

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

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

The Form PTY-CORP Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00023719	2 Total pages filed 6
3 POLITICAL PARTY NAME	Harris County Democratic Party (P)		
4 STATE OR COUNTY PARTY	<input type="checkbox"/> State <input checked="" type="checkbox"/> County: Harris		
5 POLITICAL PARTY TYPE	<input checked="" type="checkbox"/> Democrat <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Other: (Party name)		
6 POLITICAL PARTY MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3302 Canal St Houston, TX 77003		
7 POLITICAL PARTY CHAIR	TITLE FIRST MI NICKNAME LAST SUFFIX Michael P. Doyle		
8 CHAIR MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3401 Allen Parkway Ste. 100 Houston, TX 77449-7701		
9 CHAIR STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3302 Canal St Houston, TX 77003		
10 CHAIR PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 554-9079		
11 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 8th day before primary election <input type="checkbox"/> July 15 <input type="checkbox"/> 50th day before general election		
12 PERIOD COVERED	Month 07/01/2025	Day	Year
	THROUGH		Month 12/31/2025
	OFFICE USE ONLY		
	Date Received ELECTRONICALLY FILED 01/15/2026		
	Date Hand-delivered or Date Postmarked Receipt # <input type="text"/> Amount		
	Date Processed Date Imaged		

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

13 POLITICAL PARTY NAME Harris County Democratic Party (P)	14 Filer ID (Ethics Commission Filers) 00023719
15 TOTALS	1. TOTAL CONTRIBUTIONS FROM CORPORATE OR LABOR ORGANIZATIONS (OTHER THAN LOANS OR GUARANTEES OF LOANS) \$ 3,550.00
	2. TOTAL EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS \$ 42.21
	3. TOTAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 9,815.91

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

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. Michael P. Doyle

Signature of Political Party Chair

AFFIX NOTARY STAMP / SEAL

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

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

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17 POLITICAL PARTY NAME Harris County Democratic Party (P)	18 Filer ID (Ethics Commission Filers) 00023719
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	
2. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	
3. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	
4. <input type="checkbox"/> SCHEDULE E: LOANS	
5. <input checked="" type="checkbox"/> SCHEDULE F1: EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
7. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	

**MONETARY CONTRIBUTIONS FROM
CORPORATION OR LABOR ORGANIZATION****SCHEDULE C1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: Sch: 1/1 Rpt: 4/6
2 FILER NAME Harris County Democratic Party (P)		3 Filer ID (Ethics Commission Filers) 00023719
4 Date 09/09/2025	5 Corporation / Labor Organization name Feldman & Feldman PC	7 Amount of contribution (\$) \$3,500.00
	6 Corporation / Labor Organization address; City; State; Zip Code Houston, TX 77098	
Date 12/15/2025	Corporation / Labor Organization name Harris County Democratic Primary Houston, TX 77003	Amount of contribution (\$) \$50.00

EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 5/6	2 FILER NAME Harris County Democratic Party (P)	3 Filer ID (Ethics Commission Filers) 00023719
4 Date 07/29/2025	5 Payee name Amalgamated Bank	
6 Amount (\$) \$7.00	7 Payee address; City; 275 7th Ave New York, NY 10001-6708	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Bank Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 08/28/2025	Payee name Amalgamated Bank	
Amount (\$) \$7.00	Payee address; City; 275 7th Ave New York, NY 10001-6708	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Bank Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 09/26/2025	Payee name Amalgamated Bank	
Amount (\$) \$7.00	Payee address; City; 275 7th Ave New York, NY 10001-6708	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Bank Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought

EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 6/6	2 FILER NAME Harris County Democratic Party (P)	3 Filer ID (Ethics Commission Filers) 00023719
4 Date 10/29/2025	5 Payee name Amalgamated Bank	
6 Amount (\$) \$7.21	7 Payee address; City; 275 7th Ave New York, NY 10001-6708	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Bank Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 11/26/2025	Payee name Amalgamated Bank	
Amount (\$) \$7.00	Payee address; City; 275 7th Ave New York, NY 10001-6708	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Bank Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 12/29/2025	Payee name Amalgamated Bank	
Amount (\$) \$7.00	Payee address; City; 275 7th Ave New York, NY 10001-6708	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Bank Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought