

**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) 00089438	2 Total pages filed: 36
3 COMMITTEE NAME Dripping Area Democrats		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/14/2026 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 610 Cottonwood Creek Rd Dripping Springs, TX 78620			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR 		
	NICKNAME 	LAST Bridge	SUFFIX
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 610 Cottonwood Creek Rd. Dripping Springs, TX 78620		APT / SUITE #; CITY; STATE; ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; 610 Cottonwood Creek Rd. Dripping Springs, TX 78620		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 658-2240		
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 12/31/2025
11 ELECTION	ELECTION DATE Month 03/03/2026	ELECTION TYPE <input checked="" 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**

12 COMMITTEE NAME Dripping Area Democrats		13 FILER ID (Ethics Commission Filers) 00089438
14 COMMITTEE ACTIVITY (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
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
15 CONTRIBUTION TOTALS	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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,030.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 781.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,512.29
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
16 AFFIDAVIT		
<p>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.</p> <p style="text-align: right;">_____ Robert Bridge _____ Signature of Campaign Treasurer</p>		
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 36

17 COMMITTEE NAME Dripping Area Democrats	18 Filer ID (Ethics Commission Filers) 00089438
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2,030.00	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS \$	
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$	
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$	
6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION \$	
7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION \$	
8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$	
9. <input type="checkbox"/> SCHEDULE E: LOANS \$	
10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 781.80	
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$	
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$	
14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$	
15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/16 Rpt: 4/36
2 FILER NAME Dripping Area Democrats		3 Filer ID (Ethics Commission Filers) 00089438
4 Date 08/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avera, Jean	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Dripping Springs, TX 78620	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bandini, Crista	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Dripping Springs, TX 78620	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benoist-Templeton, Cassie	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Kyle, TX 78640	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Caldwell County
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridge, Bob	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Dripping Springs, TX 78620	
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Southwest Angel Network
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridge, Bob	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Dripping Springs, TX 78620	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/16 Rpt: 5/36
2 FILER NAME Dripping Area Democrats		3 Filer ID (Ethics Commission Filers) 00089438
4 Date 10/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridge, lynn	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Dripping Springs, TX 78620	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Laurie	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Buda, TX 78610	
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions) Texas State University
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buchanan, Patience	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dripping Springs, TX 78620	
Principal occupation / Job title (See Instructions) Social worker		Employer (See Instructions) Family Tree
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buchanan, Patience	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dripping Springs, TX 78620	
Principal occupation / Job title (See Instructions) Social worker		Employer (See Instructions) Family Tree
Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buchanan, Patience	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dripping Springs, TX 78620	
Principal occupation / Job title (See Instructions) Social worker		Employer (See Instructions) Family Tree

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/16 Rpt: 6/36
2 FILER NAME Dripping Area Democrats		3 Filer ID (Ethics Commission Filers) 00089438
4 Date 10/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buchanan, Patience	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Dripping Springs, TX 78620	
8 Principal occupation / Job title (See Instructions) Social worker		9 Employer (See Instructions) Family Tree
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buchanan, Patience	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dripping Springs, TX 78620	
Principal occupation / Job title (See Instructions) Social worker		Employer (See Instructions) Family Tree
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buchanan, Patience	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dripping Springs, TX 78620	
Principal occupation / Job title (See Instructions) Social worker		Employer (See Instructions) Family Tree
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy D	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dripping Springs, TX 78620	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carson, Ralph	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Dripping Springs, TX 78620	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/16 Rpt: 7/36
