155		
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 Event	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held