

**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<br>(Ethics Commission Filers)<br>00084836  | 2 Total pages filed:<br>10   |  |   |                                |  |
| 3 COMMITTEE NAME<br>Texas Democrats Small Business Caucus   |  | <b>OFFICE USE ONLY</b><br>Date Received<br><b>ELECTRONICALLY FILED</b><br>01/14/2026<br><br>Date Hand-delivered or Date Postmarked<br><br>Receipt # <input type="text"/> Amount <input type="text"/><br><br>Date Processed<br><br>Date Imaged |  |  |   |                                |  |
| 4 COMMITTEE ADDRESS<br><br><input type="checkbox"/> Change of Address<br>9104 Autumn Falls Dr<br><br>Fort Worth, TX 76118 |  |   |  |  |   |                                |  |
|   |  |   |  |  |   |                                |  |
|   |  |   |  |  |   |                                |  |
|   |  |   |  |  |   |                                |  |
| 5 CAMPAIGN TREASURER NAME   | MS / MRS / MR<br>Ms.   |   |  | FIRST<br>Meri Lizet  | MI  |                                |  |
|   | NICKNAME   | LAST<br>Gomez   | SUFFIX   |  |   |                                |  |
| 6 CAMPAIGN TREASURER STREET ADDRESS<br><br>(Residence or Business)  | STREET ADDRESS (NO PO BOX PLEASE);<br>2019 N. Conway Ave.<br><br>Mission, TX 78572 |   | APT / SUITE #;   | CITY;  | STATE;  | ZIP CODE                       |  |
| 7 CAMPAIGN TREASURER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address                                    | STREET OR PO BOX;<br>2019 N. Conway Ave.<br><br>Mission, TX 78572                  |   |  |  |   |                                |  |
| 8 CAMPAIGN TREASURER PHONE  | AREA CODE<br>(956) 605-1143  | PHONE NUMBER  | EXTENSION  |  |   |                                |  |
| 9 REPORT TYPE   | <input checked="" type="checkbox"/> January 15<br><input type="checkbox"/> July 15 |   | <input type="checkbox"/> 30th day before election<br><input type="checkbox"/> 8th day before election<br><input type="checkbox"/> Runoff | <input type="checkbox"/> Dissolution (Attach PAC-DR)<br><input type="checkbox"/> 10th day after campaign treasurer termination |   |                                |  |
| 10 PERIOD COVERED   | Month<br>07/01/2025  | Day   | Year   | Month<br>12/31/2025  | Day   | Year                           |  |
| 11 ELECTION   | ELECTION DATE<br>Month<br>03/03/2026   | Day   | Year   | <input checked="" type="checkbox"/> Primary<br><input type="checkbox"/> General  | <input type="checkbox"/> Runoff<br><input type="checkbox"/> Special | <input type="checkbox"/> Other |  |

**GO TO PAGE 2**

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

**FORM GPAC  
COVER SHEET PG 2**

|   |  |   |
|---|--|---|
| <b>12 COMMITTEE NAME</b><br>Texas Democrats Small Business Caucus                                       |  | <b>13 FILER ID</b> (Ethics Commission Filers)<br>00084836 |
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | 1. Candidates<br>(Identify by name or, if applicable, classify by party.)  | A. Supported<br><br>B. Opposed                            |
|   | 2. Measures<br>(Describe by date and location of election and nature of issue.)  | A. Supported<br><br>B. Opposed                            |
|   | 3. Officeholders Assisted<br>(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)<br><input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 0.00   |
|   | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ 190.00   |
| <b>EXPENDITURE TOTALS</b>   | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES   | \$ 0.00   |
|   | <b>4. TOTAL POLITICAL EXPENDITURES</b>   | \$ 196.14   |
| <b>CONTRIBUTION BALANCE</b>   | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 100.00   |
| <b>OUTSTANDING LOAN TOTALS</b>  | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ 0.00   |

**16 AFFIDAVIT**

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

Ms. Meri Lizet Gomez

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 10

|   |  |
|---|--|
| <b>17</b> COMMITTEE NAME<br>Texas Democrats Small Business Caucus   | <b>18</b> Filer ID<br>(Ethics Commission Filers)<br>00084836 |
| <b>19</b> SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE  |  |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 190.00                          |  |
| 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 \$ 196.14      |  |
| 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