2 FILER NAME Dripping Area Democrats		3 Filer ID (Ethics Commission Filers) 00089438
4 Date 08/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carson, Ralph	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Dripping Springs, TX 78620	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carson, Ralph	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Dripping Springs, TX 78620	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carson, Ralph	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Dripping Springs, TX 78620	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carson, Ralph	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Dripping Springs, TX 78620	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carson, Ralph	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Dripping Springs, TX 78620	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/16 Rpt: 8/36
2 FILER NAME Dripping Area Democrats		3 Filer ID (Ethics Commission Filers) 00089438
4 Date 08/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coe, Meg	7 Amount of Contribution (\$) \$40.00
	6 Contributor address; City; State; Zip Code Dripping Springs, TX 78620	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Jennifer	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Driftwood, TX 78619	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Industrial Valuation Services
Date 08/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Jennifer	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Driftwood, TX 78619	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Industrial Valuation Services
Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Jennifer	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Driftwood, TX 78619	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Industrial Valuation Services
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Jennifer	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Driftwood, TX 78619	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Industrial Valuation Services

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/16 Rpt: 9/36
2 FILER NAME Dripping Area Democrats		3 Filer ID (Ethics Commission Filers) 00089438
4 Date 11/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Jennifer	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Driftwood, TX 78619	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Industrial Valuation Services
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Jennifer	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Driftwood, TX 78619	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Industrial Valuation Services
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Susan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Driftwood, TX 78619	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Current, Jill	Amount of Contribution (\$) \$120.00
	Contributor address; City; State; Zip Code Austin, TX 78737	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eberle, Martha	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Dripping Springs, TX 78620	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/16 Rpt: 10/36
2 FILER NAME Dripping Area Democrats		3 Filer ID (Ethics Commission Filers) 00089438
4 Date 12/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escobar, Bryan 6 Contributor address; City; State; Zip Code Kyle, TX 78640	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) self-employed		9 Employer (See Instructions) Escobar & Associates
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escobar, Jennifer Contributor address; City; State; Zip Code Kyle, TX 78640	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Tax Assessor		Employer (See Instructions) Hays County
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eves, Marvadene Contributor address; City; State; Zip Code Dripping Springs, TX 78620	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Merrie Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Circle Arts Theatre
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Just, Thomas Contributor address; City; State; Zip Code Buda, TX 78610	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) Law School

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/16 Rpt: 11/36
2 FILER NAME Dripping Area Democrats		3 Filer ID (Ethics Commission Filers) 00089438
4 Date 07/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kapral, Lucinda	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Austin, TX 78737	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) Army
Date 08/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kapral, Lucinda	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78737	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) Army
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kapral, Lucinda	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78737	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) Army
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kapral, Lucinda	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78737	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) Army
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kapral, Lucinda	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78737	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) Army

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/16 Rpt: 12/36
2 FILER NAME Dripping Area Democrats		3 Filer ID (Ethics Commission Filers) 00089438
4 Date 12/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kapral, Lucinda 6 Contributor address; City; State; Zip Code Austin, TX 78737	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) Army
