

**COUNTY EXECUTIVE COMMITTEE  
CAMPAIGN FINANCE REPORT**

**FORM CEC  
COVER SHEET PG 1**

The CEC Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00017074	2 Total pages filed: 24		
3 COMMITTEE NAME Brazoria County Democratic Party (CEC)			<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 01/15/2026  Date Hand-delivered or Date Postmarked  Receipt # <input type="text"/> Amount <input type="text"/>  Date Processed  Date Imaged			
4 COMMITTEE ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4230 E FM 1462 Ste. 200 Rossharon, TX 77583						
5 CAMPAIGN TREASURER NAME MS / MRS / MR Ms. FIRST Monica M.						
NICKNAME LAST Morgan						
SUFFIX						
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); 2760 County Road 94 #8102  Pearland, TX 77584						
7 CAMPAIGN TREASURER MAILING ADDRESS STREET OR PO BOX; 2760 County Road 94 #8102  Pearland, TX 77584			APT / SUITE #;	CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE AREA CODE      PHONE NUMBER      EXTENSION (832) 816-8175						
9 REPORT TYPE  <input checked="" type="checkbox"/> January 15  <input type="checkbox"/> July 15			<input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff	<input type="checkbox"/> Final Report <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED Month Day Year 07/01/2025			Month Day Year THROUGH 12/31/2025			
11 ELECTION Month Day Year			<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special	<input type="checkbox"/> ELECTION TYPE <input type="checkbox"/> Other	

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

**FORM CEC  
COVER SHEET PG 2**

<b>12 COMMITTEE NAME</b> Brazoria County Democratic Party (CEC)		<b>13 FILER ID</b> (Ethics Commission Filer) 00017074
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported  B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
<b>15 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 71,679.72
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 65,221.98
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 13,405.87
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
<b>16 AFFIDAVIT</b>		
<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;">_____ Ms. Monica M. Morgan 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 - CEC****FORM CEC**  
**COVER SHEET PG 3**  
3 of 24