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>           |  | <b>1</b> Total pages Schedule A1:<br>Sch: 1/2 Rpt: 4/10          |
| <b>2</b> FILER NAME<br>Texas Democrats Small Business Caucus               |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00084836         |
| <b>4</b> Date<br>12/06/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Flores, Benjamin | <b>7</b> Amount of Contribution (\$)<br>\$25.00                  |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>Bay City, TX 77414                                |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Consultant |  | <b>9</b> Employer (See Instructions)<br>Benjamin Flores          |
| Date<br>07/03/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>MATHEW, SIMON             | Amount of Contribution (\$)<br>\$20.00                           |
|  | Contributor address; City; State; Zip Code<br><br>GARLAND, TX 75043  |  |
| Principal occupation / Job title (See Instructions)<br>SYSTEM ADMIN        |  | Employer (See Instructions)<br>SSG                               |
| Date<br>07/03/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>THOMAS-HOCKADAY, JEREKA   | Amount of Contribution (\$)<br>\$25.00                           |
|  | Contributor address; City; State; Zip Code<br><br>MANCHACA, TX 78652   |  |
| Principal occupation / Job title (See Instructions)<br>OWNER               |  | Employer (See Instructions)<br>DELLETEC 2.0 EDUCATIONAL SERVICES |
| Date<br>07/06/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>WILLIAMS, KATHY           | Amount of Contribution (\$)<br>\$20.00                           |
|  | Contributor address; City; State; Zip Code<br><br>LINDEN, TX 75563   |  |
| Principal occupation / Job title (See Instructions)<br>BOOKKEEPER          |  | Employer (See Instructions)<br>SELF-EMPLOYED                     |
| Date<br>08/06/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>WILLIAMS, KATHY           | Amount of Contribution (\$)<br>\$20.00                           |
|  | Contributor address; City; State; Zip Code<br><br>LINDEN, TX 75563   |  |
| Principal occupation / Job title (See Instructions)<br>BOOKKEEPER          |  | Employer (See Instructions)<br>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:<br>Sch: 2/2 Rpt: 5/10  |
| <b>2</b> FILER NAME<br>Texas Democrats Small Business Caucus               |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00084836 |
| <b>4</b> Date<br>09/06/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>WILLIAMS, KATHY | <b>7</b> Amount of Contribution (\$)<br>\$20.00          |
|  | <b>6</b> Contributor address; City; State; Zip Code<br><br>LINDEN, TX 75563                                 |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>BOOKKEEPER |   | <b>9</b> Employer (See Instructions)<br>SELF-EMPLOYED    |
| Date<br>10/06/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>WILLIAMS, KATHY          | Amount of Contribution (\$)<br>\$20.00                   |
|  | Contributor address; City; State; Zip Code<br><br>LINDEN, TX 75563  |  |
| Principal occupation / Job title (See Instructions)<br>BOOKKEEPER          |   | Employer (See Instructions)<br>SELF-EMPLOYED             |
| Date<br>11/06/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>WILLIAMS, KATHY          | Amount of Contribution (\$)<br>\$20.00                   |
|  | Contributor address; City; State; Zip Code<br><br>LINDEN, TX 75563  |  |
| Principal occupation / Job title (See Instructions)<br>BOOKKEEPER          |   | Employer (See Instructions)<br>SELF-EMPLOYED             |
| Date<br>12/06/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>WILLIAMS, KATHY          | Amount of Contribution (\$)<br>\$20.00                   |
|  | Contributor address; City; State; Zip Code<br><br>LINDEN, TX 75563  |  |
| Principal occupation / Job title (See Instructions)<br>BOOKKEEPER          |   | Employer (See Instructions)<br>SELF-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:<br>Sch: 1/5 Rpt: 6/10          | 2 FILER NAME<br>Texas Democrats Small Business Caucus                                  | 3 Filer ID (Ethics Commission Filers)<br>00084836  |
| 4 Date<br>07/02/2025                                      | 5 Payee name<br>ActBlue  |  |
| 6 Amount (\$)<br>\$0.79                                   | 7 Payee address; City; State; Zip Code<br>P.O. Box 441161<br><br>Somerville, MA 02159  |  |
| <input type="checkbox"/> Expenditure from corporate funds | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><br>SERVICE FEE |
| 9 Complete ONLY if direct expenditure to benefit C/OH     | Candidate/Officeholder name<br>ActBlue   | Office sought<br>Office held   |
| Date<br>07/09/2025  | Payee name<br>ActBlue  |  |
| Amount (\$)<br>\$1.78                                     | Payee address; City; State; Zip Code<br>P.O. Box 441161<br><br>Somerville, MA 02159    |  |
| <input type="checkbox"/> Expenditure from corporate funds | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><br>SERVICE FEE |
| Complete ONLY if direct expenditure to benefit C/OH       | Candidate/Officeholder name<br>ActBlue   | Office sought<br>Office held   |
| Date<br>08/13/2025  | Payee name<br>ActBlue  |  |
| Amount (\$)<br>\$0.79                                     | Payee address; City; State; Zip Code<br>P.O. Box 441161<br><br>Somerville, MA 02159    |  |
| <input type="checkbox"/> Expenditure from corporate funds | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><br>SERVICE FEE |
| Complete ONLY if direct expenditure to benefit C/OH       | Candidate/Officeholder name<br>ActBlue   | Office sought<br>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:<br>Sch: 2/5 Rpt: 7/10          | 2 FILER NAME<br>Texas Democrats Small Business Caucus                                  | 3 Filer ID (Ethics Commission Filers)<br>00084836  |
| 4 Date<br>09/10/2025                                      | 5 Payee name<br>ActBlue  |  |
| 6 Amount (\$)<br>\$0.79                                   | 7 Payee address; City; State; Zip Code<br>P.O. Box 441161<br><br>Somerville, MA 02159  |  |
| <input type="checkbox"/> Expenditure from corporate funds | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><br>SERVICE FEE |
| 9 Complete ONLY if direct expenditure to benefit C/OH     | Candidate/Officeholder name<br>ActBlue   | Office sought<br>Office held   |
| Date<br>10/16/2025  | Payee name<br>ActBlue  |  |
| Amount (\$)<br>\$0.79                                     | Payee address; City; State; Zip Code<br>P.O. Box 441161<br><br>Somerville, MA 02159    |  |
| <input type="checkbox"/> Expenditure from corporate funds | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><br>SERVICE FEE |
| Complete ONLY if direct expenditure to benefit C/OH       | Candidate/Officeholder name<br>ActBlue   | Office sought<br>Office held   |
| Date<br>11/21/2025  | Payee name<br>ActBlue  |  |
| Amount (\$)<br>\$0.79                                     | Payee address; City; State; Zip Code<br>P.O. Box 441161<br><br>Somerville, MA 02159    |  |
| <input type="checkbox"/> Expenditure from corporate funds | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><br>SERVICE FEE |
| Complete ONLY if direct expenditure to benefit C/OH       | Candidate/Officeholder name<br>ActBlue   | Office sought<br>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:<br>Sch: 3/5 Rpt: 8/10          | 2 FILER NAME<br>Texas Democrats Small Business Caucus                                   | 3 Filer ID (Ethics Commission Filers)<br>00084836  |
| 4 Date<br>12/18/2025                                      | 5 Payee name<br>ActBlue   |  |
| 6 Amount (\$)<br>\$1.78                                   | 7 Payee address; City; State; Zip Code<br>P.O. Box 441161<br><br>Somerville, MA 02159   |  |
| <input type="checkbox"/> Expenditure from corporate funds | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>SERVICE FEE |
| 9 Complete ONLY if direct expenditure to benefit C/OH     | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>12/18/2025  | Payee name<br>ETSY  |  |
| Amount (\$)<br>\$19.13                                    | Payee address; City; State; Zip Code<br>117 ADAMS ST<br><br>BROOKLYN , NY 11201         |  |
| <input type="checkbox"/> Expenditure from corporate funds | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense       | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>GIFTS       |
| Complete ONLY if direct expenditure to benefit C/OH       | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>07/22/2025  | Payee name<br>MAILCHIP  |  |
| Amount (\$)<br>\$28.25                                    | Payee address; City; State; Zip Code<br>405 N ANGIER AVE<br><br>NE ATLANTA, GA 30308    |  |
| <input type="checkbox"/> Expenditure from corporate funds | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>SERVICE FEE |
| Complete ONLY if direct expenditure to benefit C/OH       | Candidate/Officeholder name<br>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)  |