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinsel, Patricia Contributor address; City; State; Zip Code Driftwood, TX 78619	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinsel, Patricia Contributor address; City; State; Zip Code Driftwood, TX 78619	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinsel, Patricia Contributor address; City; State; Zip Code Driftwood, TX 78619	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinsel, Patricia Contributor address; City; State; Zip Code Driftwood, TX 78619	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/16 Rpt: 13/36
2 FILER NAME Dripping Area Democrats		3 Filer ID (Ethics Commission Filers) 00089438
4 Date 11/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinsel, Patricia	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Driftwood, TX 78619	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinsel, Patricia	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Driftwood, TX 78619	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mansur, Barbara	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Dripping Springs, TX 78620	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mansur, Barbara	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Dripping Springs, TX 78620	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLaughlin, Peter	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Dripping Springs, TX 78620	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/16 Rpt: 14/36
2 FILER NAME Dripping Area Democrats		3 Filer ID (Ethics Commission Filers) 00089438
4 Date 08/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLaughlin, Peter	7 Amount of Contribution (\$) \$15.00
	6 Contributor address; City; State; Zip Code Dripping Springs, TX 78620	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLaughlin, Peter	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Dripping Springs, TX 78620	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLaughlin, Peter	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Dripping Springs, TX 78620	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLaughlin, Peter	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Dripping Springs, TX 78620	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLaughlin, Peter	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dripping Springs, TX 78620	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/16 Rpt: 15/36
2 FILER NAME Dripping Area Democrats		3 Filer ID (Ethics Commission Filers) 00089438
4 Date 08/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLaughlin, Peter	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Dripping Springs, TX 78620	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Millonzi, Cynthia	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Wimberley, TX 78676	
Principal occupation / Job title (See Instructions) Deputy Director		Employer (See Instructions) Hays County
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, Cyndi	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Dripping Springs, TX 78620	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, Linda	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Driftwood, TX 78619	
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#: _____) Reed, Roxanne	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Dripping Springs, TX 78620	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/16 Rpt: 16/36
2 FILER NAME Dripping Area Democrats		3 Filer ID (Ethics Commission Filers) 00089438
4 Date 12/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeves-Goff, Penny	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Driftwood, TX 78619	
8 Principal occupation / Job title (See Instructions) horse and fitness gal		9 Employer (See Instructions) self
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riley, Tonya	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dripping Springs, TX 78620	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Laurel	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code DRIPPING SPRINGS, TX 78620	
Principal occupation / Job title (See Instructions) upholsterer		Employer (See Instructions) Green Springs Upholstery
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rockwell, Lilly	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Dripping Springs, TX 78620	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Compass
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roisman, Patrice	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dripping Springs, TX 78620	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/16 Rpt: 17/36
2 FILER NAME Dripping Area Democrats		3 Filer ID (Ethics Commission Filers) 00089438
4 Date 08/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shearer, Teresa	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Dripping Springs, TX 78620	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Nathan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78737	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stucky-Abbott, Leona	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Dripping Springs, TX 78620	
Principal occupation / Job title (See Instructions) psychotherapy		Employer (See Instructions) self
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Gary	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Dripping Springs, TX 78620	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Jan	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Dripping Springs, TX 78620	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/16 Rpt: 18/36
2 FILER NAME Dripping Area Democrats		3 Filer ID (Ethics Commission Filers) 00089438
4 Date 12/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Jan and David	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code St. Louis, MO 63131	
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Laurel	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78737	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Unger, Angelica	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78737	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Sky Realty
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Unger, Angelica	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78737	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Sky Realty
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vrabel, Megan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78737	
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) CatalystCOO

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 16/16 Rpt: 19/36
2 FILER NAME Dripping Area Democrats			3 Filer ID (Ethics Commission Filers) 00089438
4 Date 12/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wesson, Cynthia 6 Contributor address; City; State; Zip Code Dripping Springs, TX 78620	7 Amount of Contribution (\$) \$50.00	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Wesson	
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) pedrazas, sandra Contributor address; City; State; Zip Code Wimberley, TX 78676	Amount of Contribution (\$) \$25.00	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed	

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: 1/17 Rpt: 20/36	2 FILER NAME Dripping Area Democrats	3 Filer ID (Ethics Commission Filers) 00089438
4 Date 07/17/2025	5 Payee name Act Blue	
6 Amount (\$) \$0.40	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
<input type="checkbox"/> Expenditure from corporate funds	(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 Transaction Service fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/24/2025	Payee name Act Blue	
Amount (\$) \$1.39	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
<input type="checkbox"/> Expenditure from corporate funds	(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 Transaction Service fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/24/2025	Payee name Act Blue	
Amount (\$) \$1.39	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
<input type="checkbox"/> Expenditure from corporate funds	(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 Transaction Service 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: 2/17 Rpt: 21/36	2 FILER NAME Dripping Area Democrats	3 Filer ID (Ethics Commission Filers) 00089438
4 Date 12/28/2025	5 Payee name Act Blue	
6 Amount (\$) \$13.06	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
<input type="checkbox"/> Expenditure from corporate funds	(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 Transaction Service fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/21/2025	Payee name Act Blue	
Amount (\$) \$10.69	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
<input type="checkbox"/> Expenditure from corporate funds	(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 Transaction Service fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/21/2025	Payee name Act Blue	
Amount (\$) \$10.69	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
<input type="checkbox"/> Expenditure from corporate funds	(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 Transaction Service 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: 3/17 Rpt: 22/36	2 FILER NAME Dripping Area Democrats	3 Filer ID (Ethics Commission Filers) 00089438
4 Date 07/22/2025	5 Payee name Act Blue	
6 Amount (\$) \$1.39	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
<input type="checkbox"/> Expenditure from corporate funds	(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 Transaction Service fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/06/2025	Payee name Act Blue	
Amount (\$) \$0.60	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
<input type="checkbox"/> Expenditure from corporate funds	(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 Transaction Service fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/09/2025	Payee name Act Blue	
Amount (\$) \$5.15	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
<input type="checkbox"/> Expenditure from corporate funds	(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 Transaction Service 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: 4/17 Rpt: 23/36	2 FILER NAME Dripping Area Democrats	3 Filer ID (Ethics Commission Filers) 00089438
4 Date 08/25/2025	5 Payee name Act Blue	
6 Amount (\$) \$1.39	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
<input type="checkbox"/> Expenditure from corporate funds	(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 Transaction Service fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/26/2025	Payee name Act Blue	
Amount (\$) \$1.59	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
<input type="checkbox"/> Expenditure from corporate funds	(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 Transaction Service fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/09/2025	Payee name Act Blue	
Amount (\$) \$0.80	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
<input type="checkbox"/> Expenditure from corporate funds	(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 Transaction Service 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: 5/17 Rpt: 24/36	2 FILER NAME Dripping Area Democrats	3 Filer ID (Ethics Commission Filers) 00089438
4 Date 09/14/2025	5 Payee name Act Blue	
6 Amount (\$) \$0.99	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
<input type="checkbox"/> Expenditure from corporate funds	(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 Transaction Service fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/14/2025	Payee name Act Blue	
Amount (\$) \$1.98	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
<input type="checkbox"/> Expenditure from corporate funds	(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 Transaction Service fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/22/2025	Payee name Act Blue	
Amount (\$) \$0.40	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
<input type="checkbox"/> Expenditure from corporate funds	(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 Transaction Service 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: 6/17 Rpt: 25/36	2 FILER NAME Dripping Area Democrats	3 Filer ID (Ethics Commission Filers) 00089438
4 Date 09/29/2025	5 Payee name Act Blue	
6 Amount (\$) \$1.59	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
<input type="checkbox"/> Expenditure from corporate funds	(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 Transaction Service fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/10/2025	Payee name Act Blue	
Amount (\$) \$0.80	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
<input type="checkbox"/> Expenditure from corporate funds	(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 Transaction Service fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/10/2025	Payee name Act Blue	
Amount (\$) \$0.99	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
<input type="checkbox"/> Expenditure from corporate funds	(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 Transaction Service 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: 7/17 Rpt: 26/36	2 FILER NAME Dripping Area Democrats	3 Filer ID (Ethics Commission Filers) 00089438
4 Date 10/15/2025	5 Payee name Act Blue	
6 Amount (\$) \$0.40	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
<input type="checkbox"/> Expenditure from corporate funds	(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 Transaction Service fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/23/2025	Payee name Act Blue	
Amount (\$) \$0.40	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
<input type="checkbox"/> Expenditure from corporate funds	(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 Transaction Service fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/02/2025	Payee name Act Blue	
Amount (\$) \$1.59	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
<input type="checkbox"/> Expenditure from corporate funds	(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 Transaction Service 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: 8/17 Rpt: 27/36	2 FILER NAME Dripping Area Democrats	3 Filer ID (Ethics Commission Filers) 00089438
4 Date 11/02/2025	5 Payee name Act Blue	
6 Amount (\$) \$5.93	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
<input type="checkbox"/> Expenditure from corporate funds	(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 Transaction Service fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/17/2025	Payee name Act Blue	
Amount (\$) \$2.19	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
<input type="checkbox"/> Expenditure from corporate funds	(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 Transaction Service fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/17/2025	Payee name Act Blue	
Amount (\$) \$0.40	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
<input type="checkbox"/> Expenditure from corporate funds	(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 Transaction Service 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: 9/17 Rpt: 28/36	2 FILER NAME Dripping Area Democrats	3 Filer ID (Ethics Commission Filers) 00089438
4 Date 11/23/2025	5 Payee name Act Blue	
6 Amount (\$) \$0.60	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
<input type="checkbox"/> Expenditure from corporate funds	(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 Transaction Service fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/02/2025	Payee name Act Blue	
Amount (\$) \$0.99	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
<input type="checkbox"/> Expenditure from corporate funds	(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 Transaction Service fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/09/2025	Payee name Act Blue	
Amount (\$) \$1.20	Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
<input type="checkbox"/> Expenditure from corporate funds	(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 Transaction Service 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: 10/17 Rpt: 29/36	2 FILER NAME Dripping Area Democrats	3 Filer ID (Ethics Commission Filers) 00089438
4 Date 12/31/2025	5 Payee name Act Blue	
6 Amount (\$) \$6.92	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, MA 02144	
<input type="checkbox"/> Expenditure from corporate funds	(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 Transaction Service fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/31/2025	Payee name Broadway Bank	
Amount (\$) \$4.00	Payee address; City; State; Zip Code PO Box 17001 San Antonio, TX 78217	
<input type="checkbox"/> Expenditure from corporate funds	(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 Bank Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/29/2025	Payee name Broadway Bank	
Amount (\$) \$4.00	Payee address; City; State; Zip Code PO Box 17001 San Antonio, TX 78217	
<input type="checkbox"/> Expenditure from corporate funds	(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 Bank 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: 11/17 Rpt: 30/36	2 FILER NAME Dripping Area Democrats	3 Filer ID (Ethics Commission Filers) 00089438
4 Date 09/30/2025	5 Payee name Broadway Bank	
6 Amount (\$) \$4.00	7 Payee address; City; PO Box 17001 San Antonio, TX 78217	
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 Bank Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/31/2025	Payee name Broadway Bank	
Amount (\$) \$4.00	Payee address; City; PO Box 17001 San Antonio, TX 78217	
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 Bank Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/28/2025	Payee name Broadway Bank	
Amount (\$) \$4.00	Payee address; City; PO Box 17001 San Antonio, TX 78217	
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 Bank 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: 12/17 Rpt: 31/36	2 FILER NAME Dripping Area Democrats	3 Filer ID (Ethics Commission Filers) 00089438	
4 Date 12/31/2025	5 Payee name Broadway Bank		
6 Amount (\$) \$4.00	7 Payee address; City; PO Box 17001 San Antonio, TX 78217		
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 Bank Fees	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held	
Date 07/01/2025	Payee name Broadway Bank		
Amount (\$) \$4.00	Payee address; City; PO Box 17001 San Antonio, TX 78217		
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 Bank Fees	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held	
Date 08/04/2025	Payee name Godaddy.Com		
Amount (\$) \$23.19	Payee address; City; 100 S. Mill Ave Suite 1600 Tempe, AR 85281		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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	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: 13/17 Rpt: 32/36	2 FILER NAME Dripping Area Democrats	3 Filer ID (Ethics Commission Filers) 00089438
4 Date 09/22/2025	5 Payee name Hill Country Senior Citizen's Thrift Store	
6 Amount (\$) \$2.17	7 Payee address; City; State; Zip Code 1310 West Highway 290 Dripping Springs, TX 78620	
<input type="checkbox"/> Expenditure from corporate funds	<p>8 PURPOSE OF EXPENDITURE</p> <p>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</p> <p>(b) Description</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase of goods to donate to Hays Dems</p>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 07/21/2025	Payee name Intuit Mailchimp	
Amount (\$) \$21.32	Payee address; City; State; Zip Code 405 N Angier Ave. NE Atlanta, GA 30308	
<input type="checkbox"/> Expenditure from corporate funds	<p>PURPOSE OF EXPENDITURE</p> <p>(a) Category (See Categories listed at the top of this schedule) Advertising Expense</p> <p>(b) Description</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Marketing communications</p>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 08/21/2025	Payee name Intuit Mailchimp	
Amount (\$) \$21.32	Payee address; City; State; Zip Code 405 N Angier Ave. NE Atlanta, GA 30308	
<input type="checkbox"/> Expenditure from corporate funds	<p>PURPOSE OF EXPENDITURE</p> <p>(a) Category (See Categories listed at the top of this schedule) Advertising Expense</p> <p>(b) Description</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Marketing communications</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: 14/17 Rpt: 33/36	2 FILER NAME Dripping Area Democrats	3 Filer ID (Ethics Commission Filers) 00089438
4 Date 09/22/2025	5 Payee name Intuit Mailchimp	
6 Amount (\$) \$21.32	7 Payee address; City; State; Zip Code 405 N Angier Ave. NE Atlanta, GA 30308	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Marketing communications
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/21/2025	Payee name Intuit Mailchimp	
Amount (\$) \$21.32	Payee address; City; State; Zip Code 405 N Angier Ave. NE Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Marketing communications
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/21/2025	Payee name Intuit Mailchimp	
Amount (\$) \$21.32	Payee address; City; State; Zip Code 405 N Angier Ave. NE Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Marketing 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: 15/17 Rpt: 34/36	2 FILER NAME Dripping Area Democrats	3 Filer ID (Ethics Commission Filers) 00089438
4 Date 12/22/2025	5 Payee name Intuit Mailchimp	
6 Amount (\$) \$21.32	7 Payee address; City; 405 N Angier Ave. NE Atlanta, GA 30308	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Marketing communications
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Juniper Tree Market	Office sought Office held
Date 09/22/2025	Payee name Juniper Tree Market	
Amount (\$) \$117.20	Payee address; City; 301 W. Mercer Street Dripping Springs, TX 78620	
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 Purchase of goods to donate to Hays Dems
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Mazama Coffee Company	Office sought Office held
Date 09/22/2025	Payee name Mazama Coffee Company	
Amount (\$) \$25.30	Payee address; City; 301 Mercer Street Dripping Springs, TX 78620	
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 Purchase of goods to donate to Hays Dems
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: 16/17 Rpt: 35/36	2 FILER NAME Dripping Area Democrats	3 Filer ID (Ethics Commission Filers) 00089438
4 Date 09/22/2025	5 Payee name Nectarine Caf and Backhouse	
6 Amount (\$) \$57.50	7 Payee address; City; State; Zip Code 2001 West US Highway 290 Ste 116 Dripping Springs, TX 78620	
<input type="checkbox"/> Expenditure from corporate funds	(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 Purchase of goods to donate to Hays Dems
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/07/2025	Payee name Square	
Amount (\$) \$3.27	Payee address; City; State; Zip Code 1455 Market Street Suite 600 San Francisco, CA 94103	
<input type="checkbox"/> Expenditure from corporate funds	(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 Transaction Service fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/14/2025	Payee name Square	
Amount (\$) \$1.34	Payee address; City; State; Zip Code 1455 Market Street Suite 600 San Francisco, CA 94103	
<input type="checkbox"/> Expenditure from corporate funds	(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 Transaction Service 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: 17/17 Rpt: 36/36	2 FILER NAME Dripping Area Democrats	3 Filer ID (Ethics Commission Filers) 00089438
4 Date 08/28/2025	5 Payee name WP Engine	
6 Amount (\$) \$120.00	7 Payee address; City; State; Zip Code 504 Lavaca St #1000 Austin, TX 78701	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Wimberley Democrats	Office sought Office held
Date 12/31/2025	Payee name Wimberley Democrats	
Amount (\$) \$200.00	Payee address; City; State; Zip Code PO Box 1866 Wimberley, TX 78676	
<input type="checkbox"/> Expenditure from corporate funds	(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 to support Hays County Candidate Forum
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Wimberley Democrats	Office sought Office held