<b>17</b> COMMITTEE NAME Brazoria County Democratic Party (CEC)	<b>18</b> Filer ID (Ethics Commission Filers) 00017074
<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
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 E: LOANS	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
9. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
10. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	
SUBTOTAL AMOUNT	
\$ 71,679.72	
\$	
\$	
\$	
\$	
\$ 65,221.98	
\$	
\$	
\$	
\$	
\$	
\$	
\$	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 1/8 Rpt: 4/24
<b>2</b> FILER NAME Brazoria County Democratic Party (CEC)			<b>3</b> Filer ID (Ethics Commission Filers) 00017074
<b>4</b> Date 12/30/2025	<b>5</b> Full name of contributor BAILEY, BIANCA .....  <b>6</b> Contributor address; City; State; Zip Code  MANVEL, TX 77578	<b>7</b> Amount of Contribution (\$) \$1,750.00	
<b>8</b> Principal occupation / Job title (See Instructions) ATTORNEY		<b>9</b> Employer (See Instructions) SANTORINNI LAW FIRM	
Date 12/04/2025	Full name of contributor BAIRD, STEPHANIE .....  MANVEL, TX 77578	Amount of Contribution (\$) \$260.00	
Principal occupation / Job title (See Instructions) NURSE		Employer (See Instructions) HOME HEALTH	
Date 12/07/2025	Full name of contributor DAVIS, PAULETTE .....  PEARLAND, TX 77584	Amount of Contribution (\$) \$385.00	
Principal occupation / Job title (See Instructions) CSR		Employer (See Instructions) CHASE SOURCE	
Date 12/28/2025	Full name of contributor DEMOND, WILLIAM PIERATT .....  HOUSTON, TX 77008	Amount of Contribution (\$) \$500.00	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) DEMOND & HASSAN PLLC	
Date 12/29/2025	Full name of contributor DICELY, SHANNON .....  FRIENDSWOOD, TX 77549	Amount of Contribution (\$) \$1,000.00	
Principal occupation / Job title (See Instructions) COORDINATOR		Employer (See Instructions) LONE STAR COLLEGE	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 2/8 Rpt: 5/24
<b>2</b> FILER NAME Brazoria County Democratic Party (CEC)			<b>3</b> Filer ID (Ethics Commission Filers) 00017074
<b>4</b> Date 12/11/2025	<b>5</b> Full name of contributor GARRIS, REBECCA .....  <b>6</b> Contributor address; City; State; Zip Code  PEARLAND, TX 77584	<b>7</b> Amount of Contribution (\$)  \$170.00	
<b>8</b> Principal occupation / Job title (See Instructions) DATA ANALYST		<b>9</b> Employer (See Instructions) MD ANDERSON	
Date 12/28/2025	Full name of contributor GREENE-SCOTT, MARQUETTE .....  Contributor address; City; State; Zip Code  IOWA COLONY, TX 77583	Amount of Contribution (\$)  \$955.00	
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF	
Date 12/14/2025	Full name of contributor JACKSON, DELORES .....  Contributor address; City; State; Zip Code  PEARLAND, TX 77584	Amount of Contribution (\$)  \$120.00	
Principal occupation / Job title (See Instructions) UNEMPLOYED		Employer (See Instructions) UNEMPLOYED	
Date 12/14/2025	Full name of contributor JONES, Gary .....  Contributor address; City; State; Zip Code  LAKE JACKSON, TX 77566	Amount of Contribution (\$)  \$120.00	
Principal occupation / Job title (See Instructions) UNEMPLOYED		Employer (See Instructions) UNEMPLOYED	
Date 11/08/2025	Full name of contributor JONES, Gary .....  Contributor address; City; State; Zip Code  LAKE JACKSON, TX 77566	Amount of Contribution (\$)  \$155.00	
Principal occupation / Job title (See Instructions) UNEMPLOYED		Employer (See Instructions) UNEMPLOYED	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/8 Rpt: 6/24
<b>2</b> FILER NAME Brazoria County Democratic Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00017074
<b>4</b> Date 12/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LANDAU, SARAH BETH	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  HOUSTON, TX 77009	
<b>8</b> Principal occupation / Job title (See Instructions) ATTORNEY		<b>9</b> Employer (See Instructions) HARRIS COUNTY
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWRENCE, ASHLEIGH	Amount of Contribution (\$) \$565.00
	Contributor address; City; State; Zip Code  LAKE JACKSON, TX 77566	
Principal occupation / Job title (See Instructions) CLERK		Employer (See Instructions) KROGER
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTIN, ZACHERY	Amount of Contribution (\$) \$120.00
	Contributor address; City; State; Zip Code  PEARLAND, TX 77584	
Principal occupation / Job title (See Instructions) CONSTRUCTION MANAGER		Employer (See Instructions) DESIGNS
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTIN, ZACHERY	Amount of Contribution (\$) \$225.00
	Contributor address; City; State; Zip Code  PEARLAND, TX 77584	
Principal occupation / Job title (See Instructions) CONSTRUCTION MANAGER		Employer (See Instructions) DESIGNS
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MATHIS, S W	Amount of Contribution (\$) \$166.00
	Contributor address; City; State; Zip Code  ROSHARON, TX 77583	
Principal occupation / Job title (See Instructions) CAREGIVER		Employer (See Instructions) SELF EMPLOYED

## MONETARY POLITICAL CONTRIBUTIONS

## **SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/8 Rpt: 7/24
<b>2</b> FILER NAME Brazoria County Democratic Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00017074
<b>4</b> Date 11/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MATHIS, S W	<b>7</b> Amount of Contribution (\$) \$95.00
	<b>6</b> Contributor address; City; State; Zip Code  ROSHARON, TX 77583	
<b>8</b> Principal occupation / Job title (See Instructions) CAREGIVER		<b>9</b> Employer (See Instructions) SELF EMPLOYED
<b>Date</b> 12/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) MOONEY, JAMES ROSCO	<b>Amount of Contribution (\$)</b> \$2,500.00
	<b>Contributor address; City; State; Zip Code</b>  PEARLAND, TX 77581	
<b>Principal occupation / Job title (See Instructions)</b> DD#4 COMMISSIONER		<b>Employer (See Instructions)</b> BRAZORIA COUNTY DRAINAGE
<b>Date</b> 07/23/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) MORGAN, MONICA	<b>Amount of Contribution (\$)</b> \$883.53
	<b>Contributor address; City; State; Zip Code</b>  PEARLAND, TX 77584	
<b>Principal occupation / Job title (See Instructions)</b> ATTORNEY		<b>Employer (See Instructions)</b> SELF
<b>Date</b> 12/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) MUNRO, ROBERT	<b>Amount of Contribution (\$)</b> \$150.00
	<b>Contributor address; City; State; Zip Code</b>  ANGELTON, TX 77515	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b> RETIRED
<b>Date</b> 11/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) MYERS, LAURA G	<b>Amount of Contribution (\$)</b> \$260.00
	<b>Contributor address; City; State; Zip Code</b>  ALVIN, TX 77511	
<b>Principal occupation / Job title (See Instructions)</b> RENTAL PROPERTY MANAGER		<b>Employer (See Instructions)</b> SELF EMPLOYED

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 5/8 Rpt: 8/24
<b>2</b> FILER NAME Brazoria County Democratic Party (CEC)			<b>3</b> Filer ID (Ethics Commission Filers) 00017074
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NICHELLE, BRIANA ..... <b>6</b> Contributor address; City; State; Zip Code  ALVIN, TX 77511	<b>7</b> Amount of Contribution (\$)  \$250.00	
<b>8</b> Principal occupation / Job title (See Instructions) BUSINESS OWNER		<b>9</b> Employer (See Instructions) INFUSED WELLNESS SPA	
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NORTH BRAZORIA DEMOCRATIC CLUB ..... Contributor address; City; State; Zip Code  PEARLAND, TX 77588	Amount of Contribution (\$)  \$2,500.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PEARLAND DEMOCRATS CLUB ..... Contributor address; City; State; Zip Code  PEARLAND, TX 77584	Amount of Contribution (\$)  \$2,000.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PERKINZ, TIFFANY ..... Contributor address; City; State; Zip Code  GROVES, TX 77619	Amount of Contribution (\$)  \$500.00	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) INDEPENDENT TEACHING	
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PORTER, GRANDISON ..... Contributor address; City; State; Zip Code  MANVEL, TX 77578	Amount of Contribution (\$)  \$250.00	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) HOUSTON ISD	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/8 Rpt: 9/24
<b>2</b> FILER NAME Brazoria County Democratic Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00017074
<b>4</b> Date 12/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROHE, LYNN	<b>7</b> Amount of Contribution (\$) \$170.00
	<b>6</b> Contributor address; City; State; Zip Code  PEARLAND, TX 77584	
<b>8</b> Principal occupation / Job title (See Instructions) UNEMPLOYED		<b>9</b> Employer (See Instructions) UNEMPLOYED
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAGADY, CHRISTINA	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  ROSHARON, TX 77583	
Principal occupation / Job title (See Instructions) UNEMPLOYED		Employer (See Instructions) UNEMPLOYED
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANDERS, STEVE	Amount of Contribution (\$) \$520.00
	Contributor address; City; State; Zip Code  IOWA COLONY, TX 77422-7758	
Principal occupation / Job title (See Instructions) LONGSHOREMAN		Employer (See Instructions) ITA
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHAUER, JOAN	Amount of Contribution (\$) \$280.00
	Contributor address; City; State; Zip Code  PEARLAND, TX 77584	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) UNEMPLOYED
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SNAPP, COOPER	Amount of Contribution (\$) \$155.00
	Contributor address; City; State; Zip Code  PEARLAND, TX 77581	
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) NASA