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|   |   |  |
|---|---|--|
| 1 Total pages Schedule F1:<br>Sch: 4/5 Rpt: 9/10      | 2 FILER NAME<br>Texas Democrats Small Business Caucus                                   | 3 Filer ID (Ethics Commission Filers)<br>00084836  |
| 4 Date<br>08/22/2025                                  | 5 Payee name<br>MAILCHIP  |  |
| 6 Amount (\$)<br>\$28.25                              | 7 Payee address; City; State; Zip Code<br>405 N ANGIER AVE<br><br>NE ATLANTA, GA 30308  |  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><br>SERVICE FEE |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>09/22/2025                                    | Payee name<br>MAILCHIP  |  |
| Amount (\$)<br>\$28.25                                | Payee address; City; State; Zip Code<br>405 N ANGIER AVE<br><br>NE ATLANTA, GA 30308    |  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><br>SERVICE FEE |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>10/22/2025                                    | Payee name<br>MAILCHIP  |  |
| Amount (\$)<br>\$28.25                                | Payee address; City; State; Zip Code<br>405 N ANGIER AVE<br><br>NE ATLANTA, GA 30308    |  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><br>SERVICE FEE |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>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:<br>Sch: 5/5 Rpt: 10/10     | 2 FILER NAME<br>Texas Democrats Small Business Caucus                                   | 3 Filer ID (Ethics Commission Filers)<br>00084836  |
| 4 Date<br>11/21/2025                                  | 5 Payee name<br>MAILCHIP  |  |
| 6 Amount (\$)<br>\$28.25                              | 7 Payee address; City; State; Zip Code<br>405 N ANGIER AVE<br><br>NE ATLANTA, GA 30308  |  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><br>SERVICE FEE |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>12/22/2025                                    | Payee name<br>MAILCHIP  |  |
| Amount (\$)<br>\$28.25                                | Payee address; City; State; Zip Code<br>405 N ANGIER AVE<br><br>NE ATLANTA, GA 30308    |  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><br>SERVICE FEE |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held  |