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/8 Rpt: 10/24
<b>2</b> FILER NAME Brazoria County Democratic Party (CEC)		<b>3</b> Filer ID (Ethics Commission Filers) 00017074
<b>4</b> Date 11/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SOUTH BRAZORIA CLUB .....  <b>6</b> Contributor address; City; State; Zip Code  LAKE JACKSON, TX 77566	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>8</b> Principal occupation / Job title (See Instructions)	<b>9</b> Employer (See Instructions)
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SOUTH BRAZORIA CLUB .....  LAKE JACKSON, TX 77566	Amount of Contribution (\$) \$3,220.19
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TARRANT, SASHA .....  ANGLETON, TX 77515	Amount of Contribution (\$) \$180.00
	Principal occupation / Job title (See Instructions) Administration	Employer (See Instructions) Brazosport College
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, HOLLY (Ms.) .....  AUSTIN, TX 78705	Amount of Contribution (\$) \$500.00
	Principal occupation / Job title (See Instructions) ATTORNEY	Employer (See Instructions) TRAVIS COUNTY
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS MAJORITY PAC .....  HOUSTON, TX 77265-6610	Amount of Contribution (\$) \$49,000.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<p><b>The Instruction Guide explains how to complete this form.</b></p>			<p><b>1</b> Total pages Schedule A1: Sch: 8/8 Rpt: 11/24</p>
<p><b>2</b> FILER NAME Brazoria County Democratic Party (CEC)</p>			<p><b>3</b> Filer ID (Ethics Commission Filers) 00017074</p>
<p><b>4</b> Date 12/31/2025</p>	<p><b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, ROBERT LEE</p>	<p><b>6</b> Contributor address; City; State; Zip Code ..... WEST COLUMBIA, TX 77486</p>	<p><b>7</b> Amount of Contribution (\$) \$420.00</p>
<p><b>8</b> Principal occupation / Job title (See Instructions) BAILIFF</p>		<p><b>9</b> Employer (See Instructions) BRAZORIA COUNTY</p>	
<p>Date 11/06/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMS, MEGAN</p>	<p>Contributor address; City; State; Zip Code ..... ANGLETON, TX 77515</p>	<p>Amount of Contribution (\$) \$140.00</p>
<p>Principal occupation / Job title (See Instructions) SELF EMPLOYED</p>		<p>Employer (See Instructions) SELF</p>	
<p>Date 12/30/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WRIGHT, MARK</p>	<p>Contributor address; City; State; Zip Code ..... PEARLAND, TX 77584</p>	<p>Amount of Contribution (\$) \$265.00</p>
<p>Principal occupation / Job title (See Instructions) HOME INSPECTOR</p>		<p>Employer (See Instructions) REDFISH INSPECTIONS</p>	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/13 Rpt: 12/24	2 FILER NAME Brazoria County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00017074
4 Date 12/01/2025	5 Payee name ACTBLUE	
6 Amount (\$) \$201.03	7 Payee address; City; State; Zip Code P O BOX 441146  SOMMERVILLE, ME 02144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT PROCESSING FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/15/2025	Payee name ADP Houston	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 4650 WESTWAY PARK  HOUSTON, TX 77041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYROLL
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/30/2025	Payee name ADP Houston	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 4650 WESTWAY PARK  HOUSTON, TX 77041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYROLL
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: 2/13 Rpt: 13/24	2 FILER NAME Brazoria County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00017074
4 Date 08/15/2025	5 Payee name ADP Houston	
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 4650 WESTWAY PARK  HOUSTON, TX 77041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  PAYROLL
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/30/2025	Payee name ADP Houston	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 4650 WESTWAY PARK  HOUSTON, TX 77041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  PAYROLL
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/15/2025	Payee name ADP Houston	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 4650 WESTWAY PARK  HOUSTON, TX 77041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  PAYROLL
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: 3/13 Rpt: 14/24	2 FILER NAME Brazoria County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00017074
4 Date 09/30/2025	5 Payee name ADP Houston	
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 4650 WESTWAY PARK  HOUSTON, TX 77041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  PAYROLL
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/15/2025	Payee name ADP Houston	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 4650 WESTWAY PARK  HOUSTON, TX 77041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  PAYROLL
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/30/2025	Payee name ADP Houston	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 4650 WESTWAY PARK  HOUSTON, TX 77041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  PAYROLL
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: 4/13 Rpt: 15/24	2 FILER NAME Brazoria County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00017074
4 Date 11/15/2025	5 Payee name ADP Houston	
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 4650 WESTWAY PARK  HOUSTON, TX 77041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  PAYROLL
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/30/2025	Payee name ADP Houston	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 4650 WESTWAY PARK  HOUSTON, TX 77041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  PAYROLL
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/15/2025	Payee name ADP Houston	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 4650 WESTWAY PARK  HOUSTON, TX 77041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  PAYROLL
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: 5/13 Rpt: 16/24	2 FILER NAME Brazoria County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00017074
4 Date 12/30/2025	5 Payee name ADP Houston	
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 4650 WESTWAY PARK  HOUSTON, TX 77041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  PAYROLL
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/31/2025	Payee name ADP Houston	
Amount (\$) \$373.10	Payee address; City; State; Zip Code 4650 WESTWAY PARK  HOUSTON, TX 77041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  PAYROLL FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/30/2025	Payee name ADP Houston	
Amount (\$) \$132.10	Payee address; City; State; Zip Code 4650 WESTWAY PARK  HOUSTON, TX 77041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  UNEMPLOYMENT TAX
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: 6/13 Rpt: 17/24	2 FILER NAME Brazoria County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00017074
4 Date 10/24/2025	5 Payee name CARRAIGE CATERERS	
6 Amount (\$) \$500.00	7 Payee address; City; 15131 INSLEY ST  HOUSTON, TX 77053	
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 CATERING FOR EVENT
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name DEANAN PRODUCTS INC	Office sought Office held
Date 11/09/2025	Payee name DEANAN PRODUCTS INC	
Amount (\$) \$986.43	Payee address; City; 216 WINDCO CIRCLE  WYLIE, TX 75098	
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 POPCORN FUNDRAISER
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name GO DADDY.COM	Office sought Office held
Date 09/29/2025	Payee name GO DADDY.COM	
Amount (\$) \$511.55	Payee address; City; 14455 N HAYDEN ROAD SUITE 219 SCOTTSDALE, AZ 85260	
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 EMAIL
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name www.ethics.state.tx.us	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/13 Rpt: 18/24	2 FILER NAME Brazoria County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00017074
4 Date 12/18/2025	5 Payee name IPFS INSURANCE	
6 Amount (\$) \$973.87	7 Payee address; City; State; Zip Code 1055 BROADWAY 11TH FLOOR KANSAS CITY, MO 64105	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense OFFICE INSURANCE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/22/2025	Payee name LA MAISON BLANC	
Amount (\$) \$1,288.00	Payee address; City; State; Zip Code 5933 BROOKSIDE RD  PEARLAND, TX 77581	
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 LOCATION DOWN PAYMENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/26/2025	Payee name LA MAISON BLANC	
Amount (\$) \$4,362.00	Payee address; City; State; Zip Code 5973 BROOKSIDE RD  PEARLAND, TX 77581	
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 LOCATION FOR 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: 8/13 Rpt: 19/24	2 FILER NAME Brazoria County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00017074
4 Date 12/30/2025	5 Payee name LAWRENCE, ASHLEIGH	
6 Amount (\$) \$834.63	7 Payee address; City; State; Zip Code  REDACTED PER 254.0401, ELEC. CODE  LAKE JACKSON, TX 77566	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense OFFICE SUPPLIES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/22/2025	Payee name MAILCHIP.COM	
Amount (\$) \$367.55	Payee address; City; State; Zip Code 675 PONCE DE LEON AVE NE SUITE 5000 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 EMAIL
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/29/2025	Payee name RENAISSANCE HOTEL	
Amount (\$) \$555.26	Payee address; City; State; Zip Code 9721 ARBORETUM BLV  AUSTIN, TX 78759	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) LODGING FOR TRAINING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LODGING FOR SOS ELECTION TRAINING
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: 9/13 Rpt: 20/24	2 FILER NAME Brazoria County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00017074
4 Date 09/02/2025	5 Payee name ROLLIE FROZEN CUSTARD	
6 Amount (\$) \$716.93	7 Payee address; City; State; Zip Code 3625 KIRBY DR SUITE 123 PEARLAND, TX 77584	
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 OPEN HOUSE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/01/2025	Payee name SHEEMAR, AMERDEEP	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code P O BOX 2228  SUGARLAND, TX 77487	
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 RENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/02/2025	Payee name SHEEMAR, AMERDEEP	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code P O BOX 2228  SUGARLAND, TX 77487	
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 RENT
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: 10/13 Rpt: 21/24	2 FILER NAME Brazoria County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00017074
4 Date 09/02/2025	5 Payee name SHEEMAR, AMERDEEP	
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code P O BOX 2228  SUGARLAND, TX 77487	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RENT
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/02/2025	Payee name SHEEMAR, AMERDEEP	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code P O BOX 2228  SUGARLAND, TX 77487	
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 RENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/03/2025	Payee name SHEEMAR, AMERDEEP	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code P O BOX 2228  SUGARLAND, TX 77487	
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 RENT
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: 11/13 Rpt: 22/24	2 FILER NAME Brazoria County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00017074
4 Date 12/02/2025	5 Payee name SHEEMAR, AMERDEEP	
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code P O BOX 2228  SUGARLAND, TX 77487	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RENT
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/16/2025	Payee name SKYNET	
Amount (\$) \$557.17	Payee address; City; State; Zip Code P. O. BOX 490  VAN BLECK, TX 77482	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense INTERNET
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/30/2025	Payee name SOUTH BRAZORIA DEMOCRATIC CLUB	
Amount (\$) \$606.09	Payee address; City; State; Zip Code 430 COUNTY ROAD 626  BRAZORIA, TX 77422	
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 OPEN HOUSE
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: 12/13 Rpt: 23/24	2 FILER NAME Brazoria County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00017074
4 Date 11/19/2025	5 Payee name TEXAS DEMOCRATIC PARTY	
6 Amount (\$) \$4,112.46	7 Payee address; City; State; Zip Code 4818 E BEN WHITE BLVD SUITE 104 AUSTIN, TX 78741	
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 Co Ordinated Campaign Expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/24/2025	Payee name TEXAS SECRETARY OF STATE	
Amount (\$) \$175.00	Payee address; City; State; Zip Code P. O. BOX 12060  AUSTIN, TX 78711	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) REGISTRATION FOR TRAINING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ELECTION TRAINING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/15/2025	Payee name TGM DIGITAL MEDIA	
Amount (\$) \$400.00	Payee address; City; State; Zip Code 13910 MURPHY ROAD  STAFFORD, TX 77477	
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 BUSINESS CARDS AND SIGN
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: 13/13 Rpt: 24/24	2 FILER NAME Brazoria County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00017074
4 Date 09/02/2025	5 Payee name TGM DIGITAL MEDIA	
6 Amount (\$) \$487.13	7 Payee address; City; State; Zip Code 13910 MURPHY ROAD  STAFORD, TX 77477	
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 <b>LABELS</b>
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/29/2025	Payee name TXU ENERGY RETAIL CO LLC	
Amount (\$) \$1,650.92	Payee address; City; State; Zip Code P O BOX 650764  DALLAS, TX 75265	
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 <b>UTILITIES</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/18/2025	Payee name WILLIAMS, MEGAN	
Amount (\$) \$430.76	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  ANGLETON, TX 77515	
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 <b>TDW</b>
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held